



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

Issued by the Chief Inspector

Name of designated centre:	Blackrocks Nursing Home
Name of provider:	Blackrocks Nursing Home Limited
Address of centre:	The Green Road, Foxford, Mayo
Type of inspection:	Unannounced
Date of inspection:	11 February 2022
Centre ID:	OSV-0000321
Fieldwork ID:	MON-0036206

About the designated centre

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

Blackrocks Nursing Home is a purpose-built premises. Residents are accommodated in single and twin bedrooms, all of which are en-suite with shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located on the outskirts of Foxford, Co. Mayo. The centre provides accommodation for a maximum of 50 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Friday 11 February 2022	10:30hrs to 16:45hrs	Ann Wallace	Lead
Friday 11 February 2022	10:30hrs to 16:30hrs	Catherine Rose Connolly Gargan	Support

What residents told us and what inspectors observed

This inspection took place during a significant outbreak of COVID-19 in the centre. There were 44 residents accommodated in the centre on the day of the inspection and three residents were in hospital. 41 residents and two staff had a positive diagnosis of COVID-19 infection.

All the residents in the centre were accommodated in a mixture of twin and single rooms. On arrival to the centre, inspectors were informed that all residents with a COVID-19 diagnosis were isolating in their bedrooms. The results of recent PCR swabs were still being received and staff were busy informing the residents and their families of test results and supporting those residents with a confirmed COVID-19 result as they started their isolation period in their bedrooms. The centre had been organised into separate zones with dedicated staff teams to care for those residents who had COVID-19 and those residents who had not been detected with the virus.

Staff were patient and respectful and where a resident did not understand the need to isolate in their room staff took the time to explain and reassure the resident. Although staff took time to chat with residents when providing care and support there were no meaningful activities being provided and residents spent a lot of time alone in their bedrooms with little to engage or distract them. However the atmosphere in the centre was calm and those residents who spoke with the inspectors appeared relaxed and understood the need for the current restrictions.

There were donning stations set up with personal protective equipment (PPE) at the entrance to each COVID-19 positive zone. Overall staff were observed to use their PPE correctly however one member of staff was seen on two separate occasions wearing full PPE in the clean areas between the corridors. There were hand sanitisers located along the corridors and staff hand hygiene practices were of a good standard. However there were not enough clinical hand wash basins for staff to wash their hands outside of the resident's bedrooms and communal bathrooms.

Staff worked hard on the day to ensure that residents were able to receive care and support in line with their needs and preferences. Staff were busy but organised although the main meal at lunch time was delayed for some residents because of the high number of residents isolating who had to take their meal in their bedroom. The catering team worked with care staff to ensure that once meals were served, they were delivered to the resident promptly so that residents received a hot dinner.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

This was an unannounced risk inspection by inspectors of social services to seek assurance that the care and welfare of the residents were being met during a significant outbreak of COVID-19 in the centre. Inspectors assessed compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection found that although the provider and the staff team had worked hard throughout the pandemic to ensure that residents were protected from COVID-19, significant focus and resources were now required to prevent further transmission and to protect residents.

Improvements had been implemented following the previous inspection in October 2021 however, the provider had not achieved compliance in Regulation 27 infection prevention and control and Regulation 15 staffing. In addition the provider had not completed the planned extensions to two of the four twin rooms to bring the rooms into compliance with Regulation 17. This meant that the provider was in breach of Condition 4 of their registration.

The Chief Inspector had been notified of an outbreak of COVID-19 infection in the centre on 4 January 2022. Prior to this outbreak the centre had remained free from COVID-19 throughout the pandemic. During the early stages of this outbreak small numbers of staff were positive with COVID-19. However, on 3 February nine residents were confirmed with COVID-19 and with ongoing transmission this increased to 41 residents and two staff confirmed with COVID-19 on the day of the inspection. The centre was being supported during the outbreak by the local public health and outbreak response teams.

The provider of this centre is Blackrocks Nursing Home Limited. There are two directors of the company, one of whom is the provider's representative and the second director works as a person participating in management (PPIM) in the designated centre. There is a well established senior management team consisting of the two directors of the provider entity and an additional general manager. A member of the senior management team was working in the designated centre on the day of the inspection to support the person in charge and the staff team. Rosters showed that a member of the senior management team had been available in the designated centre throughout the outbreak. The person in charge worked full time in the designated centre and was supported by two clinical nurse managers.

Daily management checks were in place in a number of areas such as fire safety, catering and cleaning of equipment, however the management oversight systems that were in place for oversight of staffing levels, staff training and infection prevention and control practices did not ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c). Although an additional suite of audits had been sourced since the October 2021 inspection there were no records that any additional audits had been completed and inspectors were not assured that the new audit systems had been implemented by the management team.

Alongside the person in charge and the clinical nurse manager there were four staff nurses and four health care assistants working on the day of the inspection to care for 44 residents, 41 of whom had COVID-19 and were being isolated in their bedrooms. An additional health care assistant was rostered for the afternoon and evening however, they were working in the kitchen during the afternoon. There were two cleaning staff working until 16.00hours the provider had sourced and external agency to provide two cleaners from 18.00hours to 24.00 hours. The laundry service had been outsourced for the duration of the outbreak which enabled laundry staff to be re-allocated to other roles in the centre.

Although staff were working hard to ensure that resident's care needs were met there were not sufficient staff on duty to ensure that residents had access to even limited opportunities for meaningful activity or social interactions with staff outside of care duties. In addition, there were not enough staff on duty to ensure that all residents received their lunch time meal on time. The inspectors found that the staffing levels were not adequate to meet the assessed care needs of residents during an outbreak of COVID-19.

Although there was a clinical nurse manager and four staff nurses working on the day of the inspection they were busy providing care and support for the residents and as a result the inspectors found that staff were not appropriately supervised. The inspectors identified some staff who did not follow the correct procedures for donning and doffing PPE and cleaning assistive equipment after use. These practices were not identified by senior staff working in the centre and were brought to the manager's attention by the inspectors at the time.

Inspectors found that most records were well managed, particularly in relation to the daily rosters and the records of the clinical monitoring of residents. This helped to ensure that the person in charge and the management team had the information they needed to manage both staffing and resident care during the outbreak of COVID-19. However the staff training records were not up to date and did not reflect all of the training completed by staff. For example one member of staff reported that they had attended two fire safety training sessions but this was not recorded on the training matrix available to the inspectors on the day. In addition staff reported that they attended a number of infection prevention and control training which were not included in the training matrix record.

Regulation 14: Persons in charge

The person in charge worked full time in the designated centre and had responsibility for the day-to-day running of the service. The person in charge was an experienced registered nurse who met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were not sufficient numbers of staff available having regard to the needs of the residents during an outbreak of COVID-19 and taking into account the size and layout of the designated centre.

Judgment: Not compliant

Regulation 16: Training and staff development

The oversight of staff training was not robust and did not assure inspectors that staff had access to appropriate training in line with their roles.

Staff were not appropriately supervised on the day of the inspection. As a result staff who did not follow infection prevention and control procedures correctly were not identified and the issues were not addressed until the inspectors raised them with senior staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had failed to provide sufficient resources to bring the designated centre into compliance with Regulation 17 in line with the centre's conditions of registration. This is a repeated finding from the previous inspection.

The management and oversight systems that were in place for key areas such as staffing, staff training and infection control did not ensure that the care and services provided were safe, appropriate, consistent and effectively monitored. This is a repeated finding from the previous inspection.

Judgment: Not compliant

Quality and safety

Inspectors were assured that appropriate medical and health care, including a high standard of evidence based nursing care was available to residents during the COVID-19 outbreak. The centre was calm on the day of the inspection and

residents' needs were being met. However the staffing levels and the infection prevention and control procedures that were in place did not ensure that the outbreak of COVID-19 was managed effectively and as a result there was significant onward transmission of the virus in the designated centre. In addition the inspectors found that medication practices were not in line with professional best practice guidance and this had not been identified through the centre's own medication audits.

The inspectors followed up on the actions from the previous inspection in October 2021 in relation to Regulation 28 Fire Precautions and Regulation 27 Infection Prevention and Control and found that the provider had not fully addressed the non compliances identified on that inspection. As a result significant focus and resources were now required to bring the centre into compliance with these regulations and to ensure that residents were protected.

The provider ensured that all residents with a positive diagnosis of COVID-19 had appropriate health care supports in place in line with the current Health Protection Surveillance Centre (HPSC) guidance on the Prevention and Management of COVID-19 outbreak in Long Term Care Facilities. This meant that residents were medically assessed when their condition changed and there was a care pathway in place in the event of a deterioration in their condition. The recording of the nursing observations facilitated effective review of any changes in a residents condition and any deterioration in a residents health was identified and responded to in a timely and effective manner.

Regulation 11: Visits

Visiting to the centre was restricted due to the COVID-19 outbreak. However, inspectors observed that visiting was facilitated on compassionate grounds and in line with the Health Protection Surveillance Centre (HPSC) National guidelines.

Judgment: Compliant

Regulation 17: Premises

The physical environment in the centre had not been maintained to effectively contain and reduce the risk of infection. For example: damaged and missing paint on wooden skirting, door frames and bedroom and communal room doors did not support effective cleaning and therefore posed a risk of cross infection.

The layout of the centre did not provide adequate and separate sluice and cleaning room facilities. The sluice room doubled as a cleaner's room and was not fit for purpose. This room was cluttered, the paint on the wall surfaces was not intact and was there was dust on the wall and other surfaces. The floor covering was worn,

damaged and missing in some areas. These findings did not support effective infection prevention and control practices and procedures.

The layout and design of the centre did not provide sufficient and appropriate storage facilities. The inspector found the following;

- Hoists and personal care trolleys were stored along the corridors.
- Three personal care trolleys were stored in one of the communal bathroom/toilets used by residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' hydration and nutrition needs were assessed and appropriately monitored. Residents were served their meals in their bedrooms. The person in charge had arrangements in place to ensure residents' meals were maintained at the correct temperatures and that sufficient staff were available to support residents who needed assistance with drinking fluids and with eating their meals. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared in line with their dietary requirements.

Food and fluid intake records were meticulously maintained and closely monitored. These records were available to staff and for the inspectors to review.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services published by The Health Information and Quality Authority (HIQA) were implemented by staff.

Inspectors observed inconsistent application of transmission-based precautions within a unit experiencing an outbreak of COVID-19 infection and as a result, efforts to prevent and control COVID-19 infection transmission were not effective as follows;

- although residents were cohorted into separate zones according to their COVID-19 positive or COVID-19 not detected status, staff on duty were working between the two cohorts of residents. Although staff wore personal protective equipment, the arrangements in place where there was cross-over between the positive and the not detected resident cohorts posed a risk of ongoing transmission of the virus in the designated centre.

- the oversight of housekeeping and cleaning practices was not robust. For example;
 - there was no process in place to ensure the outside of hand gel dispenser bottles on hand rails along the corridors were clean and decontaminated regularly throughout the day.
 - assistive equipment used in the centre and examined by inspectors appeared visibly clean, however, there was no system in place to ensure that equipment was cleaned and decontaminated after each use. For example, the inspectors observed a member of staff returning a hoist to the storage area after they had finished using it. The member of staff did not clean and decontaminate the hoist and there was no system in place to confirm that the hoist was clean and ready for re-use.
 - a comfort chair in a small sun room was visibly stained and the fabric was torn, which prevented it being cleaned adequately.
 - a central vacuum cleaning system was in place but there was no process to clean and decontaminate the corrugated suction hose which was moved from room to room in the centre.
 - one hoist sling was in use by eight residents which is not in line with best practice and posed a significant risk of transmission of infection. There was no system in place to record that the sling had been laundered and decontaminated between uses.
- staff practices in donning and doffing personal protective equipment were not consistent with best practice standards.
- there were not sufficient clinical hand washbasins outside of the residents' bedrooms and communal bathrooms.

Judgment: Not compliant

Regulation 28: Fire precautions

Although significant improvements had been made since the last inspection the inspectors found that the provider had not made adequate arrangements for maintaining all fire equipment and means of escape. this was a repeated finding from the last inspection. For example;

- the two dining room doors did not close and were not connected to the fire alarm system.
- the fire door between the kitchen and the dining room had gaps between the floor and door where smoke and flames could spread through to the dining area from the kitchen.
- the fire doors in the dining room had glass panels and it was not clear what level of fire protection these would provide in the event of a fire emergency.

The personal evacuation plans for two residents in the dementia unit did not give clear and up to date instructions about the residents' needs in the event of a fire

evacuation.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacist who supplied residents' medicines. The pharmacist was facilitated to meet their obligations to residents and they completed regular audits of medication in the centre. Medicines including medicines controlled by misuse of drugs legislation were stored securely. Balances of controlled medicines were checked by two staff nurses at work shift changeovers and were correct. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked twice daily.

Procedures were in place for return of unused or out-of-date medicines to the dispensing pharmacy. All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While residents' needs were being met, a care plan to inform staff regarding the care interventions that they must complete to meet some residents' needs was not developed. For example, one resident did not have a care plan developed to instruct staff on the care interventions they needed to complete to meet this resident's assessed needs. Another resident with unintentional weight loss did not have a care plan in place to direct staff on the care interventions they must complete to meet this residents' nutrition needs.

Judgment: Not compliant

Regulation 6: Health care

Although inspectors did not find any evidence that residents were not receiving their correct medications, some of the medicine prescribing and administration procedures posed risk of medication error to residents and were not in line with professional medication administration guidelines or the centre's medicines management policy as follows;

- nurses were administering some residents' medicines on verbal orders from

- residents' GPs
- nurses were administering residents' medicines from faxed prescriptions beyond 72hours.

Judgment: Substantially compliant

Regulation 8: Protection

Arrangements were in place to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times. All staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: 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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Blackrocks Nursing Home OSV-0000321

Inspection ID: MON-0036206

Date of inspection: 11/02/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Blackrocks nursing home is a clean environment for residents, staff and visitors a cleaning company was hired during the outbreak which provided two additional cleaners working from 6pm to Midnight for the duration of outbreak, the local company used was in addition to our usual cleaners. Staffing levels will now be assessed in advance on a weekly basis according to the Rhys Hearn method of determining nursing staff and approved by the person in charge.</p> <p>Staff were cohorted between Covid and non Covid positive residents at all times.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Our staff are highly trained, many of our Health Care Assistants hold diplomas in various areas of health care. Training and development for all staff is ongoing. Assessment and appraisal shall be implemented more effectively in future to identify any skills gaps and provide training as appropriate. The training matrix is now up to date. Managers have completed QQI Level 5 training in training and development, QQI Level 5 Infection Prevention and Control and HSE provided training for Infection Prevention and control Practitioner training. New in house e-learning platform for orientation and induction purposes is being developed for new staff.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All daily and weekly management 'checks' were complete and available for inspection as scheduled across all non-clinical functions of the nursing home to include areas such as Fire Safety, Housekeeping, Catering, Infection Prevention and Control, Changing areas etc.</p> <p>A full complement of nursing and clinical audits were also complete as scheduled and inspected. Supervision remains central to the high levels of care which are provided.</p> <p>Notwithstanding the foregoing, the additional non clinical 2022 auditing system had been procured from an external agency and whilst it was not available during the outbreak this system has now been fully implemented and will be available to the authority for next inspection with any corrective actions necessary documented fully. The audits will complement the existing checklist system.</p> <p>The management and governance at Blackrocks Nursing Home will continue to prioritize our resident's comfort and health above all else, by providing the best of care possible at all times by well trained and supervised staff. The Non-clinical auditing was delayed due to outbreak in February a gap now filled.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Some high traffic areas did require painting. An audit of all surfaces requiring paint and/or other repairs is now complete and a schedule put in place to fix/repair. New separate sluice area has been provided such that cleaning room now used for cleaning products and equipment only. Flooring to be replaced in cleaning room. New storage room has been provided providing storage for personal care trolleys and other items for personal care. New shelving in place in cleaning room and sluice area. Stainless steel door plates and frame protectors in place.</p>	
Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The three residents who had not contracted Covid 19 had specific staff assistance on the day, staff were not working between cohorts this was to reduce the risk of cross contamination. Refresher training is ongoing and provided to staff for Infection Prevention and Control. Bottles of alcohol gel removed and only existing contactless dispensers in use. New cleaning and laundry record in place for hoists. Furniture removed which has any tears to materials. Wash basin feasibility being considered for implementation in corridors. All residents have own slings sharing of slings is not necessary. One senior manager has completed a qualification to QQI Level 5 in Infection Control, a 2nd senior Manager currently enrolled in Infection Prevention Control Practitioner training with the HSE.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Mag locks now fitted to final 8 bedrooms which required them all corridors have auto-closing magnetic locks in place. Full risk assessment completed by competent external person (Architect), a schedule of required works is in place and expected to be complete by end of June 2022. Full assessment of electronic fire safety systems to include fire panels, break glass units, smoke detectors, heat detectors, emergency lighting also completed by Electronics service provider to highlight all works required to ensure all repairs necessary are being completed and scheduled for end of June. All heat sensors and smoke detectors unique labels checked. Glass in all fire doors is certified as 1-hour fire proof compliant, all fire doors audited and repairs/maintenance work in progress, all fire safety training is up to date, monthly fire drills in place, fire warden specific training in place for fire marshals, all firefighting equipment is certified annually and inspected daily as required. Emergency lighting and Fire Alarm certified quarterly as required. Personal evacuation plans updated. Automatic Gas shut off 'sniffer system' has been installed with connection to fire panel for kitchen and laundry area tumble dryers. All bedroom doors now connected to fire panel with automatically shutting mechanism fitted. All Corridors fitted with automatically shutting fire doors. Fire marshal and deputy 1 and 2 are indicated on roster daily and nightly, fire safety checks are completed three times per day. Updated Fire policy and Emergency policy provided to all staff via smartphone app with read receipts report available.

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

All care plans audited and updated as required care plans now include interventions for newly admitted residents all residents have the necessary care plan in place to direct staff interventions require

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

Plan in place to review the residents needs followed by prescribing/ changing medications as per the current policy fax will only be used for a time frame of 72 hours. If there is any instance to take a verbal direction from the GP it will be documented and seconded which will include double checking the order by two nurses who will request GP to second same when possible. Digital prescription platform being investigated for potential use in the future.

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.	Not Compliant	Orange	01/06/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/06/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/05/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and	Not Compliant	Orange	30/10/2022

	needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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.	Not Compliant	Orange	30/10/2022
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	01/05/2022
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	01/05/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Not Compliant	Orange	01/05/2022

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/06/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/06/2022
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	30/06/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/06/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire	Not Compliant	Orange	30/06/2022

	equipment.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2022
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	01/05/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	01/05/2022
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	Substantially Compliant	Yellow	01/05/2022

	by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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