



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Bushy Park Nursing Home
Name of provider:	Bushy Park Nursing Home Limited
Address of centre:	Nenagh Road, Borrisokane, Tipperary
Type of inspection:	Announced
Date of inspection:	08 May 2024
Centre ID:	OSV-0000410
Fieldwork ID:	MON-0041224

About the designated centre

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

Bushypark nursing home is a purpose-built single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 34 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It is located on the outskirts of the town of Borrisokane. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared en suite bedrooms. There are separate dining, day and activities rooms as well as an enclosed garden area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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 8 May 2024	10:00hrs to 18:30hrs	John Greaney	Lead
Wednesday 8 May 2024	10:00hrs to 18:30hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

Inspectors found that residents living in this centre were well cared for and well supported to live a good quality of life by a dedicated team of staff that knew them well. Residents were complimentary about staff and the care they provided.

This announced inspection was carried out over one day. There were 28 residents living in the centre on the day of the inspection. Following an introductory meeting, inspectors spent time walking through the centre, which provided inspectors with an opportunity to introduce themselves to residents and staff. Some residents were observed to be up and about while others were having their morning care needs attended to by staff.

Bushy Park Nursing Home is a single storey premises on the outskirts of Borrisokane, County Tipperary and is registered to provide care for 34 residents. It is a purpose-built, family run nursing home. On the day of this inspection there were 28 residents living in the centre. Bedroom accommodation comprises 13 twin bedrooms and eight single bedrooms. All bedrooms, except two of the twin rooms, are en suite with a shower, toilet and wash hand basin. The two twin rooms that do not have en suite facilities share a bathroom between them. Four of the twin bedrooms had been reduced to single rooms as the provided deemed that the size of the rooms made them more suitable for one resident.

The provider had commenced the construction of a 59 bedded extension to the rear of the premises and much of the ground work had been completed by the time this inspection took place. Some internal construction works had also taken place. These included the construction of a new smoking room, the building of a small extension and change to an exit from the kitchen, the reconfiguration of some en suite bathrooms and a change in function of some rooms. The new smoking room is accessed through what was previously an emergency exit. Evidence was not available on the day of the inspection that a risk assessment had been conducted by a suitably qualified person of the impact of this change on fire safety management systems. The inspector was aware that some internal renovations had taken place in the months prior to this inspection through a concern that had been submitted to the office of the chief inspector in November 2023, particularly in relation to noise related to the works. The chief inspector, however, had not been informed about the extent of the works.

On the walk around of the premises the inspectors found that the premises was generally clean. There was a programme of redecoration of bedrooms underway and the newly decorated bedrooms were furnished to a high standard and a number of bedrooms had new beds, bedside lockers and chest of drawers. The décor was bright and colourful and many residents had personalised their bedrooms. Despite these improvements, there were other areas of the premises that required attention. There was rust on some radiators and screw holes in the walls, particularly in en suites. The veneer on one chest of drawers was noted to be loose. The door to the

smoking room was not changed from a fire exit door and was frequently left open, resulting in smoke permeating in the area of the premises close to the smoking room. Additionally, there was no mechanical extraction from the smoking room.

The inspectors viewed the laundry room. A new door way had been created to support the provision of a separate entrance for soiled laundry and minimise the risk of cross contamination. There was, however, a significant gap at the base of the new door, which would impact on its capacity to function as a fire door and restrict the spread of smoke and flame in the event of a fire. There was an adequate system in place for segregating clean and dirty linen. There was a system for labelling clothes to support the return of clothing to residents following laundering. Inspectors noted that there was a basket of clothing in the clean linen room, predominantly socks and vests that were not labelled for use by individual residents. Inspectors were informed that these would be used should residents run out of these items. The use of communal clothing does not support the dignity of residents.

Inspectors found that many of the windows in bedrooms did not have window restrictors in place to minimise the risk of residents at risk of leaving the centre unsupervised. There also appeared to be a lack of storage and hoists and other items of equipment were stored outside the entrance to the new smoking room.

Residents living in this centre were generally supported to enjoy a good quality of life. Inspectors spoke with several residents over the course of the day and all residents spoken with said that they were happy living in the centre. One resident said that "the staff here are very good, they go above and beyond what you would expect" while another resident told inspectors that "when I came here first I was apprehensive because it was a strange new place for me but I feel safe now". Inspectors also reviewed a number of resident questionnaires which had been completed on behalf of residents, predominantly with the support of staff. These questionnaires focused on residents' experiences living in the designated centre in relation to care, environment, activities, staff, meals and their overall comfort. The majority of responses reviewed were positive regarding their lived experience in the centre.

Capacity and capability

Overall, residents received a good standard of care and were supported to enjoy a good quality of life. However, significant improvements were required in relation to the oversight of quality and safety, particularly in relation to ongoing construction.

The provider had commenced the construction of a 59-bedded extension adjacent to the current building. In conjunction with the construction of the extension, the provider had carried out works on the existing premises, some of which enhanced the facilities available to residents while other changes did not adequately take account of the impact that these changes had on fire safety. Action is required in

relation to governance and management and contracts of care in order to comply with the regulations. These issues are addressed in more detail later in this report and under relevant regulations.

This was an announced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The registered provider is Bushy Park Nursing Home Limited. The nursing home had recently been sold resulting in a change in directorship and the company now comprises three directors. One of the current directors was part of the previous ownership and has remained on as director to assist in the transition of the company to the new ownership. This director is usually present in the centre on a daily basis and was present in the centre on the day of the inspection.

The person in charge was appointed to the role in June 2022. She is an experienced nurse and manager. The person in charge is supported by an assistant director of nursing (ADON). There is a clearly defined management structure in place with which staff are familiar and are aware of their individual roles and responsibilities within the structure.

The registered provider had made changes to the registered floor plan of the centre since the previous inspection. The family room at the front of the premises had been changed to an administration office and the smoking room was now the family room. A new smoking room had been built to the rear of the centre and this was accessed through what was previously an emergency exit. Other changes included the construction of a new exit from the kitchen; the removal of a partition between the sitting room and the activity room; and the renovation of a number of en suites. There was a need for the provider to get advice from a competent person on the potential impact these changes had on fire safety in the centre. These changes had been made without engaging with the office of the Chief Inspector, as required by Condition 1 of the centre's registration. Following the inspection, the registered provider was requested to submit an application to vary Condition 1 of the registration to reflect the current design and layout of the centre. There was also a need to ensure that external storage sheds and staff facilities were included in the floor plans and Statement of Purpose. Actions required in relation to governance and management are discussed further under Regulation 23 of this report.

Inspectors saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from senior management team. The systems included a comprehensive auditing programme, which was overseen by the person in charge. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and quality action plans were in place to address any issues identified. Audits included care plans, falls prevention and management, restrictive practice, infection prevention and control, the mealtime experience and call bell response times.

The centre was staffed in accordance with the statement of purpose and there was an appropriate skill mix of staff to support the provision of a high standard of care. The staff roster was reviewed, which showed there were one staff nurse on duty each day and night. There were five healthcare assistants on duty from 08:00 to

14:00; four on duty until 18:00hrs; and three on duty until 20:00hrs. There were two healthcare assistants on duty at night. Nursing and healthcare staff were supported by housekeeping, catering, laundry, activity and administrative staff.

Inspectors reviewed a sample of contracts of care. Most contracts contained the required information, such as the bedroom to be occupied by each resident, the services provided and the fees to be paid. This was not the case for all contracts and this is discussed further under Regulation 24 of this report.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required managerial and nursing experience in keeping with statutory requirements. The person in charge was actively engaged in the governance, operational management and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, the inspector was assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training for their roles. Mandatory training was provided in key areas such as adult safeguarding, moving and handling and fire safety. Refresher training was available to ensure staff maintained their training requirements. As a result staff demonstrated appropriate knowledge and skills in their work.

Judgment: Compliant

Regulation 23: Governance and management

Actions were required in management systems to ensure the service provided was safe, consistent and effectively monitored. Inspectors identified the following issues:

- changes were made to the premises that were not in line with the floor plans and Statement of Purpose, against which Bushy Park Nursing Home was registered
- adequate consideration had not been given to the impact of changes to the design and layout of the centre on fire safety within the centre
- the risk assessment for the impact of the construction of an extension to the rear of the centre did not adequately address the impact of the works on residents, such as the potential for noise and dust associated with the construction works.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed records in relation to contracts for the provision of services and found that a number of actions were required to ensure that they met the requirements of the regulations, for example:

- the contract of care for one resident identified that they were allocated a single room. The resident was moved to a twin bedroom and this was not reflected in the contract nor was it clear that the resident had requested or agreed to this move
- the weekly fee payable by or on behalf of the resident was not reflected in one of the contracts reviewed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the accident and incident log identified that incidents were notified to the Chief Inspector in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place that reflected the requirements of the regulations. The complaints process was on prominent display and included details of the complaints officer and what to do in the event complainants were not happy with the outcome of the complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were made available to the inspectors. The policies were reviewed and updated within the previous three years and reflected changes in legislation and national policy guidelines.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. Residents' health, social care, and spiritual needs were met to a good standard. Action was required by the provider in relation to fire safety, the premises and residents rights.

Residents' health and well-being were promoted through timely access to general practitioners (GP) and specialist services, such as psychiatry of later life, physiotherapy, dietetics and speech and language therapy, as required. Residents had access to GPs from local practices, and the person in charge confirmed that GPs visited the centre on a regular basis and when required..

Residents' needs were comprehensively assessed following admission. Residents' assessments were undertaken using various validated tools, and care plans were developed following these assessments. Care plans contained adequate detail to guide staff in the provision of person-centred care. Care plans had been updated to reflect changes required concerning falls, pressure sores and communication needs.

Staff were observed to communicate appropriately with residents that communication difficulties. They afforded time for the residents to express themselves and did not hurry them. A review of the residents' records showed that when a resident had a communication difficulty, it was appropriately assessed, and all relevant information was recorded in the resident's care plan.

There was evidence that the registered provider had taken measures to protect residents from abuse. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an

appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Before commencing employment in the centre, all staff were subject to Garda Siochana (police) vetting. All residents spoken with stated that they felt safe in the centre. The provider was pension agent for one resident and adequate banking arrangements were in place for the management of these finances. While, invoices were issued to residents on a monthly basis, further detail was required in the invoice to identify what each transaction covered. This is discussed further under Regulation 8 of this report.

The premises was appropriate to the number and needs of the residents. There was adequate communal spaces for residents and their visitors to enjoy. However, changes had been made to the premises since the last inspection. Some of these changes enhanced facilities available to residents. For example, a number of en suites were renovated and the new design and layout made them more accessible to residents. New bedroom furniture such as beds and bedside lockers had been purchased as part of an ongoing programme of upgrade to the centre. A number of twin bedrooms had been reduced to single occupancy as the provider had recognized that they were unsuitable for two residents. Further work was required in these rooms as they had not been reconfigured to reflect single occupancy. Other actions were also required in relation to the premises and these are discussed in more detail under Regulation 17 of this report.

Action was required in relation to fire safety. A new smoking room had been constructed in an area where there was previously an emergency exit. The impact of this work on evacuation procedures had not been assessed by a competent person to provide assurances that adequate measures were in place to evacuate all residents in the event of a fire. Subsequent to the inspection, the inspector requested that this be done at the earliest opportunity.

The centre had automated door closures for all compartment and bedroom doors. Effective systems were in place to maintain the fire detection, alarm systems, and emergency lighting. The centre's emergency lighting, alarm system and fire equipment had been serviced at required intervals since the previous inspection. Fire doors were checked on the day of inspection, and all were in working order. Records indicated that fire drills took place regularly. Fire drill records were detailed, containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking of means of escape, fire safety equipment, and fire doors. Each resident had a personal emergency evacuation plan (PEEP), however, some of these required updating. Actions required in relation to fire safety are outlined under Regulation 28 of this report.

Inspectors found that residents could exercise choice in how to spend their day. There was a programme of appropriate activities available to residents on the day of inspection. Religious preferences were supported and there was Mass in the centre every Friday. Residents has access to newspapers, televisions, and radio's. The system for consulting with residents in relation to the operation of the centre could

be enhanced through more frequent residents' meetings. This is addressed under Regulation 9 of this report.

Regulation 10: Communication difficulties

Residents that had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate freely.

Judgment: Compliant

Regulation 17: Premises

Alterations were made to the centre that were not in accordance with the Statement of Purpose prepared under Regulation 3. For example, a smoking room had been converted to a family room; a family room had been converted to an office; and a new smoking room had been built, which was accessed through an emergency exit.

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example:

- some radiators, particularly in en suite bathrooms, were rusty
- there was inadequate storage space resulting in the storage of equipment, such as hoists, and linen skips, on the corridor outside the smoking room
- some windows on the ground floor did not have window restrictors in place. Residents at risk of leaving the centre without adequate support, particularly residents with a cognitive impairment, could potentially leave the centre in this manner
- while there was an ongoing programme of redecoration, there were still areas of the centre that required attention. For example, there was scuffed paintwork, holes in walls in en suite bathrooms and damaged veneers on chest of drawers
- twin bedrooms that had been reduced to single occupancy required reconfiguration, such as the removal of curtain rails, to reflect that they were now single rooms
- the new smoking room did not have an extractor fan.

Judgment: Not compliant

Regulation 28: Fire precautions

Action required in relation to fire safety included:

- some personal emergency evacuation plans required updating to accurately reflect the evacuation needs of each resident and to reflect changes to emergency exits resulting from recent renovations
- the smoke seals on a number of cross corridor fire doors were painted over. This would reduce their effectiveness in preventing the spread of smoke in the event of a fire
- assurances were required from a competent person that adequate arrangements were in place for evacuating residents, that included a review of emergency exits that had been impacted by recent renovations
- there was a significant gap at the base of the fire door leading from the laundry. This would significantly impact the effectiveness of the door in minimising the spread of smoke from a high risk area in the event of a fire..

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents care documentation was maintained electronically. Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Records showed that residents received a high standard of evidence-based nursing care and there was good oversight of residents clinical care by management. Residents had timely access to a General Practitioner, and there was evidence of regular reviews. Residents were also supported with referral pathways an access to allied health and social care professionals such as a dietitian, speech and language therapist and chiropodist as required. A physiotherapist attended the centre on one day each week.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a restrictive practice policy in place to guide staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff that spoke with inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours. Staff were knowledgeable on the triggers that may cause residents distress or anxiety and were able to use de-escalation techniques to protect residents from harm. There was adequate oversight of restrictive practices in the centre with a gradual reduction in the use of bedrails. Where bedrails were in place, a risk assessment was conducted prior to their use and safety checks while bedrails were in place.

Judgment: Compliant

Regulation 8: Protection

While records of financial transactions conducted by or on behalf of residents were maintained, more detail was required so that it could be clearly identified what service or product each transaction covered. For example, when the provider purchased items on behalf of residents, it could not be identified the quantity of each item that was purchased.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Records of residents meeting provided to inspectors indicated that the last meeting was held in November 2023, which was a gap of in excess of five months. Given the ongoing works in the centre, there was a need to ensure that residents were consulted more frequently about the day to day operation of the centre.

There was a box of clothing in the laundry store room that were not labelled for individual use by residents. Inspectors were informed that these were for communal use, should residents require them. The use of communal clothes for residents does not support residents' dignity.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bushy Park Nursing Home OSV-0000410

Inspection ID: MON-0041224

Date of inspection: 08/05/2024

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. Fire Impact Assessment undertaken by Engineer on 27/5/24, changes and controls forwarded on 11/06/24 – these include; <ul style="list-style-type: none"> • New designated smoking structure external to the building has been erected • The new designated smoking structure will comply with fire management requirements • The original smoking room has been repurposed to an external emergency fire exit. 2. Statement of Purpose updated in line with changes, including staff facilities added to floor plans – 30/6/24 3. Controls to minimize impact of dust and noise continues, closed windows on external side of building and no footfall from building site in the main body of Nursing Home. Excavation work is complete, foundations and floors are completed, going forward dust and noise will be to a minimum. Increased cleaning schedules in place for all rooms facing the building site 	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ol style="list-style-type: none"> 1. Nursing Home will ensure that all changes to room occupancy is documented, permission and discussion with resident and family documented, Contract of care updated as appropriate – from 8/5/24 	

2. Weekly fees reflected in Contract of Care for all residents as appropriate – immediate effect from 8/5/24	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. New smoking shelter external to the main building is in place. Storage for hoists and wheelchairs will be in place by 30/8/24 2. Radiators have been refurbished. 3. Window restrictors in place with immediate effect 4. Holes and damaged bathroom walls along with residents seven remaining rooms have been scheduled for completion by 26/8/24 5. Curtain rails in twin rooms which have been repurposed to single rooms have been removed with immediate effect. 6. Laundry door gap has been addressed with immediate effect 7. Loose veneer on chest of drawers will be replaced by 26/8/24 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Engineer assessment of smoking facilities carried out on 27/5/24 and assessment and controls forwarded to HIQA on 11/6/24 2. Coded door leads to external courtyard area with smoking shelter 3. Laundry Door gap addressed with immediate effect 4. Changes captured in Statement of Purpose – complete by 30/6/24 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. Financial transactions are more detailed with immediate effect from 8/5/24 2. All items purchased for residents will have amount and cost recorded with immediate effect from 8/5/24 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none">1. Resident meeting will be facilitated monthly – standing agenda items will include impact of new building, and include opportunities for resident to influence design and décor. – ongoing2. Monthly Newsletter will be available to residents and their families. The newsletter will contain updates on building progress.	

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	10/07/2024
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	26/08/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	10/07/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	10/07/2024
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	10/07/2024
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	Substantially Compliant	Yellow	10/07/2024

	services, and suitable bedding and furnishings.			
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	10/07/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	10/07/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	10/07/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	10/07/2024