



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

## Issued by the Chief Inspector

Name of designated centre:	Blair's Hill Nursing Home
Name of provider:	Blair's Hill Nursing Home Limited
Address of centre:	Blair's Hill, Sunday's Well, Cork
Type of inspection:	Unannounced
Date of inspection:	18 August 2022
Centre ID:	OSV-0000201
Fieldwork ID:	MON-0036482

## About the designated centre

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

Blair's Hill Nursing Home is a three-storey building located in a cul-de-sac, off a busy street on the north side of Cork City. Residents' bedroom accommodation is on the ground, first and second floors, which can be accessed by both stairs and lift. 33 of the bedrooms are single rooms and there are two twin bedrooms. 30 of the bedrooms are en suite with toilet and wash hand basin. There are eight residents accommodated in single rooms in each of the first and second floors and the remaining residents are on the ground floor. There are two bathrooms with shower, toilet and wash-hand basin on the first and second floors; there are showers and toilets alongside communal areas and bedrooms on the ground floor. Communal areas comprise a large conservatory day room, a smaller sitting room, seating along the corridor joining the conservatory and sitting room, two dining rooms, smoking room and oratory. Blair's Hill Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence and respite care is provided.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	36
--	----

## 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
Thursday 18 August 2022	09:00hrs to 17:00hrs	Breeda Desmond	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with seven residents in more detail. Residents spoken with gave positive feedback and were complimentary about staff and the care provided in the centre.

There were 36 residents residing in Blair's Hill nursing home at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a member of staff, which included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and electronic temperature check.

This was a four-storey building. Residents' accommodation and facilities were part of the upper three floors; the main kitchen, storage facilities and staff rooms were in the basement. The main entrance was wheelchair accessible and led to a small enclosed porch where the infection control sign-in and equipment were located. The main day room was beyond this porch.

The main day room was set out to ensure social distancing; there was a fireplace with a large flat screen TV atop and a dresser with lots of books and games. The armchairs were new and looked well, and residents said that they were very comfortable. Residents had chair-side tables to rest their paper, cup of coffee or glass alongside them.

Communal areas were located on the ground floor and comprised two dining rooms, a conservatory, a small sitting room, a smoking room and oratory. The smoking room was to the right beyond the conservatory and had tables, chairs and a flat screen TV; there was a fire exit from the smoking room to the outside of the front of the building. The smaller sitting room was a quiet space for residents to sit and relax. The oratory was located beyond this room for residents to enjoy peace and reflection. Previously, this was a dark space but a new window was installed here which allowed sunlight through and made the space much brighter.

The nurses' office, sluice room and laundry were located near the main day room. Additional toilet, bath and shower facilities were available close-by to communal areas and bedrooms. Administration offices were on the first floor and had a secure entrance opposite the smoking room.

The dining room to the left of the nurses' station had a hand-wash hub, and staff and visitors completed their hand-washing here before going on duty or going to visit their relative. This sink did not have hands-free mechanism. The second dining room was located beyond the nurses station and was a larger room facilitating more residents to dine. Tables were set before residents came for their meals with cutlery, napkins, glassware and condiments. Residents said they enjoyed their meals

and that the quality of their meals was good. Most residents had their breakfast in the dining room in accordance with their preference. The inspector observed breakfast time and residents came and went to the dining room at their leisure and were offered choice. Staff were familiar with residents preferences and actively engaged with residents in a social manner. Two residents spoken with at breakfast said they were happy there. One resident explained that when they were first admitted they were on significant dietary requirements, but was now off all supplementary feeding regimes and said they really enjoyed the taste of food and how the staff looked after them. Snacks and beverages were offered at 11:00hrs,14:30hrs and 20:30hrs. The main meal time was observed while meals were well presented the meat portion size was seen to be small. Most staff wore their protective masks appropriately but one staff member wore their mask on their chin while serving residents their meal.

Residents' bedroom accommodation was on the three upper floors. Most bedrooms were single occupancy and two were twin bedrooms. Displayed on each bedroom door was information on the availability of emergency evacuation sheets should they be required. There was an assistive metal pole over the bed-head of one resident's bed, however, this resident was independently mobile, so the assistive pole was removed during the inspection as it served no purpose and was a potential risk to the current resident.

Bedrooms could accommodate a bedside locker and armchair; bedrooms had TVs enabling residents to enjoy their programmes in private when they chose. Residents had double wardrobe and chest of drawers for storage and hanging their clothes. Some residents had their own fridge for their beverages and treats. Profiling beds with specialist pressure relieving mattress were seen in residents' bedrooms. New hooks were placed at a safe height to store residents' wash basins so they could be safely stored off the ground. Shower facilities were available on all floors and a specialist bath available on the ground floor.

Orientation signage was displayed around the building to areas such as the dining room, day room, toilets and lifts, to ally confusion and disorientation. Call bells were fitted in bedrooms, bathrooms, smoking room and communal rooms.

The main fire alarm system, registration certification, and complaints procedure were displayed by the nurses' station. There were large white boards in communal areas with information for residents such as the activities programme, meal times, infection control, hand hygiene and cough etiquette, and information on SAGE advocacy.

During the morning walkabout, the inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name in a friendly manner, and offered assistance. Staff member asked the residents they were assisting what they would like to wear as part of the personal care giving. The inspector observed that residents appeared comfortable and relaxed in their setting and mobilised freely around the centre, including using the lift independently.

Staff were seen to chat with residents, asked how they were, offered them the

newspaper and socially engaged with them. The schedule of activity for the week was displayed on the notice board by the day room. Nonetheless, there was no staff scheduled responsibility for meaningful activation, and apart from staff chatting with residents during the day and having the television on, residents did not have any meaningful activities available to them throughout the day.

Visiting had resumed in line with the HSE 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' and HPSC guidance of August 2022. Visitors were known to staff who welcomed them, guided them through the HPSC precautions and actively engaged with them.

Wall-mounted hand sanitisers were available on each floor along corridors with advisory signage demonstrating best practice hand hygiene. The centre was visibly clean and tidy. Rooms such as the laundry, cleaners room and sluice room were secure to prevent unauthorised access. Personal protective equipment (PPE) such as disposable gloves and aprons were discretely stored in presses in shower rooms on each floor.

The sluice room and laundry had hand-wash sinks with hands-free taps. Cleaning trolleys facilitated the storage of an array of cloths to enable household staff to change cleaning cloths and floor mop-heads between rooms.

Appropriate signage was displayed on rooms where oxygen was stored. Fire safety equipment had up to date servicing certification. Emergency evacuation plans displayed throughout the centre were easy to follow; escape routes were easily accessible and a point of orientation indication one's position; evacuation plans were orientated appropriately so the display correlated with their relative position in the building.

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

Blair's Hill Nursing Home was a residential care setting operated by Blair's Hill Nursing Home Limited. The person nominated by the provider to represent the registered provider attended the centre most days. The person in charge was full time in post and was supported on-site by the deputy person in charge, senior nurses, care staff and administration. Since the previous inspection in December 2021, improvement was identified in residents' care plans, complaints management, additional household cleaning staff, fire safety and monitoring of the service. While a new system of audit was introduced, this would take time to be established and embedded in practice to ensure the ongoing monitoring and effective oversight of the service.

A new audit system was introduced since the last inspection with an annual schedule to enable effective monitoring of the service. Staff training was provided to staff regarding the audit process to enable staff to complete audits. Clinical governance meetings were facilitated by the provider and occurred on a monthly basis. Minutes of these meetings were seen and good discussion was recorded regarding items raised such as staffing levels, complaints, the physical environment, key performance indicators, and antibiotic surveillance when relevant. Action plans were developed which were based on quality indicators. Nonetheless, this process would take time to embed and while the person in charge and relevant staff were knowledgeable about the audit process, it was not yet embedded in practice.

Accident and incident records were examined and showed thorough investigations and actions taken to mitigate recurrence of incidents and accidents. Improvement was noted regarding the management and records maintained relating to complaints. Contracts of care did not detail all the requirements as specified in the regulations.

The duty roster was examined and showed that the staff that were dedicated to activities were re-deployed to health-care duties when health care assistants (HCAs) were off duty. This was further discussed under Regulation 9 Residents' Rights.

An easy-read HPSC guidance was displayed in the dining room for residents' information. As part of their COVID-19 quick reference material, records were in place for ease of identification of residents' resuscitation status, intervention wishes, frailty score, their respiratory history, testing results and their next-of-kin contact details.

The medication management policy required updating to ensure it was centre specific and reflect the current medication management practice relating to electronic prescribing and the exceptional use of transcribing.

An independent advocacy service was available to residents to assist them with raising a concern and contact information for this support was displayed in the conservatory. A synopsis of the complaints procedure was displayed; this was in an accessible format and easy to follow for residents. The complaints log was examined and demonstrated that complaints were recorded in line with regulatory requirements.

## Regulation 14: Persons in charge

The person in charge was full time and had the necessary experience and qualifications as required in the regulations.

Judgment: Compliant



## Regulation 15: Staffing

Due to staff vacancies there were inadequate health care assistants staff to fulfil the duty roster. The inspector saw that the activities staff were re-deployed to caring when health care assistant staff were off duty. This resulted in a lack of activities programme for residents, and this was further discussed under Regulation 9 Residents' Rights.

Judgment: Substantially compliant

## Regulation 21: Records

Record keeping within the centre required action as evidenced by the following:

While there was a place in the medication management template to indicate whether a medication was to be crushed, this was not used to indicate crushing of medications on an individual medication basis in accordance with relevant professional guidelines.

Compartment evacuations were completed and records seen demonstrated that these were completed in a timely manner. However, a review of the records was required to be assured that records accurately reflected practice as some of the drill and evacuation records had identical narrative so it could not be assured that they were accurate.

Judgment: Substantially compliant

## Regulation 23: Governance and management

A new audit system was introduced since the last inspection. The person in charge and senior nurses were becoming familiar with the audit process and explained that they had piloted some audit templates such as the care documentation and medication management and had edited this template to include additional questions to ensure the audit was comprehensive. However, the medication management audit did not include oversight of crushed medications and transcribing for example, so issues found on inspection were not identified in the audit process. This finding was replicated in other audits seen such as care documentation management regarding wound management and contracts of care. Therefore further action was required in relation to the implementation of a more robust auditing system to ensure the service provided was safe, appropriate and effectively monitored.

Judgment: Substantially compliant

#### Regulation 24: Contract for the provision of services

Contracts of care did not detail the room or whether the accommodation was single or twin occupancy. Some contracts seen were signed and dated, but others were not. Some did not have the fees being charged detailed in the contract.

Judgment: Substantially compliant

#### Regulation 31: Notification of incidents

Accident and incident records were examined and showed thorough investigations and observations (blood pressure, pulse, temperature and oxygen saturation) were included in the records; actions taken to mitigate recurrence of incidents and accidents were detailed. Notifications submitted to the regulator correlated with the accident and incident log.

Judgment: Compliant

#### Regulation 34: Complaints procedure

Improvement was noted in the management of complaints documentation. Complaints were recorded in line with regulatory requirements. The person in charge followed up with complaints to discuss issues and to ensure they were happy with the outcome and actions taken on foot of the complaint. The person in charge had introduced a synopsis reminder for staff of details to be included in the complaints records and this was part of the complaints log book.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The medication management policy required updating to ensure it was centre specific and reflected the current medication management relating to electronic prescribing and the exceptional use of transcribing by nurses. Information on crushing of medications was also required.

Judgment: Substantially compliant

## Quality and safety

In general, the inspector observed that the care and support given to residents was respectful, relaxed and unhurried; and staff were familiar with residents individual care needs and facilitated these in a friendly manner.

The GP attended the centre on a weekly basis; their attendance had resumed following negotiation of fees to review residents. Residents had access to palliative care, geriatrician and psychiatry specialists, tissue viability nurse specialist, community mental health nurse, and allied health care professionals including speech and language therapy and dietitian.

There was positive feedback from residents regarding consultation about their care. Pre-admission assessments were completed to ensure the service would care for the resident's needs. A template was seen as part of residents' charts which detailed the national screen programme available to residents depending on their age and medical history. A sample of residents care plans reviewed showed good person-centred plans, however, medical histories did not consistently inform assessment or care plans. Residents had behavioural support plans to trend and identify issues that may have triggered a resident's behaviour to enable better outcomes for residents. Staff spoken with had good insight into residents specific care needs relating to behaviours. A daily narrative of residents' status was recorded by day and night duty staff. Daily flow sheets showed the daily care the resident received, and in general, this was updated by HCAs. Wound care records were examined and required further attention to be assured that wound care was management in line with a high standard of evidence-based nursing care.

Medication management was reviewed. Medication reconciliation was in place as part of residents' documentation. Additional records were maintained per resident regarding antibiotics, monthly or six monthly injections, psychotropic medication, controlled drugs and dietary supplements; this acted as an easy reference for staff as well as providing good oversight of the weekly KPIs maintained. A sample of medication charts were reviewed and were seen to be comprehensively maintained. The new medication charts were electronic print-outs and signed by the GP, however, they continued to be co-signed by nursing staff indicating transcribing of medications. Controlled drug records were examined and were maintained in line with professional guidelines.

Following the infection prevention and control (IPC) inspection in May 2022, one of the nurse's was appointed as clinical lead for infection prevention and control and had six hours per week allocated for this specialist function. The IPC nurse had set up a reference folder for staff which included current information on infections such as ESBL, CPE and notifiable diseases for example along with antibiotic surveillance with actions to be taken to mitigate the requirement for antibiotic usage for

residents prone to infection such as urinary tract infections for example. Other information available included current Health Protection Surveillance centre (HPSC) guidance. The provider nominee outlined other initiatives being followed up following that inspection which included hand-wash hubs on each floor. While good hand hygiene practices were observed, issues were identified regarding infection control and these were further discussed under Regulation 27.

Resident surveys were completed regarding food and meals served. The provider nominee explained that a meeting was convened with the chef and discussed menu choices to afford residents a better choice of food for their meals as they indicated that choice could be better for their evening tea.

Fire drills and evacuations records reviewed included details of what was undertaken as part of the fire safety exercise. Compartment evacuations were completed and records seen demonstrated that these were completed in a timely manner. However, a review of the records was required to be assured that records accurately reflected practice as some of the drill and evacuation records had identical narrative.

### Regulation 11: Visits

Information pertaining COVID-19 visiting restrictions and precautions was displayed at the entrance to the centre. Electronic temperature check, face masks, sign-in sheets and hand gels were available in the porch and staff ensured that anyone coming into the centre completed these precautionary measures. Visiting to the centre was in line with current HPSC guidance of August 2022 regarding visiting designated centres and was not restricted.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had sufficient space in which they could store their clothing and personal belongings, including lockable storage for valuables. In general, residents had personalised their bedrooms in accordance with their preferences, with co-ordinated soft furnishings, flowers, ornaments, statues, furniture and photographs.

Judgment: Compliant

### Regulation 18: Food and nutrition

While meals were well presented and residents gave positive feedback about the

quality of food, meat portion sizes were seen to be small.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

While it was reported that relevant information about the resident was provided to the receiving hospital, a copy of the transfer letter was not maintained on site for the most recent resident transferred to acute care setting. Consequently it could not be assured that comprehensive information about the resident's current status was provided to ensure they were cared for in accordance with their assessed needs.

Judgment: Substantially compliant

### Regulation 27: Infection control

Better oversight of infection prevention and control measures were necessary to minimise the risk of infection transmission as follows:

- protective surfaces of residents' furniture such as bed frames, wardrobes, bedside lockers, bed table and surfaces to doors, skirting and architraves were worn so effective cleaning could not be assured
- there was significant dust seen under hand-wash sinks in some bedrooms
- one staff did not wear their face mask appropriately.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Compartment evacuations were completed and records seen demonstrated that these were completed in a timely manner. However, as outlined under Regulation 21 Records, a review of the records of fire drill was required.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Improvements were seen in residents' assessment and care planning documentation

since the previous inspection and detailed assessments were completed to inform care plans. Care plans were appropriately detailed to direct care.

Judgment: Compliant

### Regulation 6: Health care

A high standard of evidenced nursing care was not evident in relation to wound care. Wound care records were examined and inconsistencies were seen in the records maintained. Frequency of dressings or dressing type was not consistent with the wound parameters, such as the size and exudate, wound healing status was not consistently recorded to show improvement or deterioration of the wound.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Observation and care plans and assessments reviewed showed that staff had good insight into residents and their behavioural needs. A behavioural monitoring log was maintained for residents and gave good reporting and analysis of abnormal behaviours. This analysis enabled better outcomes for the resident as actions were implemented to address issues identified. These included review by the GP along with referrals to social worker, and specialist medical consultation.

Judgment: Compliant

### Regulation 9: Residents' rights

There were not sufficient staff to provide for the social stimulation of residents. Activities staff were re-deployed to health-care duties when health care assistants (HCAs) were off duty. The activities records were examined on the electronic document system and the last input for meaningful activation was 6 August 2022 (date of inspection was 18 August), so residents did not have access to the activation programme in some time. The white board in the dining room displayed the variety of activities that should be available, but this was not implemented in some time, including the day of inspection.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially 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	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Blair's Hill Nursing Home OSV-0000201

Inspection ID: MON-0036482

Date of inspection: 18/08/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: With regards to inadequate staff, we have since recruited three HCAs and one nurse. The activity co-ordinator is now able to do activities with the residents on a full time basis.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> <li>• The medication prescription chart has since been reviewed and is currently been updated to comply with regulations. The column indicating crush medication on prescription chart is now being signed by nurses and medication that can be given in liquid form have been discussed with GP and pharmacist and have been replaced instead of tablets form.</li> <li>• Evacuation record was discussed with fire officer and person who is in charge of evacuation drill that they must write a step by step account of the evacuation training as it took place on that day so that an accurate record can be kept.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:

At last inspection we had begun a new auditing process for medication management and a few other areas needing improved auditing. Since then the process has almost been completed and all the nurses have undertaken medication management training and wound care training. We have had various meetings with the staff to discuss wound assessments and improvements needed. Regarding medication management, we have reviewed our prescription sheets and have made the required changes. New contract of care have been drawn up in keeping with regulations and nurses are aware of the need to ensure the contracts of care are properly documented and signed.

Regulation 24: Contract for the provision of services

Substantially Compliant

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

A new contract of care is currently being drawn up to include whether a room is single or double occupancy.

Transfer of a resident to hospital.

It has been decided in conjunction with other nursing homes that when a resident is needing to be transferred to hospital the family are the first contact but if they are unable to attend with resident then they will need to provide HCA fees and the HCA not be longer than 4-6 hours in hospital with the resident. These guidelines will be added to new contract of care and Hospital Transfer Policy. Each contract of care will then be signed and documented in keeping with regulation. A meeting was held with staff to discuss the contract and communicated the improvements made.

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Medication Management Policy is currently being reviewed and updated to reflect medication management in relation to electronic prescribing and updated information with regards to crush medication.

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>All meals and menus have now been reviewed with improved menu choices. A meeting has taken place with cooks and staff involved with serving residents meals and discussed that each resident must be given portions adequate for their needs, ensuring they have enough to eat.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>A meeting was held with the nurses in relation to transfer of residents to hospital and that they need to fill out the national transfer letter so that it reflects the current status about the resident and that a copy must be kept in residents files.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• With regards to infection prevention and control, it was noted on last inspection that some of the furnishing in the residents rooms, doors surfaces, skirting and architraves were worn and so effective cleaning could not be assured. We have now listed these areas and have discussed them with our maintenance personnel and they will organize to refurbish these areas in late October, early November.</li> <li>• With regards to dust found under the hand washing sinks, these have since been cleaned and they have been added to the cleaning schedule to be cleaned once a week.</li> <li>• A meeting was held with all staff regards wearing masks appropriately. This is also being monitored weekly by Infection Control Nurse and appropriate action taken when needed. Record kept.</li> </ul>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  All nurses have since had training for wound management and nutrition in wound management. The training included wound grading, dressing types, managing exudate. A meeting was also held with nurses on the importance of ensuring adequate wound healing records and keeping accurate accounts of status of wounds.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  We are aware of need to provide social stimulation for the residents. We have now recruited three extra HCAs so that we will not need to deploy our activity co-ordinator any more. It is our plan to get a second person allocated to doing meaningful activities with the residents. We are working towards this plan</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	29/09/2022
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	29/09/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	30/10/2022

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/10/2022
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	28/10/2022
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	Substantially Compliant	Yellow	28/10/2022

	such services.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	29/09/2022
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	30/11/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where	Substantially Compliant	Yellow	29/09/2022



	necessary, review and update them in accordance with best practice.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, 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.	Substantially Compliant	Yellow	29/09/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	29/09/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/11/2022