



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

Issued by the Chief Inspector

Name of designated centre:	Blarney Nursing and Retirement Home
Name of provider:	Blarney Nursing and Retirement Home Limited
Address of centre:	Killowen, Blarney, Cork
Type of inspection:	Unannounced
Date of inspection:	09 October 2024
Centre ID:	OSV-0000202
Fieldwork ID:	MON-0044588

About the designated centre

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

Blarney Nursing Home is a single-storey purpose built centre which was open in 1990. It is set in a rural area within well-maintained gardens. It provides 24-hour nursing and social care for 20 people. It caters for diverse needs of adults over 65 years on respite, long stay, and convalescence stay. The centre is a non-smoking facility. There are a variety of sitting and dining spaces as well as a private visitors' room for residents and family use. The bedroom accommodation is laid out in single and double bedrooms, a number of which are furnished with en-suite toilet and shower facilities. Additional shared toilet and shower facilities are available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 9 October 2024	09:25hrs to 16:30hrs	Ella Ferriter	Lead
Wednesday 9 October 2024	09:25hrs to 16:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This was a one day unannounced inspection by two inspectors. Throughout the day inspectors spoke with the majority of the residents living in the centre to gain insight and feedback about their quality of life and the service provided and spoke to eight residents in more detail. Overall, residents reported they were happy with the service and care provided to them. Residents reported that they felt safe, and secure and the staff were very kind and caring to them. Some residents were unable to articulate their experience of living in the centre and the inspectors observed that those residents appeared comfortable, relaxed and content in their environment and in the company of staff and other residents.

Blarney Nursing and Retirement Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated close to Blarney village in County Cork. It is a single story premises which is registered to provide care for 20 residents. There were 19 residents living in the centre on the day of this inspection. Inspectors noted that the atmosphere in the centre was calm and homely throughout the day and residents and staff described the home like that of a small family, where everyone knew each other well.

Residents' bedrooms were predominately single occupancy, eight of which had en suite facilities. In total there were 16 single bedrooms and two twin bedrooms. Residents were encouraged to personalise their bedroom space with soft furnishings, pictures and photographs to reflect interests, hobbies and life experiences. All bedrooms provided a wardrobe and lockable drawer space for residents to store their clothes and personal possessions. The layout of the facilities and privacy curtains in the twin bedrooms ensured that residents could access their belongings while maintaining their right to privacy at all times.

Inspectors saw that there was a variety of communal areas in the centre to give residents choice. This included two day rooms which were beside each other and had an adjoining door, a garden room, a dining room and a visitor's room. There was also a small secure enclosed garden for residents, to the front of the centre. It was evident that areas of the premises, such as bedrooms and corridors, had been painted since the previous inspection and the centre was generally observed to be well maintained. Some flooring in bedrooms was damaged, which is actioned under regulation 17.

Staff were observed to be kind and courteous to residents at all times during the day of this inspection. It was evident that staff knew residents well and all interactions by staff with residents were seen to be respectful. Residents told the inspector that staff were always quick to answer the bells in their rooms and they always were friendly but there could be delays in the evening. Residents praised the commitment of staff and the fact that they worked so hard and always had a smile

on their face. Some residents were observed attending the on-site hairdresser on the day of the inspection who attended the centre frequently.

Residents spoken with told the inspectors about their daily activities and stated that they usually partook in these after lunch. These included activities such as quizzes, ball games and music. Inspectors saw that an external person attended the centre on the evening of the inspection to do exercises with the residents and they were observed to be enjoying and engaging in this session. Staff also facilitated a game of bingo at two o'clock, which was a favourite of many of the residents. Inspectors observed that there was limited social stimulation for residents in the morning and early afternoon, therefore, residents sat in the day room with a music video on the television. Residents reported that this was the normal routine of the day. Inspectors discussed this with the management team and were informed that the provider was actively recruiting for a person to take on this role and there was a plan to enhance activities programme in the centre. This is actioned under regulation 9.

The inspectors spent time observing the dining experience in the centre. Residents expressed satisfaction regarding the quality and provision of food in the centre. Tables were seen to be nicely set, residents and staff chatted and there was assistance provided as required. Food served appeared appetising and it was evident that residents had choice. However, for residents requiring modified or textured diets inspectors found that further action was required to ensure that there was a variety available and that these residents were also afforded a dining experience as some remained in the sitting room for meals. These findings are actioned under regulation 18 and 9.

Three visitors the inspectors met with stated that they were very happy with the care their family member received and they would go to the management team if they had any concerns. One visitor requested additional social stimulation for their family member. One visitor praised the care their loved one received saying it was very personal and individual and stated the staff knew the residents very well.

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

Capacity and capability

This was an unannounced inspection to monitor the centre's compliance with the care and welfare regulations and to follow up on the previous inspection of the centre of February 2024, which found a lack of comprehensive management systems, an inadequate governance structure and poor regulatory compliance in a number of regulations. Findings of this inspection were that the provider had taken significant actions to address the improvements required to ensure residents received a safe and quality service in Blarney Nursing and Retirement Home. The

inspectors found improvements in compliance on this inspection, however, some further actions were required with regards to governance and management, staff training, the monitoring of restraint, care planning and residents rights. These findings will be detailed under the relevant regulations.

The registered provider of the designated centre is Blarney Nursing and Retirement Home Limited. The company has one named director, who works in the centre full-time. The provider also employed an operations manager who was a named person participating in management on the centres registration. Both of these individuals worked in the centre full time and were well known to residents, staff and visitors.

The Chief Inspector had placed a restrictive condition on the centres registration which took effect from the 16th August 2024. This was in response to the provider's failure to appoint a person in charge to the centre, since October 2023, as per the requirements of the regulations. This restricted the provider from admitting residents to the centre. However, the provider had notified the Chief Inspector that a person in charge had been successfully appointed and in turn had applied to remove this condition. The Chief Inspector had then made a decision to remove the restrictive condition from the centres registration as a person in charge had been appointed who met the requirements of the regulations.

Overall, the management structure had been significantly strengthened since the previous inspection of the centre with the appointment of a full time person in charge and two clinical nurse managers. The person in charge worked full time in the centre and they had the management qualifications and experience required by the regulations. They were in post seven weeks at the time of this inspection. They reported to the provider and the operations manager and informed the inspectors that they were available for consultation and support on a daily basis. Within the centre, the person in charge was supported clinically by two clinical nurse managers, in addition to nursing, health care and support staff. The lines of responsibility and accountability were clearly defined.

On the day of this inspection inspectors found there were sufficient staff on duty in the centre, to meet the assessed needs of residents given the size and layout of the centre. However, action was required to ensure that there was adequate staff available when the nurse did the night medication round and that planned leave was sufficiently resourced to ensure that the person in charge had adequate supernumerary hours to oversee clinical care and implement new systems, which is further detailed in the report.

Staff were appropriately supervised in their roles which had been enhanced since the previous inspection. Staff spoken with demonstrated a good awareness of individual resident's needs. A review of the staff training records found action was required in staff training, as found on the previous inspection. Although training in the area of safeguarding vulnerable adults had been provided for some staff and manual handling training was scheduled, training in responsive behaviours was not provided for staff. Findings of this inspection would also support that further training

was required in care planning for registered nurses. These findings are actioned under regulation 16 and 7.

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. Staff personnel files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Inspectors found that there were some processes established since the previous inspection to oversee the quality and safety of the service such as the collection of clinical key performance indicators pertaining to residents' weights, wounds, infections and falls. However, systems of monitoring, evaluating and improving the quality and safety of the service via audit, required strengthening. There were also limited communication processes in place to ensure that the management team met and addressed areas for quality improvement and the delegation of duties. These findings are detailed under regulation 23.

A record of accidents and incidents was maintained in the centre, as per the requirements of the regulation. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate. However, two incidents had not been reported to the Chief Inspector, as required by the regulations, which is actioned under regulation 31. Complaints were discussed with the person in charge on inspection and records were reviewed. It was evident that there was a complaints procedure in place, and this was displayed in the centre, as per regulatory requirements.

Records were stored securely and readily accessible. A sample of staff personnel files were reviewed by inspectors and they complied with the regulations. There was evidence that each staff member had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. Each registered nurse had evidence on file of the professional qualification and active registration.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to remove the restrictive condition placed on the centres registration. This condition had subsequently been removed from the centres registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications as required by the regulations and were in the process of establishing new systems in the centre for clinical care. They demonstrated good knowledge regarding their role and responsibility and were articulate regarding governance and management of the service and were known to residents and staff.

Judgment: Compliant

Regulation 15: Staffing

On the day of this inspection inspectors found there were sufficient staff on duty in the centre, to meet the assessed needs of residents given the size and layout of the centre. Staffing levels at night reduced to two staff at 8pm the person in charge agreed to look at a redistribution of hours to have a third member of staff until a bit later in the evening when the night medication round was completed.

Judgment: Compliant

Regulation 16: Training and staff development

Although some training had taken place for staff since the previous inspection, further actions were required evidenced by the following:

- five staff were due training in safeguarding vulnerable adults.
- a number of staff were due training in manual handling whilst some had conducted e learning training, practical on site training was outstanding
- findings of this inspection would support the provision of training for nursing staff in care planning as detailed in the findings of regulation 5
- a number of staff were overdue refresher training in infection and control
- all staff were due training in the management of responsive behaviors, This is actioned under regulation 7

Judgment: Not compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations and relevant to the regulations examined on this inspection were kept in the centre and were made

available for inspection. Arrangements were in place to ensure records were stored safely and securely.

Judgment: Compliant

Regulation 23: Governance and management

Further actions were required pertaining to the governance and management of the centre, evidenced by the following findings:

- A review of rosters and from discussions with management and staff it was evident that the person in charge did not always have capacity to work their allocated supernumerary hours. This was due to a deficit in care staff and the allocation of registered nurses to their duties. The inspectors were informed that two health care assistants had recently been recruited which would eliminate the requirement for these arrangements. However, these resources are required to ensure that the person in charge has adequate oversight of clinical care and can supervise clinical staff.
- Management systems required review to ensure that the service provided was safe, appropriate, and consistently monitored. Findings of this inspection were that there were limited systems in place to monitor the service and to inform appropriate quality improvement plans. This was found across systems such as auditing, care planning and the documentation of management and staff meetings.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

All residents were issued with a contract for the provision of services. These contracts outlined the services to be provided and the fees, if any, to be charged for such services. Contracts included the room the resident occupied and the number of residents residing in that room, as per the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Two incident as set out in paragraph 7(1)(a) of Schedule 4 were not notified to the Chief Inspector, within three days of its occurrence as required by the regulations.

This was in relation to safeguarding incidents and were required to be submitted as an NF06s.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the management of complaints. A review of the complaints register found that there were minimal complaints recorded. This was discussed with the management team on the day of the inspection to ensure that all were familiar with the process for recording complaints and that they that were uses and analysed for areas of quality improvement and that the learning was shared with the staff.

Judgment: Compliant

Quality and safety

Overall, residents were in receipt of a good standard of care by staff that were responsive to their needs in Blarney Nursing and Retirement Home. Resident reported they felt safe in the centre and complemented the kindness of the staff caring for them. However, some actions were required in care planning, the monitoring of restraint, fire precautions and residents rights. These will be further discussed under the relevant regulations.

Residents had timely access to a general practitioner from a local practice and other health care professionals such as speech and language therapists and dietitians. It was evident that nursing and care staff knew residents well and were knowledgeable regarding residents needs for support and interventions. There was a low incidence of pressure ulcer development in the centre and residents' weights were being monitored monthly.

Pre-admission assessments were completed to ensure that the centre could adequately meet the needs of prospective residents. Overall, the inspectors found that residents healthcare needs were met however, the nursing documentation did not always support the care being delivered. A review of a sample of assessments and care plans found that they were not always reflective of residents care requirements and in some cases were not completed to an appropriate standard, to direct and inform care. These findings are actioned under regulation 5.

There were adequate systems in place for the administration and storage of medicines. Controlled drug records and drug administration records were maintained in line with professional guidelines. Improvements were required in the use and

monitoring of restrictive practices within the centre. For example; there were four residents using bedrails in the centre on the day of this inspection, however, there was no evidence of appropriate risk assessments, consent and monitoring in place for use of restraint in the centre. This and other findings pertaining to the management of responsive behaviours are detailed under regulation 7.

The quality and presentation of the meals were of a high standard. The daily menu was displayed and choice was available at every meal, however, special or modified consistency diets, at tea time required review to ensure there was a variety of choice for residents. Residents had access to speech and language and dietetics services and residents weights were monitored, in line with best practice.

The provider had taken action in response to the findings of the previous inspection with regards to fire safety in the centre. Twelve fire doors in the centre had been upgraded and there were plans in place to update the alarm system. There were systems in place for the effective maintenance of the fire detection and alarm system and the emergency lighting. Residents personal emergency evacuation plans (PEEPs) had been updated since the previous inspection, which identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire training was up to date for all staff working in the centre. Evacuation drills were taking place frequently and there was evidence that drills of the largest compartment were practiced, to ensure residents could be evacuated safely at a time when staffing levels were at the lowest. Some further action was required to achieve full compliance with fire safety which are further detailed under regulation 28.

There were good systems in place to ensure that infection prevention and control standards were met in the centre. The inspectors saw that there were sufficient resources in place to ensure daily and deep cleaning of residents' rooms and premises could occur. While the centre's interior was generally clean on the inspection day, some further areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27.

Residents had access to an independent advocacy service and details regarding this service were advertised in the centre. Residents' meetings were convened every three months to ensure residents had an opportunity to express their concerns or wishes. Residents had access to television, radio, newspapers and books. Religious services and resources were also available.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors and these were not restrictive. There was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

The inspectors found that some action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations. Specifically, this related to some flooring in bedrooms which were observed to be damaged and stained.

Judgment: Substantially compliant

Regulation 27: Infection control

Some actions were required to ensure infection prevention and control practices in the centre were in line with the national standards for infection prevention and control in community services and other national guidance, for example:

- There was limited access to the sink in the laundry room as this area was cluttered with equipment and therefore this facility was obstructed from use
- There were not facilities in the sluice room such as racking to store clean waste utensils, therefore, they were stored on the sink worktop which reduced access to this area and this did not ensure that they were dried effectively
- Waste bins in residents' bedrooms were used to dispose of personal protective equipment, and these plastic baskets did not have liners in place. Therefore, this increased the risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, the provider had taken steps to reduce the residents' exposure to the risk of fire, since previous inspection. An extensive amount of works had been completed to improve the overall fire safety of the centre. However, some further actions were required for example:

- Two fire doors were awaiting adjustment to ensure that they closed effectively in event of a fire emergency

- The current alarm system was assessed as an L3/4 system whereas the recommended for nursing homes is an L1 system. The provider was in the process of arranging this to be upgraded.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Monitoring systems with regards to medication practices within the centre had been enhanced since the previous inspection to include new record systems and new storage systems for medication.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

As found on the previous inspection significant action was required to conform with the requirements of this regulation, evidenced by:

- Comprehensive care plans were in not in place to support two residents with their nutrition needs, specifically for residents who had been prescribed specific care interventions from a speech and language therapist. These details were not included in the resident's care plan to direct this care.
- Some care plans were found to be generic and not specific to residents care needs. For example some documentation in use reflected acute hospital care such as risk of development of deep vein thrombosis post surgery, which was not generally relevant to residents residing in the centre.
- There was not always evidence that residents were comprehensively assessed using validated tools to assess for risk of malnutrition, in line with best practice
- Mobility care plans did not detail residents care requirements such as the requirements to use a hoist to transfer
- Residents' assessments were not always completed in full, therefore, they did not provide accurate information to inform care delivery. For example a resident who was a high falls risk had information omitted from their assessment. Therefore, they were documented as being low falls risk and a care plan had not been implemented to support their care requirements

Judgment: Not compliant

Regulation 6: Health care

There was a very low incidence of pressure ulcer development in the centre and there were no residents being treated for pressure ulcers on the day of this inspection. The inspectors found that residents had access to appropriate medical and allied health and social care professional support to meet their needs. Residents had a choice of general practitioner who attended the centre as required or requested. Residents were also supported with referral pathways and access to allied health and social care professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Action was required to comply with this regulation evidenced by the following findings:

- Where restraint was in use there was not always evidence of consent and regular reviews in consultation with residents. There were also not measures in place to control the risks of restraint use such as monitoring and scheduled release of the restraints as required
- There was not a policy in place to provide guidance to staff on the management of responsive behaviours or use of restraint
- Training in responsive behaviours was due for all staff working in the centre. This is required to ensure they had the skills and knowledge they needed to provide support and care for residents with known responsive behaviours
- Resident's needs in relation to behavioural and psychological symptoms and signs of dementia were not always assessed, reviewed, and documented in the resident's care plan to ensure supports were put in place to address identified needs.

Judgment: Not compliant

Regulation 8: Protection

The provider did not act as a pension agent for any residents on the day of this inspection. The inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures or suspicions of abuse, including an up-to-date policy. Prior to commencing

employment in the centre, all staff were subject to An Garda Siochana (police) vetting.

Judgment: Compliant

Regulation 9: Residents' rights

Some actions were required pertaining to residents rights:

- The social care needs of residents did not generally receive adequate attention before two o'clock to ensure that residents were adequately stimulated and had variety to their day. This was also a finding on the previous inspection. The activities programme was reviewed and was found to be limited in the mornings. The management team acknowledged this on the day of inspection and informed inspectors that they were actively recruiting for staff to take on this role and enhance the activities available.
- a small number of residents were not afforded a full dining experience and remained in the sitting room for all meals. This did not offer residents choice of an alternative environment in which to dine.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Blarney Nursing and Retirement Home OSV-0000202

Inspection ID: MON-0044588

Date of inspection: 09/10/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>We confirm that all staff members have completed safeguarding training. We maintain a staff training matrix updated annually. The staff members identified in the report completed this training last year, and we are confident their knowledge aligns with regulatory requirements.</p> <p>All member of staff has completed the Manual Handling Training. Recently recruited staff have completed e-learning modules. The practical training sessions will be scheduled within the next six weeks.</p> <p>Care plan training will be provided to the nursing staff in an on-going basis. We can confirm that all staff have completed their infection control training, and our records indicate compliance is current.</p> <p>In compliance with Regulation 7, we are implementing training on the management of responsive behaviors for all staff. Training sessions will commence within eight weeks, and a system will be put in place to ensure ongoing compliance and timely refreshers.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>On the day of the inspection, there were three nurses, including the PIC and one Clinical Nurse Manager, two management staff and one Care Assistant on duty, overseeing care for 19 residents. With this level of staffing, we believe that the PIC had adequate oversight of clinical care and the capacity to supervise clinical staff effectively.</p>	

Additionally, rosters will be reviewed weekly to guarantee that the person in charge has the capacity to fulfill their supernumerary responsibilities without interruption. We will immediately undertake a comprehensive review of our auditing processes, focusing on care planning, clinical documentation, and overall service quality. A structured audit schedule will be implemented, and results will inform actionable quality improvement plans.

While documentation of staff meetings is up to date, we have standardise the recording and execution of management meetings to enhance transparency and consistency.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

We acknowledge the finding regarding the notification of incidents and would like to clarify the circumstances surrounding the two incidents mentioned in the inspection. Since the last inspection, only one incident occurred, and it was reported within the required timeframe. The second incident discussed during the inspection was clarified with the inspectors on the day. Based on their guidance, it was determined that the incident did not qualify as a safeguarding issue, which is why it was not reported as such. To the best of our knowledge, there are no other incidents that have occurred since the last inspection that would require notification.

We are fully committed to ensuring that all future incidents, including safeguarding matters, are reported within the required timeframe. A system will be put in place to review incidents as they occur, ensuring they are appropriately assessed and reported in compliance with the regulations.

We appreciate the opportunity to clarify this matter and will continue to uphold the highest standards of incident management and reporting

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

We acknowledge the findings regarding the condition of the premises and are committed to addressing the required actions to ensure full compliance with Schedule 6 of the regulations.

We understand that one resident’s bedroom has damaged flooring. However, due to the long-term occupancy of the room by an elderly resident, whose family has expressed a preference for them not to be relocated, we have been unable to carry out the necessary repair work. This limitation was communicated to the inspector during the inspection. It is important to note that this issue was also raised in the previous inspection, and we

have already provided clarification regarding the challenges surrounding the repair. Despite this, we have completed all other necessary maintenance work across the premises, and all other required updates have been successfully carried out. We remain committed to ensuring that the necessary repairs are made as soon as it is practical and in the best interest of the resident. Additionally, we will continue to monitor the condition of the premises and address any other maintenance concerns promptly to ensure compliance with regulatory standards.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 The area has been cleared to ensure the sink is fully accessible. Racking will be installed in the sluice room to ensure that clean utensils are stored appropriately. This will keep the sink area clear and allow utensils to dry effectively, in accordance with infection control standards.
 We note the concern regarding the use of bins without liners. Disposable liners have now been placed in all residents' bedrooms to address this issue.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 We acknowledge the findings regarding fire precautions and appreciate the recognition of the extensive fire safety improvements made since the previous inspection. We remain committed to ensuring the highest standards of fire safety in the center.
 On the day of the unannounced inspection, some minor work, such as adjusting the fire doors, had not been completed. We had informed the inspector of this. This work has since been finalised, ensuring that the doors close effectively in the event of a fire emergency.
 We also acknowledge that the current alarm system, previously assessed as an L3/4 system, did not meet the recommended L1 standard for nursing homes. We are pleased to confirm that the system has now been successfully upgraded.
 We are committed to maintaining full compliance with fire safety standards and will implement ongoing monitoring and maintenance to prevent any future issues.

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A new care plan system has been introduced to ensure all aspects of residents' care are included, supporting a holistic and individualised approach.</p> <p>Care plans for residents with specific nutritional needs have been reviewed and updated to include detailed instructions from speech and language therapists and other relevant healthcare professionals.</p> <p>The Malnutrition Universal Screening Tool (MUST) has consistently been used to assess nutritional risks, and this practice will continue to ensure alignment with best practices.</p> <p>Regular audits of care plans and assessments have been implemented to ensure continued compliance with best practices and to identify any areas requiring improvement.</p> <p>Ongoing training sessions are being conducted to enhance staff understanding and implementation of person-centered care planning, as well as the use of validated assessment tools.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>A formal consent process for restraint use has been implemented to ensure that residents (or their representatives) provide informed consent.</p> <p>Restraint use will now include regular reviews conducted in consultation with residents and their representatives to assess its necessity and appropriateness.</p> <p>A monitoring system has been established to ensure restraint is used safely, with scheduled release intervals and detailed documentation.</p> <p>A new policy on managing responsive behaviours and the use of restraint has been developed and implemented. This policy provides clear guidance to staff on best practices and aligns with national standards.</p> <p>The policy will be reviewed regularly and updated to reflect evolving practices and guidelines.</p> <p>Comprehensive training on managing responsive behaviours and the safe use of restraint has been scheduled for all staff.</p> <p>This training will ensure that staff have the knowledge and skills required to effectively support residents with responsive behaviours.</p> <p>Resident needs related to behavioural and psychological symptoms of dementia are being thoroughly assessed, reviewed, and documented in their care plans.</p> <p>Care plans are being updated to include individualized strategies and supports to address identified needs, ensuring a consistent and person-centered approach to care.</p>	

Regular audits will be conducted to ensure adherence to the new policy, proper documentation, and the effectiveness of restraint use monitoring. Feedback will be sought from residents, their families, and staff to continually improve practices. We are confident that these measures will address the identified shortcomings and ensure a safe, supportive, and compliant environment for all residents.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents have their breakfast in the dining room after getting up and participate in a prayer session and watch Mass from the local church every morning. A staff will engage residents in a variety of activities tailored to their interests and abilities.

Examples of morning activities include:

Reading books or newspapers for residents who enjoy quiet, individual time.

Listening to or playing music using YouTube from their choice for those with an interest in music.

Accompanied walks for residents who wish to go, with staff providing support as needed.

These activities are provided continuously until lunchtime, ensuring that residents are engaged and stimulated throughout the morning.

Residents are now being offered a choice of dining locations, including the dining room, to ensure a more social and varied dining experience.

Staff have been trained to support residents in transitioning to their preferred dining area, while respecting their individual needs and preferences.

Measures are in place to ensure all residents feel included and supported during mealtimes.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/01/2025
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	30/04/2025
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	09/10/2024

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	09/10/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	09/10/2024
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.	Substantially Compliant	Yellow	15/11/2024
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.	Substantially Compliant	Yellow	15/11/2024

Regulation 31(1)	Where an incident set out in 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.	Substantially Compliant	Yellow	09/10/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/12/2024
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	31/01/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the	Not Compliant	Orange	31/12/2024

	Department of Health from time to time.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	09/10/2024
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	09/10/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	09/10/2024