



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

Issued by the Chief Inspector

Name of designated centre:	Bushy Park Nursing Home
Name of provider:	Bushy Park Nursing Home Limited
Address of centre:	Nenagh Road, Borrisokane, Tipperary
Type of inspection:	Unannounced
Date of inspection:	28 March 2023
Centre ID:	OSV-0000410
Fieldwork ID:	MON-0039700

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 March 2023	10:15hrs to 19:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

The feedback from residents was that Bushy Park Nursing Home was a nice place to live and residents had adequate control over their daily lives. The inspector greeted most residents and spoke at length with four residents. While not all residents were able to speak with the inspector, the residents with whom the inspector spoke provided positive feedback on their experience of living in the centre.

On arrival the inspector carried out the necessary infection prevention and control precautions, such as hand hygiene and application of a face mask. After an opening meeting with the person in charge, the inspector was joined on a tour of the premises by the person in charge and one of the directors. Alcohol hand gels dispensers were available throughout the centre. It was clear that the containers were not single use and this was confirmed by staff, stating that a large container of alcohol hand gel was used to refill the dispensers. This is not in keeping with good infection prevention and control practice. There were PPE (personal protective equipment) dispensers readily available throughout the centre for ease of access by staff. Staff were observed wearing the correct PPE and frequently performing hand hygiene.

Bushy Park Nursing Home is a single storey premises on the outskirts of Borrisokane, County Tipperary and is registered to provide care for 34 residents. It is a purpose-built, family run nursing home. On the day of this inspection there were 27 residents living in the centre. Bedroom accommodation comprises 13 twin bedrooms and eight single bedrooms. All bedrooms, except two of the twin rooms, are en suite with a shower, toilet and wash hand basin. The two twin rooms that do not have en suite facilities share a bathroom between them.

The centre was generally warm, appeared clean throughout and there was a relaxed atmosphere. There was a continuous programme of renovation and many of the bedrooms had new floor covering, had been painted and had bright floral curtains. However, there were areas of the premises in need of redecoration. There were four twin bedrooms that the provider had reduced to single occupancy. These bedrooms were not very large but did meet the minimum size requirements of the regulations. The provider stated that these rooms were made single occupancy so that residents would have more space and also it facilitated the use of assistive equipment such as hoists, as residents in these rooms were from high to maximum dependency. These rooms were not currently suitable for two residents as there were no privacy screens between beds and in some cases the railing for privacy screens had also been removed.

Throughout the centre there were areas of the premises that needed significant attention. The floor covering in the kitchen was torn in places. This had been identified previously in October 2022 but had not yet been addressed. There was worn and damaged floor covering in other areas such as the smoking room and on the corridor leading to the enclosed outdoor space. There was scuffed paintwork on

bedrooms walls and on door frames.

While some bedrooms were personalised with photos and memorabilia, many bedrooms lacked personalisation. This was also the case with the sitting rooms. There was a secure outdoor area that was readily accessible. This area was also in need of attention. The area would benefit from power hosing. While there were some chairs in this area, there was a need for garden furniture to make the area more enticing for residents to spend time outside when the weather was suitable.

Communal space comprised a sitting room, activities room and a dining room. These rooms were all adjacent to each other. The inspector observed that a door between the activities room and the dining room was wedged open at lunch time. The sitting room and activity rooms lacked a homely feel. Residents in the sitting rooms were all seated in high backed armchairs placed side by side around the room with a bed table between each chair. The activity room was untidy in appearance. There was also a family room that could be used by visitors should they wish to visit with residents away from their bedroom. There was an indoor smoking room for residents that chose to smoke. While there was an electronic extractor fan, it was not functioning. The extractor fan was also in need of cleaning.

Residents appeared well cared for and were relaxed. The activity schedule was displayed on a white board on the corridor outside the sitting room. The staff member designated to provide activities for resident was unexpectedly absent on the day of the inspector and other staff facilitated activities. Residents whom the inspector spoke with gave positive feedback about the choice and quality of activities provided in the centre. The inspector observed residents watching television, reading newspapers, and engaging in a group activity. Residents' views and opinions were sought through resident meetings. Residents stated that they could approach any member of staff if they had any issue or problems. A planned resident/relative survey had not yet been conducted.

The inspector observed that there was adequate storage in most of the residents' bedrooms, which included a wardrobe and chest of drawers. In a small number of bedrooms, residents had personalised their bedrooms with the addition of items of personal significance, such as photographs and ornaments. Some of the bedrooms had inbuilt wardrobes. The lower section of the wardrobes consisted of three doors. However, when the doors were opened it was obvious that there was no partition within the wardrobes separating one residents clothes from the other resident with whom they shared a room. Additionally, the upper section of the wardrobes comprised shelving that was high and out of reach of most residents. The door knobs from a number of the wardrobes were missing.

Friends and family were facilitated to visit residents. There was a high level of visitor activity throughout the afternoon. Residents stated that they had unrestricted access to visitors and this was confirmed by visitors with whom the inspector spoke. Visitors spoken with were complimentary of the care provided to residents.

The inspector spent time in the different areas chatting with residents and observing the quality of staff interactions with residents. Staff interactions with residents were

respectful and staff attended to the care needs of the residents with kindness and compassion. Staff assisted residents in a discrete and supportive manner. Staff that spoke with the inspector demonstrated a good knowledge of residents, their individual needs and preferences.

The inspector found that there was a calm and welcoming atmosphere in all areas. There was a low level of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and staff were familiar with what might trigger a resident's responsive behaviours and how best to support those residents when they became anxious or agitated.

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

Overall, the findings of this inspection were that there were systems in place to support the provision of a good standard of evidence-based care. However, more focus was required on key areas such as governance and management, particularly in relation to addressing findings that improvements were required in the care environment. Some improvements were also required in relation to personnel records, staff training and the review of policies and procedures. These findings are discussed under the relevant regulations in this report.

This unannounced inspection was conducted over one day to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated centre for older people) Regulation 2013 (as amended).

The registered provider is Bushy Park Nursing Home Limited, which is family owned and operated. The company comprises four directors. One of the directors of the company is present in the centre on a daily basis and is involved in the day to day operation of the centre. The person in charge was appointed to the role in June 2022. She is an experienced nurse and manager. The person in charge is supported by an assistant director of nursing (ADON). There is a clearly defined management structure in place with which staff are familiar and are aware of their individual roles and responsibilities within the structure.

The management team had systems in place for the oversight of the quality and safety of care in the centre. There was an overarching programme of audits that identified what audits were to be conducted each month. The programme of audits included audits in key areas, such as falls management, restraint, medication management and nutritional status. There were action plans associated with most

audits but there was a need for the action plan to be measurable and to be reviewed for progress against planned targets. While there were environmental audits that captured many of the issues identified on this inspection, there was not always an action plan to identify when the required improvements would be addressed. There were monthly quality improvement meetings attended by the person in charge and the director that discussed clinical and non clinical quality improvement initiatives including results of audits, accident and incidents, complaints and staffing issues. An annual review of the quality and safety of care had been conducted for 2021 but the review for 2022 had not yet been completed. Actions to be addressed in relation to governance and management are discussed in more detail under regulation 23 of this report.

The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre. The designated centre had sufficient resources to ensure effective delivery of good quality care and support to residents. On the day of the inspection there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The team providing direct care to residents consisted of a minimum of one registered nurse on duty at all times and a team of healthcare assistants. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents.

Generally, recruitment was in line with recommended practice, however, some improvements were required in relation to the verification of previous employment for some staff. This is outlined under Regulation 21 of this report. There was evidence that there was effective communication with staff in the centre.

Adequate arrangements were in place for the induction and ongoing supervision of staff. Staff had access to education and training appropriate to their role. Most staff had attended up to date mandatory training. Details of required actions in relation to training are discussed under Regulation 16.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the designated centre was received with all of the required associated documentation.

Judgment: Compliant

Regulation 14: Persons in charge

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

centre. The person in charge demonstrated a commitment to the development of oversight and quality improvements to ensure the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels with the required skill mix to meet the care needs of residents living in the centre. The numbers of staff working on the day of the inspection was consistent with staffing resources, as described in the centres statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Some staff were overdue attendance at training to support them care for residents that may exhibit responsive behaviour.

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of four personnel records found that action was required to support adherence to good recruitment practices. For example, there was no employment related reference for one member of staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

Action was required in relation to governance and management to ensure that issues identified for improvement were addressed. For example:

- while environmental audits identified issues to be addressed in relation to the premises, there was not always an action plan to identify if, when and by whom they would be addressed

- reports from external bodies were not always actioned

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose and that accurately described the facilities available in the centre and the services to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the accident and incident log indicated that notifications were submitted in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

While all of the policies listed in Schedule 5 of the regulations were available to staff, many had not been reviewed at a minimum of every three years.

There was a need to ensure that all staff signed to state that they had read and understood the policy as it applied to them.

Judgment: Substantially compliant

Quality and safety

Overall, residents were complimentary of the care provided by staff that knew them well. The observations of the inspector were that staff were kind and caring and responsive to residents' needs. Action was required by the provider to come into compliance with the regulations, particularly in relation to the care environment and fire safety.

There were four twin bedrooms that the provider had reduced to single occupancy.

The provider stated that these rooms were made single occupancy so that residents would have more space and also it facilitated the use of assistive equipment such as hoists, as residents in these rooms were assessed as high to maximum dependency. These rooms were not currently suitable for two residents as there were no privacy screens between beds and in some cases the railing for privacy screens had also been removed. Prior to returning to shared rooms there was a need for these rooms to be renovated. This includes the installation of privacy screens between beds and ensuring that each resident had a bedside locker and a comfortable chair at their bedside.

Incremental improvements have been made to the premises since the last inspection. This involved the renovation of bedrooms including the laying of new floor covering and painting walls and doors. However, progress is slow and there are areas of the premises that require attention to support the creation of a homely environment for residents. Areas in need of redecoration include communal sitting rooms, some bedrooms and the external courtyard. These issues are discussed in more detail under regulation 17 of this report.

The inspector observed some good practice in the application of standard infection prevention and control precautions. For example, staff were observed performing appropriate hand hygiene and wearing appropriate personal protective equipment (PPE). Waste and used laundry was segregated in line with best practice guidelines. Some improvements, however, were required and these are discussed under Regulation 27 of this report.

Residents' needs were assessed on admission to the centre through validated assessment tools. This information informed the development of care plans that provided guidance to staff on the care to be delivered to each resident. A sample of care plans viewed by the inspector contained a good level of personalised information and provided adequate guidance to be delivered to residents on an individual basis.

Residents were reviewed by their general practitioner (GP) as required or requested. Referral systems were in place to ensure residents had timely access to specialist and allied health services through a combination of remote and in-person reviews. There was evidence that recommendations made by professionals were integrated into the resident's care plan, implemented and reviewed to ensure best outcomes for residents.

There was a programme of preventive maintenance for fire safety equipment including fire extinguishers, the fire alarm and emergency lighting. There were regular fire drills to support staff respond appropriately in the event of a fire. The fire drills included night time simulation. Staff were facilitated to attend annual fire safety training but a small number of staff were overdue attendance at this training. Staff spoken with were knowledgeable of evacuation procedures and what to do in the event of a fire. Action was required to ensure full compliance with fire safety regulations and this is outlined in more detail under regulation 28 of this report.

A safeguarding policy provided guidance to staff with regard to protecting residents

from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

The inspector found that residents could exercise choice in how to spend their day. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Minutes of resident meetings reviewed by the inspector showed that relevant topics were discussed including mealtimes, staffing, and activities. There was a need for action plans to be associated with each meeting to ensure that any issues raised at the meetings were addressed. This is addressed under Regulation 9 of this report.

Visiting was observed to be unrestricted and the inspector observed a high level of visitor activity over the course of the inspection.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. A high level of visiting was seen over the course of the inspection. Visitors spoken with by the inspector were complimentary of the care provided to their relative and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 12: Personal possessions

Some of the older inbuilt wardrobes in twin rooms did not provide suitable storage space for residents clothing. Even though there were three doors on these wardrobes, there was no partition within the wardrobe separating one resident's clothing from the other. Additionally, the shelves were too high and out of reach for residents.

Judgment: Substantially compliant

Regulation 17: Premises

The environment in general lacked a homely feel and action was required by the provider in relation to the maintenance and general upkeep of the premises, including:

- there was damaged floor covering in various areas of the centre including the

kitchen, corridor and some bedrooms

- there was scuffed paintwork on walls and on door surrounds
- there were drill holes in some woodwork and on walls that had not been repaired following the removal of equipment
- immediate action was required to repair a damaged electrical socket in one bedroom with exposed electrical wiring. This was addressed by the provider prior to the end of the inspection
- there was a loose phone point in one bedroom and the plasterboard surrounding it was damaged
- the electrical extractor fan in the smoking room was not functioning. The fan unit was also in need of cleaning
- there were doorknobs missing from some wardrobes
- the veneer on some chest of drawer units was peeling
- some bedroom windows did not have window restrictors to prevent residents that had a cognitive impairment from leaving the centre unaccompanied
- the secure outdoor area was in need of attention as there was moss on the surface and there was not appropriate garden furniture
- a number of twin bedrooms that had been reduced to single occupancy would require significant work, such as the installation of privacy screens, prior to being used as twin rooms again

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy and associated risk register that addressed the items specified in the regulations and is kept under review.

Judgment: Compliant

Regulation 27: Infection control

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:

- a dressing tray in the treatment room contained an open packet of gauze; a suture remover with the packaging held together with tape; an open packet of sterile gloves. These indicated that the sterility of each item was compromised and could pose a risk of cross contamination
- alcohol gel dispensers were being refilled. These should be single use in order to maintain the integrity of the alcohol gel
- in the laundry room there was a tap on an aluminium sink that was coated in lime scale residue and a cap was missing from one of the taps on the wash

- hand basin. This would make them difficult to clean effectively
- there was one clinical hand wash basin in the centre that met the requirements of HBN 00-10, however, the hands free lever was broken. There was also a need to conduct a risk assessment to ascertain the adequacy of current hand washing facilities in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure adequate fire containment measures were in place. For example:

- the upstairs section of the premises was used for storage of various items such as food supplies and records. There was also an office here with various electrical items such as a computer and printer. A tour of the premises identified that a door to the office was open, which may impact on compartmentation and fire containment. The provider was requested and agreed to ensure that this door was kept closed at all times. The provider is also requested to ascertain whether or not the use of this area for storage and an office has any impact on fire containment throughout the centre
- while emergency lighting was serviced regularly, the service record did not identify that the quarterly servicing was in accordance with relevant standards
- a small number of staff were overdue attendance at annual fire safety training
- there were double doors leading from the two sitting rooms and the dining room to the corridor. There was also a double door leading from one of the sitting rooms to the dining room. One of each of these double doors had closure devices but there were no hold open devices on any of the doors. At lunch time the inspector noted that one of the doors leading from the sitting room to the dining room was held open with a wedge. This would compromise the containment of fire and smoke in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet each resident's needs. A range of validated assessment tools were used to inform the development of care plans. Care plans contained an adequate amount of detail to support staff in the provision of

person-centred care.

Care plans were formally reviewed at intervals not exceeding four months. Any changes in residents' care needs were incorporated into the care plans.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical care to meet their needs. Residents had access to general practitioners (GP) that visited the centre when required. Residents also had access to an out-of-hours GP service at evenings and weekends. Services such as physiotherapy, psychiatry of later life, speech and language therapy and dietetics were available when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with by inspectors knew how to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records indicated that eleven residents had bed rails in place while in bed, which accounts for 40% of the residents living in the centre. The provider was requested to keep the use of bed rails under review. Where restraints were used, records indicated alternatives to restraint were trialled prior to use.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. Staff spoken with were knowledgeable regarding what constitutes abuse and the appropriate actions to take should there be an allegation of abuse. The provider was pension agent for one resident and adequate systems were in place for the management of these finances.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure that residents' privacy and dignity was maintained.
For example:

- it was possible to see directly in through residents' bedroom windows from the front car park
- the privacy screen in some of the shared bedrooms did not extend all the way around the bed
- while there were regular residents' meetings, there was not always an action plan to ensure that issues raised at the meetings would be addressed

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bushy Park Nursing Home OSV-0000410

Inspection ID: MON-0039700

Date of inspection: 28/03/2023

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: As of 31/03/2023 all staff are up to date with fire training. Training for CPR is scheduled for 10/05/2023. All staff up to date with safeguarding and people moving and handling training. Dementia & Responsive behavior is scheduled for 08/06/2023 & 14/06/2023. There is an ongoing program of training for staff and a staff training matrix is maintained and undated monthly by the PIC.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Absent work references x2 are now in place for new employee. All staff files have been reviewed and are up to date. Checklist for staff files developed and will be the responsibility of PPIM.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

<p>management: Post audits, Action plans with timelines will be put in place identifying who would be responsible for each action.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Schedule 5 policies are currently being reviewed and will be completed by 31/05/2023.</p> <p>A list of essential policies for staff depending on their role has been developed. A staff signing sheet is in place as per relevant policy.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: Dividing partitions to be fitted to wardrobes to give residents individual space for personal items. This will be completed by the 31/05/2023.</p> <p>Extra drawer units will be provided to Residents as the shelves above the wardrobes are too high and are used mainly for storage. This will also be completed by 31/05/2023.</p> <p>Door handles have been replaced on wardrobe doors.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Flooring covering in identified rooms will be replaced by 31/08/2023. Painting & Decorating will continue to an ongoing priority for the provider. Electric socket room 16. Fixed Phone point in room 4. Fixed Electric fan in smoking room. Replaced</p>	

Wardrobe doorknobs. Replaced
 Veneer on drawer units: Any defected furniture will be fixed or replaced by 30/07/2023.
 Window restrictors fitted on all identified windows.
 Work has commenced on outdoor area. This includes painting and moss removal. New garden furniture to be purchased by 31/05/2023.
 Twin bedrooms that had been reduced to single occupancy to accommodate residents needs, will be painted & decorated, and privacy curtain installed. Bed, locker and chair will also be placed in room prior to it being used as twin rooms again.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 Items identified in the treatment room were removed later in the day. DON held meeting on 03/04/2023 with all staff Nurses regarding sterility of instruments. This will be an ongoing item on staff meeting agenda in future.

The provider has sourced alcohol gel dispensers with cartridge refills which will be installed by 06/06/2023.
 Taps in the laundry have been replaced and sink descaled. -12/04/2023.
 Hands free lever to clinical hand wash basin was replaced on 03/04/2023.

ADON is undergoing weekly hand hygiene training with staff during April & May 2023 which will be completed by 31/05/2023.
 Hand washing facilities risk assessment to be completed by 31/05/23 by PIC and PPIM.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Upstairs storage: Files and dried goods are currently stored upstairs adjacent to upstairs office.
 Each room contains a smoke detector that is connected to the overall L1 fire alarm system. There is a fire door separating the office and storage area. Firefighting equipment in place outside office area. A door closer was fitted on 04/04/2023 to ensure the fire door remains closed.
 Fire Officer's inspection of the Nursing Home on the 24/05/2022 which included upstairs offices, did not raise any concerns of storage in this area.

Electrician has reviewed Emergency lighting servicing requirements and emergency light

system will be inspected in accordance with I.S. 3217:2008 going forward.
Fire training was completed on 31/03/23 and all staff fire training is up to date.
Doors into the dining room and activity room are now fitted with Door Guard to enable doors to remain open without wedges. Completed 04/04/2023.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
New privacy screens to be fitted to bedrooms facing carpark- 15/08/2023.

The privacy screens in shared bedrooms will be extended to ensure privacy- 23/05/2023.

Residents meetings: PIC to ensure that all residents meetings are actioned with a timeline.

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.	Substantially Compliant	Yellow	31/05/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	14/06/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Not Compliant	Yellow	01/10/2023

	which conform to the matters set out in Schedule 6.			
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 the Chief Inspector.	Substantially Compliant	Yellow	17/04/2023
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	01/05/2023
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	06/06/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting	Substantially Compliant	Yellow	24/05/2022

	equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	24/05/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	24/05/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	24/05/2022
Regulation 04(3)	The registered provider shall review the policies and procedures	Substantially Compliant	Yellow	31/05/2023

	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 necessary, review and update them in accordance with best practice.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	15/08/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	15/08/2023