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:	Bushfield Care Centre
Name of provider:	Bushfield Nursing Home Limited
Address of centre:	Bushfield, Oranmore, Galway
Type of inspection:	Unannounced
Date of inspection:	14 July 2024
Centre ID:	OSV-0005242
Fieldwork ID:	MON-0044256

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34

How we inspect

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
Sunday 14 July 2024	16:00hrs to 18:45hrs	Fiona Cawley	Lead
Monday 15 July 2024	10:00hrs to 17:00hrs	Fiona Cawley	Lead
Sunday 14 July 2024	16:00hrs to 18:45hrs	Catherine Sweeney	Support
Monday 15 July 2024	10:00hrs to 17:00hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

This inspection took place over two days. Day one of the inspection took place on a warm Sunday evening, with day two taking place the next day. Over both days of the inspection, inspectors observed staff that were knowledgeable and attentive to the needs of the residents. Interactions between staff and residents were observed to be respectful and friendly.

Inspectors arrived on day one during the residents tea-time. The meal experience was observed to be positive and much improved from the previous inspections of the centre in June 2024. The dining room was laid out in a way that made the dining experience a pleasant and sociable occasion for residents. Dining tables were set in preparation for the meal and their was a choice of condiments on each table. Staff were observed engaging and supporting residents with their meals. Residents were offered a choice of a meal and their choices were respected. The quality of the meal had also improved. Meals appeared wholesome and nutritious. There were adequate supplies of fresh food in the kitchen stores. Residents feedback on the quality of the food available was positive, with many residents telling inspectors that they had noted an improvement in this area of the service. One resident told the inspectors that they were delighted to be offered sausages for their tea.

Improvement was also noted in relation to an accessible outdoor area. There was garden furniture and appropriate shading available for any resident who chose to spend time outside. Inspectors observed a resident receiving their visitors in this outdoor area.

Inspectors noted that the heat within the centre was unpleasant and uncomfortable. The outdoor temperature on the first day of the inspection was high. Inspectors noted that the radiators in the centre were on, resulting in the care environment being uncomfortably warm. Staff informed the inspectors that the radiators were required to be on so that the water could be heated. This was an unaddressed finding of a previous inspection.

Inspectors noted that the waste management area was poorly managed. On day one of the inspection, domestic and clinical waste bins were overflowing. There were bags full of waste piled beside the full bins, some of which had opened causing the area to be malodorous and unsightly. Some of the waste had been removed when inspectors arrived on day two of the inspection, however, the arrangements for the disposal of the removed waste was unclear.

Inspectors noted that little progress had been made in relation to on-going fire safety works since the last inspection in June 2024. An area of the centre remained boarded up and could not be accessed internally. A make-shift door with a bolt and pad lock had been installed to allow for external access to the area of the centre where fire safety works were ongoing. The nurses on duty held the key to this door.

Over the course of the two days, social engagement and activities for the residents were noted to have improved. There were staff available to support the residents with their social care. Residents were engaged with watching a county football match and the time of the evening meal was adjusted so that the residents could finish watching the match before their tea.

Families and friends of residents were observed to come and go to the centre without restriction.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk inspection to follow up on the urgent actions taken by the provider to address significant issues of non-compliance identified on a risk inspection of the centre in June 2024, with regard to the governance and management of the centre, including the availability of resources to sustain operation of the centre, and the actions taken to ensure resident's nutritional care needs were met. Following consistently poor regulatory compliance over repeated inspections in March, May, and June 2024 in relation to governance and management, food and nutrition, record management, and protection of residents finances, on 14 June 2024, the Chief Inspector of Social Services issued a notice of proposed decision to cancel the registration of the centre.

The registered provider made representation within 28 days of the notice being issued, to detail the action that had been taken to address the non-compliance relating to the resources available, the systems of governance and management, and the quality and safety of the service. The detail of this representation was reviewed on this inspection. The findings of this inspection were that, while some improvement was identified in relation to the resourcing and supply of food and the quality of the food service in the centre, the provider had failed to address the significant issues of non-compliance in regard to the governance and management of the centre, record management, the protection of residents finances and fire safety. Consequently, the Chief Inspector continued to have serious concerns regarding the capacity of the provider to provide safe and consistent care to the residents.

The registered provider of Bushfield Care Centre is Bushfield Nursing Home Ltd. A repeated finding of this inspection was that the registered provider did not have an effective management structure in place to support the centre. The senior management structure supporting the designated centre was found to be inconsistent and ineffective. The person representing the registered provider and the regional manager were on leave on the days of the inspection, and the

arrangements in place to escalate risks to the provider during their leave had not been established.

Within the centre, the management team consisted of a person in charge, supported by a clinical nurse manager and a house manager. The clinical nurse manager was also on planned leave. The provider had failed to put arrangements in place to ensure that the management team were adequately supported, and that there were clear pathways for the person in charge to escalate issues of concern or risk to the registered provider. Within the representation submitted, the provider had described the on-going recruitment of an assistant director of nursing, however, there was no evidence that a recruitment process was in progress.

The registered provider continued to devolve responsibilities for supporting the designated centre and the person in charge to third parties outside of the designated centre, and not employed by the registered provider. Some resident information, including the balance of monies held by the provider on behalf of residents, could only be accessed through engagement with these third parties. Personal information with regard the residents access to health therapies was also shared with the third parties.

Some records relating to the management of residents finances were unavailable for review on this inspection. Records that were not available within the centre for review and could not be accessed by staff included;

- records of monies held by the provider on behalf of each resident currently living in the designated centre, and all residents who had been discharged or deceased since the provider was first registered to operate the centre in July 2019.
- confirmation of payment of, or payment plans for, significant utility bill arrears. Outstanding payments due to the gas supplier had not been paid, as described in the providers' representation dated 10 July 2024, resulting in an interruption of gas supply for hot water, heating, cooking and laundry services, on the morning of the 11 July 2024.

This was contrary to the commitment made by the registered provider within the representation made to the Chief Inspector, that 'all records relating to the operation of the centre are stored and available in the centre for staff working in the centre and for inspection by the Chief Inspector'.

Records to demonstrate the organisation and management of financial resources in the centre did not evidence that the centre was adequately resourced to ensure a safe and effective service. Inspectors were provided with records of the operating bank account for the designated centre. A review of the record of this bank account found that, on the days of the inspection, this account was nearly empty.

Of further concern was that monies, totalling over €3000, belonging to residents held by the provider in the operating bank account was not available to the residents. The registered provider could not be contacted during this inspection to

give assurances that the residents money would be available should any resident request the return of their monies.

Inspectors reviewed the petty cash within the centre, and these monies could be accessed by the management team in the centre. A review of the petty cash ledger found that those responsible for the management of the centre accessed these monies to pay for medical and therapeutic services for residents.

Physiotherapy, on a private session basis, was made available to the residents at an additional cost to the resident. There was a system of referral to the physiotherapist by the residents doctor or the person in charge in the centre. A review of the residents care notes found that the rationale for referral by the nursing staff was not always clearly described, and not always based on a nursing assessment. There was no record of the resident consenting to these referrals or the associated costs. There was no record that any effort was made to access these services through the public services which residents may have been entitled to access free of charge.

The pension money belonging to residents, for whom the provider had identified that they were the pension agent, was deposited directly into the operating bank account of the designated centre.

A review of residents contracts for the provision of care found that residents, for whom the provider acts as a pension agent, did not have the arrangements for the management of their monies outlined within their contract. While the providers representation detailed that there was a policy in place with regard to the appropriate management of residents finances, and underpinned by a 'written agreement' between the residents and Bushfield Care Centre, inspectors found that this was not in place on the days of inspection.

Records reviewed found that residents were being charged for services that they did not avail of. A review of the care records for one residents found that the resident had been charged for physiotherapy services which they had refused on at least two occasions.

Residents did not have '24/7 access' to monies held for them within the designated centre petty cash system, as described in the providers' representation. Access to funds was only available when the person in charge or the house manager were on duty. Rosters reviewed confirmed that these managers were not rostered to be in the centre at weekends, evenings or night-time.

The staffing in the centre on the days of the inspection was adequate to meet the needs of the residents. However, inspectors observed that staff were not appropriately supervised in relation to ensuring that the delivery of care to residents was aligned to the residents care plans. A number of staff providing direct care to residents did not demonstrate awareness of all necessary nursing information required to ensure that care provided was appropriate and in line with their assessed needs. For example, a number of staff were not aware that some residents were at risk of malnutrition, or that some residents had wounds.

Of continued concern was the cessation of all works underway to address outstanding fire safety issues in the centre, and there was no information available as to when it would recommence.

Regulation 15: Staffing

The staffing levels in the centre are adequate to meet the assessed needs of residents, and for the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Care staff were not appropriately supervised to ensure that care was delivered in line with residents assessed needs and care plans. The person-centred detail of the residents care plan had not been effectively communicated to the health care staff.

Judgment: Substantially compliant

Regulation 21: Records

A review of the record management system in the centre found repeated non-compliance. Record were not accessible and available for inspection. Records relating to residents finances were stored off site and could not be made available for review during the two days of the inspection. Repeated issues of non-compliance were found on this inspection. For example, records underpinning pension agent arrangements were not available in the designated centre.

Judgment: Not compliant

Regulation 23: Governance and management

As found on previous inspections, the provider had failed to ensure that the centre had sufficient resources to ensure the effective delivery of care. Inspectors found that, once again, failure to pay suppliers in a timely manner had resulted in an interruption of the gas supply to the centre. The impact of this was that residents had no access to hot water for one full day and showers could not be offered and facilitated. Cooking, heating and laundry services in the designated centre were also

gas powered. In addition, a review of the operating bank account of the centre found that there was insufficient funds available to ensure a sustainable and safe service.

The registered provider had failed to ensure that there was a clearly defined management structure, identifying clear lines of authority and accountability. On the days of the inspection, the supporting structures for the person in charge, such as the regional manager and the registered provider, were both on leave and could not be contacted. The person in charge did not have access to a number of management systems required to ensure that all residents' were protected and that their needs were met. For example, the person in charge could not access information relating to residents finances, or the resources available to pay suppliers, without the assistance of persons located outside of the designated centre and not employed by the registered provider. The registered provider continued to devolve responsibility for many aspects of the operation of the designated centre to third parties. This was a repeated finding from previous inspections.

The registered provider failed to put management systems in place to ensure that the service provided was safe, consistent and effectively monitored. For example;

- Inadequate management of residents finances
- Ineffective systems of safeguarding
- Poor systems in place to communicate the detail of residents care plans to health care staff
- Ineffective waste management systems
- Ineffective record management

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The registered provider had not agreed in writing, all the terms on which the resident would reside in the centre. A review of a sample of contract of residents for whom the provider acted as a pension agent, found that they did not contain an agreement in relation to the management of the residents accounts and funds, as described in the centre's own pension management policy.

Judgment: Not compliant

Quality and safety

Inspectors observed that the registered provider's failure to address issues of ongoing and significant non-compliance in the centre was impacting the quality and

safety of the service being delivered to residents. The findings of this inspection were that, while the day-to-day care needs of residents were being met, the provider had failed to ensure adequate oversight of care plan implementation, the management of residents' finances, the protection of residents against financial abuse, and ensuring that the care environment was safe, in terms of fire safety, and access to appropriate heat and hot water.

Since the last inspection in June 2024, the registered provider had taken some action to address the non-compliance found in Regulation 18: Food and nutrition. Inspectors observed adequate food stocks and confirmed that the system of food delivery to the centre had been re-instated. The kitchen environment was visibly clean and there was a system in place to label all fresh food. However, inspectors found that the oversight and supervision of the catering service remained poor and that these systems were not consistently implemented.

A four week menu plan had been developed and was in the process of being reviewed by both a dietitian and with residents through one-to-one consultation. A nutritional assessment had been completed for all residents, who were assessed as being at risk of malnutrition, had an appropriate care plan developed. A communication system between the nursing and catering staff had been established to ensure that residents received food and nutrition, in line with their assessed needs.

Inspectors reviewed a sample of six residents' files and found that the documentation of residents' care needs had improved since the previous inspection. A range of validated clinical assessment tools were used to identify the needs of residents including skin integrity, nutrition and manual handling needs. This information was used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Inspectors found that care plans were up to date with the information required to guide care delivery. Residents were provided with access to medical care, with residents’ general practitioners providing on-site reviews. Residents were also provided with access to other health care professionals such as dietitian, tissue viability nurse and physiotherapist.

The registered provider had repeatedly failed to fully address the fire safety risks in the centre. Inspectors found that work that was in progress on the inspection in June 2024 had ceased and the staff in the centre did not have a date for when the works would recommence. Fire safety management within the centre was not updated in light of the changes to the layout of the centre that resulted from the suspended fire safety works. For example, a there was no evidence of assurance, such as a fire drill, in place to ensure that all parts of the centre could be monitored for fire and that timely action could be taken, should a fire start in the part of the centre with restricted access.

The system in place to manage residents' finances had not changed since the last inspection and did not provide assurance that the provider had taken all reasonable measures to protect residents from the risk of financial abuse. The provider continued to support a number of residents to manage their pension. The provider had not taken the required action to ensure that the management of residents

finances was in line with best practice guidelines, and ensures the safety of residents' monies. Inspectors reviewed residents' financial records and bank account statements. Inspectors found that there was no separate bank account in place for residents' monies which were paid into the main bank account for the designated centre. Inspectors were not assured that residents' finances were protected and managed in line with best practice and the rights of residents.

Regulation 12: Personal possessions

The provider failed to ensure that residents had access to, and retained control over their personal finances. This was evidenced by;

- Monies held by the provider on behalf of the residents within the operating bank account were not available to the resident
- Residents cash and jewellery, held by the provider, was not available to the residents unless a senior member of staff was on duty in the centre
- Residents, for whom the provider was a pension agent, did not receive a monthly statement identifying monies held on their behalf, as described with the providers representation.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had repeatedly failed to take adequate precautions to ensure that residents were protected from the risk of fire. The provider had failed to complete actions to address known fire safety risks in the centre. For example;

- Fire drills have not been completed to provider assurance that all residents can be evacuated to a place of safety, in the event of a fire in the area of the centre where fire safety works is required.

There was no project plan available for review in relation to the fire safety work that has been completed, works that remain outstanding, and the time-lines associated with the required works. Inspectors were informed that fire safety works had been suspended and that they did not know what date they would re-commence.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

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 8: Protection

The registered provider had failed to put systems in place to adequately protect residents from the risk of financial abuse. For example, records provided to the inspectors evidenced a number of weekly payments from the department of social protection into the operating bank account of the registered provider. The registered provider failed to ensure that these monies were received into an account set up for this purpose, separate and distinct from the operating bank account of the designated centre.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Bushfield Care Centre OSV-0005242

Inspection ID: MON-0044256

Date of inspection: 15/07/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: - Nursing staff involve HCA's in daily handover and update them of resident's care needs on an ongoing and daily basis. - HCA communication book commenced and maintained. All staff are to read and sign each communication entered. - The introduction of touchcare provides access to all care staff to read resident's care plans and know their current needs and the interventions to meet these needs. - All staff are provided with a copy of the handover sheet at the beginning of their shift and retain it during their shift. - PIC developed a care in progress audit and care quality audit which the CNM will audit to identify areas of improvement or additional support that needs to be provided to HCAs.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The RPR, PPIM and PIC have reviewed the issues identified and will now complete the following to ensure compliance with the regulation: - PIC has received records from the department of social protection underpinning pension agent arrangements for the 3 residents that the RPR is identified clearly to act as a pension agent, these records are now available in the centre. - The accounts department will be sending a copy of all records relating to the residents' finances to the PIC monthly; a shared drive for PIC and RPR staff to share all required documentation & records relating to the financial aspects of the designated centre has been set up and all required documentation is available here to view. - PIC will be cc'd in all invoices sent to the resident or their NOK. PIC will monitor the	

statements and invoices issued to residents.
- The staff that support the designated centre from the RPR's own business are supervised by the RPR and the RPR has complete oversight over tasks completed.
In order to maintain governance and oversight the RPR, PPIM & PIC will now implement processes and systems to monitor the above; these will consist of spot checks & audits and will also include resident feedback from resident meetings. The centre's quality improvement plan will be reviewed to ensure actions are being completed and quality improved. These will be all reviewed during weekly RPR/PPIM & PIC meetings.

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

Regulation 23: Governance and management	Not Compliant

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

The RPR, PPIM and PIC have reviewed the issues identified and will now complete the following to ensure compliance with the regulation:
- The RPR will be making additional payments to ensure that supply of gas is uninterrupted in the centre, so the schedule of delivery matches that of the payment; regular checks with the gas supplier are made to check any outstanding balances are being paid and also against the balance of gas supplied and to confirm delivery & amount being delivered
- Regular payments are being made to waste collection company to ensure consistent collection of all waste is maintained with no interruption to collections
- Payment plans that have been implemented are checked regularly with suppliers to ensure payments are received ahead of schedule and that service is uninterrupted.
- The PIC will have access to suppliers' statements and invoices. A monthly creditors and debtors list will be provided to PIC monthly; all these records & documentation will be available on the shared drive that has been established between PIC & RPR own staff
- PIC will get a monthly statement of the centre's operating bank account & will be available on the shared drive
- An account has been set up for the sole purpose of receipt of residents pensions to safeguarding residents finances and ensure all kept separate to the operating account for the centre. The PIC receives a weekly statement for the separate residents account that has been set up.
- If the RPR is on leave the PPIM will support the PIC; if the PPIM is on leave the RPR will support the PIC; In the event that the PPIM and RPR are both on leave the PIC will receive support from an external quality and compliance consultant appointed by the RPR;
- The RPR is now visiting the centre on a weekly basis to meet with DON for up to date information relating to all operational aspects of the centre and is be available to support

the PIC, with the PPIM.
- The RPR staff have set up a shared drive for all finances relating to the centre that are now accessible to the PIC; the balance in the designated operating account can vary as this account has money transferred from the RPR's other accounts.
- Care staff have access to each resident's care plan through touch care to ensure aware of detailed person-centred care to be provided and how to safely support each resident. This is monitored by nurses throughout the shift and by the Clinical Nurse Manager. Touch care records are monitored to check if care being delivered in line with care plans. In order to maintain governance and oversight the RPR, PPIM & PIC will now implement processes and systems to monitor the above; these will consist of spot checks & audits and will also include resident feedback from resident meetings. The centre's quality improvement plan will be reviewed to ensure actions are being completed and quality improved. These will be all reviewed during weekly RPR/PPIM & PIC meetings.

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

Regulation 24: Contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

- All residents for whom the RPR acts as the pension agent now have the authority to appoint pension via the relevant agent application forms in line with the center's policy.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The RPR, PPIM and PIC have reviewed the issues identified and will now complete the following to ensure compliance with the regulation:
- A new separate resident bank account is now implemented for the 3 residents the provider is acting as the pension agent; all pension monies go directly into this account and are kept separate to the centre's operational account; all associated records are available for PIC & PPIM on the shared drive
- The RPR will transfer the amount held for each of the residents he acts as a pension agent for into the new residents' pension bank account that has been set up.
- A monthly statement will be provided to the 3 residents. PIC will receive a weekly update of the resident's pension detailing any lodgment and withdrawals, all available on

the shared drive
- The petty cash safe is now located in the nurse's station, which gives 24x7 access to residents to lodge or withdraw money, valuables/ jewelry, as the nurse on duty carries the key to the press; the petty cash folder for resident's cash is kept at the nurse's station where all records of lodgments and withdrawals are recorded.
- PIC/Admin will conduct spots checks of the residents' monies and valuables kept for safekeeping.

In order to maintain governance and oversight the RPR, PPIM & PIC will now implement processes and systems to monitor the above; these will consist of spot checks & audits and will also include resident feedback from resident meetings. The centre's quality improvement plan will be reviewed to ensure actions are being completed and quality improved. These will be all reviewed during weekly RPR/PPIM & PIC meetings.

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

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The RPR, PPIM and PIC have reviewed the issues identified and will now complete the following to ensure compliance with the regulation:
- A fire engineer is now working with the RPR to support and provide recommendations to achieve compliance wit relevant fire safety legislation – this includes review of current fire file and discussion regarding renewing the fire certificate for compliance with alternative evacuation strategies; door survey review to identify requirements for replacement doors and replacement of same.
- The project plan for these reviews and associated work is currently being developed with the fire engineer and RPR, when completed this will be available for Inspectors to view.
- Staff have received training on fire and safety from an external this included ski sheet evacuation and fire drills.
- Fire drills are conducted fortnightly. PIC developed an updated evacuation strategy as the section of the building is closed for fire related works.
- All staff were provided with the new evacuation strategy and drills are conducted ensuring timely evacuation of residents in the event of fire in the area that is closed off.
- Risk assessments are in place for all risks identified as part of construction works in the closed compartment.
- The closed compartment has a padlock (number lock) in place and all staff are aware of the code. The code is displayed in prominent areas for staff as a daily reminder.
- Any new staff joining the team is given fire and safety induction and involved in the fire drill and provided with the updated evacuation strategy.
In order to maintain governance and oversight the RPR, PPIM & PIC will now implement

processes and systems to monitor the above; these will consist of spot checks & audits and will also include resident feedback from resident meetings. The centre's quality improvement plan will be reviewed to ensure actions are being completed and quality improved. These will be all reviewed during weekly RPR/PPIM & PIC meetings.

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

Regulation 8: Protection	Not Compliant

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

- The RPR has opened a new bank account which is separate to that of the centre operating account.
- The Department of Social protection have been notified of the changes to the bank details to ensure that all weekly pensions will now be directed to the new account set up for the purpose, separate and distinct from the operating bank account.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	31/07/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	17/07/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by	Not Compliant	Orange	31/08/2024

	the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	31/08/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/07/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	17/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/08/2024
Regulation 24(1)	The registered provider shall agree in writing	Not Compliant	Orange	31/08/2024

	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.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/09/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/08/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/07/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the	Substantially Compliant	Yellow	31/07/2024

	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)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/07/2024