



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:	27 February 2024
Centre ID:	OSV-0000202
Fieldwork ID:	MON-0039288

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:	18
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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 27 February 2024	09:00hrs to 16:45hrs	Ella Ferriter	Lead
Tuesday 27 February 2024	09:00hrs to 16:45hrs	Catherine O'Shea	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out over one day. There were 18 residents living in Blarney Nursing and Retirement Home on the day of this inspection and two vacancies. The inspectors met with all residents and spoke with seven in more detail, to gain an insight into their experience of living in the centre. The majority of feedback from residents was positive, specifically about the kindness of staff. They told the inspectors that they felt safe and secure in the centre and that they were well cared for by a lovely team of staff working there. However, two residents told the inspectors that there was little to do during the day in the centre. The inspectors had the opportunity to meet with one visitor who praised the gentle nature of the staff.

The inspectors arrived to the centre in the morning and were met by the operations manager. Inspectors were informed that there was a nurse on duty, and that they were administering medications at this time. Following an introductory meeting with the operations manager, to outline the inspection process the inspectors were accompanied on a tour of the centre. During this time they spent time observing the care provided to residents, talking to residents and staff and observing the care environment. Inspectors met with the nurse on duty when they were available, to obtain the clinical information with regards to the 18 residents living in the centre. The owner of the centre works in the centre full time and was working in the centre on the day of this inspection. It was evident that they were well known to residents and staff.

The design and layout of the premises was generally suitable to meet the residents' individual and collective needs of residents. There was a variety of communal areas including two day rooms, a garden room, a dining room and a visitors room. There was also a small secure enclosed garden for residents, to the front of the centre. Inspectors were informed that there were plans in place to power wash and enhance this area in the coming weeks. The centre was observed to be cleaned to a reasonable standard with the exception of some areas where wear and tear was visible and as a result would not support effective cleaning and disinfection. Findings with regards to infection control are detailed under regulation 27. Inspectors observed that two hoists were inappropriately stored on a corridor, which posed a mobility hazard to residents and impeded the closing of a compartment fire door. Observations of the inspectors over the course of the day indicated that three fire doors required attention, as they were not functioning to an appropriate standard, which is further detailed under regulation 28.

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. Inspectors saw that all bedrooms provided wardrobe and lockable drawer space for residents to store their clothes and personal possessions. Inspectors met with residents in their rooms and they complemented

the space they had, particularly in the single rooms. Two residents told the inspectors that they loved that the centre was in the country and the view of the green fields around them. Inspectors saw that six of these single rooms had previously operated as twin bedrooms, however, curtains separating bed spaces remained in these rooms, which were no longer required and took from the space and homely feel of the rooms, which is actioned under regulation 17.

Residents appeared well dressed and groomed and one resident spoken with told the inspectors that they liked arranging their clothes in their wardrobe themselves, and staff always assisted them with picking out clothes for the day. Inspectors saw that an average of 12 residents spent the majority of their day in the day rooms. 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. However, inspectors noted that in the main day room residents were not offered choice in where they would like to sit, and chairs were labelled with residents names. Visitors were also required to book appointments to visit their loved ones, however, there was not evidence that this was at the request of residents. These practices were found to be overly restrictive, and are actioned under regulation 9 and 11.

Although feedback from residents was positive about the team of staff working in the centre, some residents reported that the days were long and there were limited things to do except watch television in the day room. The inspectors observed that there were lengthy periods of time where residents were observed sitting in communal areas, in their assigned seat with little to occupy them. The activities schedule for the majority of the week indicated that there were ball games only and bingo once a week and inspectors were informed these took place in the afternoon. These findings area actioned under regulation 9.

Staff were observed to be kind and respectful in their interactions with residents throughout the day and always sought the resident's permission before they commenced a care intervention. However, the inspectors observed inappropriate manual handling technique used when assisting a resident to mobilise to the dining room. Discussions with staff indicated that further implementation of training was required to ensure residents were transferred as per recommended manual handling practices. This finding is actioned under regulation 16.

The residents dining experience in the dining room was observed to be a pleasant and relaxed occasion for residents. Residents had a choice of meals from a menu that was updated daily. The chef on duty asked residents their preference each day and residents told inspectors that they liked this daily interaction. Residents were offered their preferred choice of food, and told the inspectors they could request an alternative meal to what was offered on the menu. Residents expressed a high level of satisfaction with the quality and quantity of food in the centre. Residents who chose to remain in their room for the meals were seen to have this decision respected. However, for residents that remained in their bedrooms, the three courses were observed to be served together and while the soup was being consumed, as per residents feedback the main meal was then sometimes gone cold.

This finding is actioned under regulation 18.

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 impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection was carried out to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended). The findings of this inspection were that significant action was required by the registered provider to ensure that there was a robust management structure in place and effective management systems to ensure a safe service was provided for residents. Action was required to comply with the regulations in relation to fire precautions, governance and management, care planning, notification of incidents, healthcare, food and nutrition, the premises, and infection control. These will be detailed under the relevant regulations in this report.

Blarney Nursing and Retirement Home Limited is the registered provider of the designated centre. 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. This person worked in the centre part time and facilitated the inspection process.

The management structure in place on the day of inspection was not in line with the statement of purpose, which meant that the lines of responsibility and accountability were not clear. The previous person in charge had departed the role at the end of October 2023, however, there had not been a nurse manager working in a supervisory capacity since this time. Therefore, there was not a named nurse manager responsible for the centre available, on the day of this inspection. This impacted on the clinical oversight, supervision of staff and the governance of the service. The registered provider had notified the Chief Inspector of an appointment of a person in charge to the centre, however, further information was required to ensure that regulatory requirements were met.

A review of the staffing rosters evidenced significant daily challenges in maintaining planned nursing staffing levels. Inspectors found that the staffing numbers available for the direct provision of care were not in line with those committed to in the statement of purpose. For example, the statement of purpose outlined employment of 4.5 registered nurses available to the centre, however, at the time of this inspection there were three. As a result the person the registered provider had appointed as a nurse manager was filling a nursing shift on a weekly basis for the past four months. Therefore, there was limited clinical supervision and support to staff, which had a direct impact on the delivery of care to residents. This is further detailed under regulation 23. This inspection also found that there was insufficient

staff allocated to activities in the centre, which is actioned under regulation 9.

Management systems in place to ensure there was adequate oversight of fire safety in the centre were found to require strengthening. An urgent action plan was issued to the provider following this inspection, to address fire work required to fire doors in the centre and to ensure staff competence and training in the evacuation of compartments. The registered provider actively engaged in this process and engaged with professional expertise in the days following this inspection to conduct a fire risk assessment. Details of these findings are set out under regulation 23 and 28 of this report.

Inspectors found that there were limited processes in place to oversee the quality and safety of the service and ensure good levels of regulatory compliance. The systems of monitoring, evaluating and improving the quality and safety of the service via audit had not been completed since September 2023, therefore, areas for improvement and that required attention had not been identified.

A review of the staff training records found that there was gaps in staff training in the area of safeguarding vulnerable adults. Furthermore, there was not a record of any staff having received training in challenging or responsive behaviours. Inspectors also found that further training was required in care planning for nurses and the implementation of safe manual handling practices for staff. These findings are actioned under regulation 16.

While there were systems in place to record and investigate incidents and accidents involving residents, the inspectors found that the incident reporting system was not robust and there was no oversight of this by management. The lack of a robust system resulted in delayed identification of factors which may have contributed to an incident occurring or to identify learning so that similar incidents could be prevented. This is further detailed under regulation 23. All accidents and incidents involving residents were notified to the Chief Inspector within three days, as required by the regulations, however, quarterly notifications had not been submitted pertaining to the number of pressure ulcers, which is actioned under regulation 31.

Regulation 15: Staffing

Action was required pertaining to staffing to ensure that the centre was adequately resourced, evidenced by:

- the skill mix of staff was not appropriate having regard to the needs of the residents. Specifically, the absence of a nurse manager, with supernumerary hours, to ensure that staff are appropriately supervised, clinical care is monitored and that training is implemented.
- there was not a sufficient amount of nurses employed by the provider to ensure contingencies are in place to cover staff on annual leave or sick leave.
- there was also insufficient staff to meet the social care needs of the residents, as detailed under Regulation 9, Resident's rights. This had resulted

in limited opportunity for recreational or occupational activities for residents residing in the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Training records reviewed on the day of the inspection evidenced some gaps in mandatory training for staff. In particular;

- there was not evidence that any staff had completed training in the management of responsive behaviors, which is a regulatory requirement.
- there were large gaps evident on training records pertaining to safeguarding vulnerable adults, therefore, inspectors could not determine how many staff had received this training. This is a requirement of the regulation.
- findings of this inspection would support the the provision of training for nursing staff in care planning as there was not an awareness of the requirement to formulate and update care plans, as per the requirements of the regulations.
- findings of this inspection would support the the provision of additional training for care staff in safe manual handling practices. Observations of inspectors on the day and a review of incident records found that implementation of training was required to ensure the safe transfer of residents.
- training was required in fire evacuation procedures for all staff, specifically, ensuring that the largest compartment in the centre could be evacuated with reduced staffing levels, as actioned under regulation 28.

The inspectors were not assured that staff were appropriately supervised in their roles due to the absence of nurse management to oversee clinical care, which posed a risk to residents.

Judgment: Not compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents. This included all the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider did not ensure that the service had sufficient staffing resources to:

- ensure the management structure was maintained in line with the statement of purpose.
- maintain nursing resources in line with the statement of purpose.
- provide a social programme for residents.

There was not a clearly defined management structure in place that identified the lines of authority and accountability and detailed responsibility for all areas of care provision.

- There was no clinical manager available to supervise nursing and care staff and monitor the service provided to the residents.

Governance and management systems were not effectively monitored. For example:

- the oversight of fire safety was not robust. For example; procedures in place to check fire doors were ineffective in identifying risks to residents' safety and staff were not trained in evacuation procedures. As mentioned earlier in the report an immediate action was issued to the provider in relation to fire precautions in the centre. These findings are detailed under regulation 28.
- there were not systems in place to monitor, evaluate and improve the quality of the service and to identifying deficits and risks in the service. Inspectors found that the most recent auditing of the service took place in September 2023, six months prior to this inspection
- the incident reporting system was not robust to ensure timely and effective oversight of incidents to identify opportunities for learning and improving the service.
- there was not adequate oversight of staff training to ensure that staff had access to appropriate training and training was implemented.

Judgment: Not compliant

Regulation 3: Statement of purpose

Some amendments were required in the statement of purpose to comply with regulatory requirements:

- the staffing compliment did not accurate reflect the staff employed in the centre. For example, it stated that there was a person employed in a maintenance role, however, this was inaccurate.
- the arrangements in place for the nurse management in the centre required to be updated.

- detail pertaining to the nursing management hours per week in the centre, were not distinct from the nursing hours.
- information pertaining to charges was inaccurate and did not correlate with residents contracts of care.
- the information on complaints was not in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

One quarterly report had not been provided to the Chief Inspector within the required time frame, to notify of any incident set out in paragraphs 7(2)(k) to (n) of Schedule 4. This related to the number of pressure ulcers in the centre.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that although residents had good access to medical care and reported they felt safe and secure in the centre, resident care was compromised by insufficient monitoring and oversight of the quality and safety of care. Action was required to comply with fire precautions, care planning, healthcare, infection control and the premises to ensure ongoing quality and safety of the service provided. The lack of activity provision and social care provision observed on the day of this inspection was also impacting negatively on the quality of life of residents.

Residents had access to a general practitioner (GP) who attended the centre weekly and there was an out of hours service available at weekends. A review of residents' records found that there was regular communication with residents general practitioners (GP) regarding their health care needs. However, there was not always evidence that residents were referred to a dietitian when clinically indicated and wound care practices were not always in line with evidence based nursing care, which is actioned under regulation 6.

Residents' records and daily notes were maintained on paper based records. Care plans were developed following completion of validated nursing assessment tools, to establish individual residents needs and aspects of their daily life that required support from staff. However, a review of a sample of care plans found that significant action was required in relation to establishing and updating care plans to reflect residents assessed needs, which is actioned under regulation 5.

Up-to date service records were in place for the maintenance of the fire equipment,

fire detection and alarm system and emergency lighting. However, as mentioned earlier in this report there was not evidence that fire drills were carried out to ensure staff had the required skills to safely evacuate the residents in the event of fire. This was also an area identified for improvement in the previous inspection. While there were some systems and safety measures in place to protect residents from risk of fire, residents' safety was not assured due to some fire doors not functioning to the required standard. The provider was issued an urgent action to address these issues and actively engaged in this process. These and other findings pertaining to fire precautions are actioned under regulation 28.

Residents living in the centre had appropriate access to and maintained control over their personal possessions and were provided with sufficient storage within their bedroom accommodation. Arrangements for laundering resident's personal clothing were good to minimise the risk of residents' personal clothing becoming lost or misplaced. Staff were seen to adhere to good infection control practices in the course of the day.

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. Menus were developed in consideration of residents individual likes, preferences and, where necessary, their specific dietary requirements. There was adequate numbers of staff available to assist residents with their meals. Assistance was offered in a discreet and sensitive manner.

Advocacy services were available to residents if needed. However, residents were not provided with opportunities to provide feedback about the quality of service as regular residents meetings were not taking place despite this being committed to in the centres statement of purpose. Action was also required to ensure residents had access to meaningful activities as there was limited opportunity for these seen on inspection.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors, however, these were found to be overly restrictive. Visitors were required to make appointments to visit their loved one and could not visit freely. There was not evidence that residents had requested this arrangement to be put in place.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Residents had adequate space to store and retain their clothes in their rooms. There were laundry facilities on site and residents reported that they were satisfied with

the service provided.

Judgment: Compliant

Regulation 17: Premises

There were areas in the interior of the building that were not kept in a good state of repair and did not meet the requirements under Schedule 6 of the regulations. Specifically:

- there was inappropriate storage of equipment in frequently used areas of the centre. For example, hoists were stored on corridors which may impede residents mobility or increase the risk of injury if a resident was to fall.
- floor coverings in some residents' bedrooms were damaged.
- doors, skirting and frames of some bedrooms and communal bathrooms were visibly chipped and damaged.
- the call bell in a communal toilet was not accessible for residents as it was tied to a window.
- although there was a sink in the clinical room it was not connected to a water supply or plumbed for use, therefore, it was not functional.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The system in place for serving residents meals in their bedrooms did not ensure that the main meal was always served at an appropriate temperature as all three courses were served together. Therefore the main meal or desert could be cold by the time the resident came to eat it.

Judgment: Substantially compliant

Regulation 27: Infection control

Some actions was required to ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services as published by the Authority. This was evidenced by:

- a pressure relieving cushion was observed the be excessively torn, therefore, cleaning could not be assured.

- there was inappropriate storage of equipment in the sluice room. This posed a risk of cross-contamination.
- grab rails in one communal bathroom were visibly rusted, therefore, could not be cleaned effectively.
- some arm chairs in use by residents were visibly stained.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This inspection found that the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. A number of areas required to be addressed such as; ?

- assurances were not available that all residents could be evacuated in a timely manner to a place of relative safety, particularly from the largest fire compartment (eight residents) at a time that staffing was at its lowest, which was at night.
- the monitoring of fire doors within the centre. A review of logs regarding same indicated that doors were checked daily and were functioning appropriately. However, the inspectors found that three fire doors in the centre required attention.
- as per the centres fire procedures personal emergency evacuation plans (PEEPs) were completed for all residents and situated within their bedrooms. However, on review it was found that some of these documents had not been reviewed in over a year and they were not present in all residents bedrooms. The purpose of these assessments and plans are to clearly described residents equipment and staff requirements to safely evacuate in the event of an emergency. This had the potential to delay the safe and timely evacuation of residents from the centre in the event of a fire emergency.
- the means of escape from the corridor near the laundry facilities required action. For example externally, one route was not suitable for evacuation aids or for residents who experienced mobility impairments, specifically the route to the assembly point contained uneven concrete and included crossing a stone chipped route.
- poor practice was observed whereby a compartment door was impeded from closing due to the hoist storage. This practice potentially compromised the function of automatic closure device on doors, in the event of a fire emergency. These hoists were removed from this area when this was brought to the attention of management.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents' care documentation and found the following:

- a resident who had resided in the centre for two weeks did not have a care plan in place. It is a regulatory requirement that this care plan is formulated no later than 48 hours after admission to the centre.
- some care plans were not updated to reflect the changing needs of the residents. For example; a change in mobility status or presence of an infection.
- discussion with a resident indicated they had not had the opportunity to be involved in their care planning process and this care plan was not made available to them.

Judgment: Not compliant

Regulation 6: Health care

The following required action pertaining to healthcare to ensure that evidence based nursing care was consistently provided:

- on review of residents records it was evident that one resident who had lost a significant amount of weight had not been referred to a dietitian.
- residents' wound assessments were not completed in line with best practice. For example, pictures of the wounds were not recorded and in some instances measurements of the wound were not available. This made it difficult to ascertain if the current wound dressing plan was having a positive impact on the healing process or if further review was required.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Action was required to ensure residents rights were upheld in the centre, evidenced by:

- the provider had not ensured that residents were provided with facilities for occupation and recreation and for opportunities to participate in activities in accordance with their interests and abilities.
- residents did not have an opportunity to consult and participate in the organisation of the service. The last residents meeting that had taken place in the centre was in March 2023, eleven months prior to this inspection. Residents were not consulted as per the centres statement of purpose which

indicated that meetings would take place every four months.

- residents could not exercise choice with regards to the use of the communal sitting rooms, as they were assigned seats. This was a restrictive practice.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Blarney Nursing and Retirement Home OSV-0000202

Inspection ID: MON-0039288

Date of inspection: 27/02/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p> <p>We appreciate the effort put into assessing our operations. However, we respectfully disagree with the conclusions drawn, as we believe we have sufficient staffing to meet the needs of our residents effectively.</p> <p>We ensure daily oversight by at least one member of the management team present in the center monitor and supervise the day to day activities. Additionally, we have a Clinical Nurse Manager (CNM) who assumes responsibility in the absence of the Nurse Manager, as outlined in our updated Statement of Purpose. All mandatory training has been conducted in timely manner, with the exception of responsive behaviour, which was postponed to this year due to unforeseen circumstances.</p> <p>Presently, we maintain a dedicated team of five nurses covering 14 shifts weekly, comprising qualified and experienced professionals for both day and night shifts. Moreover, we have recruited an additional nurse who is awaiting pin number approval currently working with us as a Healthcare Assistant (HCA), to cover staff during annual leave. Our contingency plans include a pool of former nurses from Cork hospitals, ensuring coverage for unforeseen absences due to sick leave.</p> <p>We prioritize the social care needs of our residents and offer a diverse range of recreational and occupational activities. Following the outbreak, we have resumed activities with external facilitators, such as music sessions, Art therapy, and yoga/exercises sessions. Moreover, we provide additional daily activities beyond the scheduled ones tailored to residents' interests and abilities, ensuring a fulfilling living experience.</p>	

While we acknowledge areas for improvement, we firmly believe that our existing staffing levels adequately meet the needs outlined in Regulation 9, Resident's Rights.

Regulation 16: Training and staff development

Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

Training for Nursing Staff in Care Planning: We acknowledge the importance of enhancing awareness among nursing staff regarding the formulation and regular updating of care plans. To address this, we will conduct targeted training sessions aimed at ensuring all nursing staff are well-versed in care planning procedures as required by regulations.

All staff have received training in safeguarding and currently undergoing refresher course.

Our primary focus is always on encouraging and supporting our residents to maintain their mobility whenever possible. All our staff members undergo comprehensive training in manual handling practices to ensure the safety and well-being of both residents and staff. We remain committed to maintaining high standards of care and will continue to monitor and improve our practices as needed.

Fire Evacuation Procedures Training for All Staff: In response to the inspection findings and in alignment with Regulation 28, we have conducted comprehensive training sessions for all staff members focusing on fire evacuation procedures. Specifically, we ensured that every staff member received paired training for evacuating residents from the largest compartment of the center, even with reduced staffing levels, to enhance preparedness and resident safety during emergencies.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

We have a Clinical Nurse Manager (CNM) who assumes responsibility in the absence of

the Nurse Manager, as outlined in our updated Statement of Purpose. We believe our current staffing structure effectively fulfils the role of supervision and management, with managerial responsibilities shared among senior staff members.

Our management structure and nursing resources have been recently updated in the Statement of Purpose to ensure efficient operation and quality care provision.

At our facility, we prioritize the social care needs of our residents and offer a diverse range of recreational and occupational activities. Despite challenges posed by recent events, such as the outbreak, we have resumed activities with external facilitators, including music sessions, Art therapy, and yoga/ exercises sessions.

Furthermore, we go beyond scheduled activities by providing additional daily engagements tailored to residents' interests and abilities, ensuring a fulfilling living experience for all.

We maintain daily checks of fire exit doors, and all other doors are checked weekly.

While the previous week's logs indicate appropriate functioning, we acknowledge the identification of three fire doors requiring attention during the inspection. To address this, we have arranged for a comprehensive fire and safety check by DL Engineering to promptly address any maintenance needs.

We have completed audits such as Food and Nutrition, Infection Control, etc., and maintained separate folders for these records. To improve our monitoring and evaluation processes, we will ensure that copies of these audits are included in the general audit file in the future. Despite the challenges we faced, our priority has always been the care and well-being of our residents and staff.

Procedure has been put in place to comply with notifications.

We are committed to providing all necessary training for our staff. We have completed fire safety and manual handling training. Additionally, as we explained to the inspectors that responsive behaviour training is on our agenda for this year.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of purpose has been updated.	
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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	
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incidents:
Procedure has been put in place to comply with notifications.

Regulation 11: Visits	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 11: Visits:
It is essential to clarify that we do not have restrictions in place for visitors. However, as part of our infection control procedures and to ensure the safety of our residents and staff, we do recommend that visitors make appointments before visiting in the event of an outbreak.

We remain committed to providing opportunities for residents to maintain connections with their families and loved ones while also prioritizing their safety and well-being.

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 inappropriate storage of hoists in frequently used areas of the center, which may impede residents' mobility or increase the risk of injury. During the inspection, hoists were temporarily stored in corridors while caring for residents in the morning. We have since relocated the hoists to a different location as advised by the inspector, and all staff have been instructed not to store hoists in secure places to avoid such risks in the future.

We understand that one residents' bedroom has damaged floor coverings. However, due to the occupancy of one of the rooms by an elderly resident whose family does not wish to relocate them, we have been unable to carry out the necessary repair work. We communicated this limitation to the inspector during the inspection.

All minor repair works to doors, skirting, and frames in bedrooms and communal bathrooms have been completed to address the visible chipping and damage.

Upon investigation, we found that the call bell string was hung on the window handle by a resident, the string was not tied, making it inaccessible. We will ensure that call bells are accessible to all residents in the future by securing them in appropriate locations.

We acknowledge that the sink in the clinical room was not connected to a water supply. We will rectify this issue by connecting the sink to ensure it is fully functional for staff use.

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>New procedure has been put in place for the residents who prefer to dine in the bedroom.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The cushion was promptly removed from use at the time of inspection and have been re upholstered.</p> <p>We took immediate action to remove the item from the room. Additionally, the room was scheduled for cleaning, and the cleaning staff on the premises promptly addressed the issue.</p> <p>We understand the importance of maintaining clean and rust-free grab rails in communal bathrooms. The rusted grab rails were repaired to ensure effective cleaning and minimize the risk of infection transmission.</p> <p>The presence of visibly stained armchairs used by residents was addressed by varnishing the armchair handles to improve cleanliness and appearance.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Evacuation Preparedness from Largest Fire Compartment: We confirm that all staff members have undergone evacuation training in pairs from the largest compartment.</p> <p>Monitoring of Fire Doors: We maintain daily checks of fire exit doors, and all other doors are checked weekly. While the previous week's logs indicate appropriate functioning, we</p>	

acknowledge the identification of three fire doors requiring attention during the inspection. We have arranged for a comprehensive fire and safety check by DL Engineering to address any maintenance needs promptly.

Review and Accessibility of Personal Emergency Evacuation Plans (PEEPs): We typically review PEEP plans in response to changes in residents' conditions. We will ensure that all PEEP plans will be kept in residents' rooms.

Means of Escape Near Laundry Facilities: We intend to change the gradient of the footpath.

Compromised Function of Automatic Closure Devices on Doors: We have relocated the hoists to a different location as advised by the inspector, and all staff have been instructed not to store hoists in secure places to avoid such risks in the future.

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

New residents had their care plan completed within 48 hours of admission and residents have been consulted regarding their care plans. Regular updating of care plans occurs in line with changing needs of residents.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care: We respectfully disagree with the conclusions regarding this statement. The dietitian conducted comprehensive reviews of all residents experiencing weight loss issues, totalling 10 individuals, including the specific resident, on January 30, 2024. Notably, a detailed report of this assessment was diligently documented in the resident's file. We firmly believe that this documentation was accessible for inspection; however, it is possible that the inspectors encountered difficulty locating it within the file.

We acknowledge the importance of comprehensive wound assessments. While we were measuring the size of the wound and recording it effectively in residents' records, we will also consider incorporating pictures of the wound in the future to enhance the assessment process and ensure adherence to best practices.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: We prioritize the social care needs of our residents by offering a diverse range of recreational and occupational activities. Despite challenges posed by recent events, such as the outbreak, we have resumed activities with external facilitators, including music sessions, Art therapy, and yoga/ exercises sessions.</p> <p>Furthermore, we strive to exceed expectations by providing additional daily engagements tailored to residents' interests and abilities. We have revamped our scheduling to ensure a variety of activities every day, catering to the diverse preferences of our residents.</p> <p>While the last formal residents' meeting occurred in March, we have maintained regular communication with residents through informal meetings and discussions with management staff. Residents are encouraged to voice their requirements and suggestions, and the provider is available in the center daily to address their concerns. We understand the importance of documenting these meetings and will ensure proper record-keeping moving forward.</p> <p>Assigned seating procedure has ceased.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	02/04/2024
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	27/02/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff	Not Compliant	Orange	30/05/2024

	have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/03/2024
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	30/07/2024
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	02/04/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	02/04/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that	Not Compliant	Orange	02/04/2024

	identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/03/2024
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	30/03/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	06/03/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and	Not Compliant	Red	06/03/2024

	fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/04/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/03/2024
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	28/02/2024
Regulation 5(3)	The person in charge shall	Not Compliant	Orange	14/04/2024

	prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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	14/04/2024
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Not Compliant	Orange	14/04/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5,	Substantially Compliant	Yellow	30/03/2024

	provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	30/03/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	05/03/2024
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.	Not Compliant	Orange	15/03/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Not Compliant	Orange	28/02/2024

	may be consulted about and participate in the organisation of the designated centre concerned.			
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