



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

Issued by the Chief Inspector

Name of designated centre:	Bushfield Care Centre
Name of provider:	Bushfield Nursing Home Limited
Address of centre:	Bushfield, Oranmore, Galway
Type of inspection:	Unannounced
Date of inspection:	10 February 2022
Centre ID:	OSV-0005242
Fieldwork ID:	MON-0034625

About the designated centre

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

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

The following information outlines some additional data on this centre.

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

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 10 February 2022	09:30hrs to 17:45hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

From what the inspector observed there was evidence that the residents were supported to enjoy a good quality of life by staff who were observed to be kind and caring in their interactions with the residents. On the day of the inspection the inspector observed that the residents were well cared for by a committed and dedicated team who worked hard to ensure the residents were supported with all their needs. There was a friendly, warm atmosphere in the centre throughout the day.

This unannounced risk inspection took place over one day. There were 36 residents accommodated in the centre on the day of the inspection and nine vacancies. The inspector was welcomed to the centre on arrival and guided through the infection prevention and control measures in place. These included temperature checks, hand hygiene, and face covering before entering the centre. The centre was experiencing an outbreak of COVID-19 on the day, with one resident confined to their bedroom on the advice of public health. Staff and management described heightened anxieties and the difficulties brought on by the COVID-19 outbreak. The inspector acknowledged that residents and staff living and working in centre had been through a challenging time since the onset of the pandemic.

Bushfield Care Centre was operated by Bushfield Nursing Home Limited. The designated centre was a purpose-built, single-storey facility with accommodation for 45 residents in single and twin occupancy bedrooms. There were a variety of communal areas for residents to use depending on their choice and preference including a reception area, a day room, a dining room, a conservatory, a smoking area and an enclosed outdoor courtyard. The centre was situated in the countryside and many rooms afforded views of the surrounding farmlands.

On the day of the inspection, the inspector completed a walk around the designated centre. The entrance of the centre opened on to a reception area which was bright, welcoming and decorated to a good standard. The area was furnished appropriately with comfortable seating, bookshelves and fireplaces. The dining area was bright and spacious. Hallways and corridors were decorated with pictures of the residents and other artworks. Bedrooms were appropriately decorated with many residents personalising their rooms with pictures, books and furniture. The building was warm and well ventilated throughout. There were grab rails on all corridors to assist residents to mobilise independently. Call bells were available throughout the centre. Residents also had safe unrestricted access to an outdoor courtyard which contained flower beds, bird feeders and garden furniture.

During the inspection, the inspector spoke with individual residents and also spent time in communal areas observing residents and staff interaction. The general feedback from the residents who spoke with the inspector was one of satisfaction with the care and the service provided. One resident described their life in the centre explaining that they preferred to spend most of their time in their bedroom

and that they were quite happy with this arrangement. Other comments from residents included 'I love it here', 'all is good' and 'I am very content'. A number of residents who were unable to communicate verbally were observed to be content and comfortable in their surroundings. Inspectors observed that personal care and grooming were attended to at a high standard. Staff who spoke with inspectors were knowledgeable about the residents and their needs.

The inspector observed, the activities co-ordinator visiting residents who remained in their own rooms and provided one-to-one interaction. Residents who chose to remain in their rooms or who were unable to join the communal areas were also monitored by staff throughout the day. Inspectors observed that residents who left their bedrooms were socially engaged on the day of the inspection. A number of residents sat together in the day room watching television, listening to music or chatting to one another and staff. Other residents spent time chatting in the reception area. It was evident that residents were supported by the staff to spend the day as they wished. The inspector was informed that by the person in charge that activities were provided for the residents on four days during the week, Tuesday, Wednesday, Thursday and Friday. However, there was no planned schedule of activities available on the day of the inspection for the inspector to review. The inspector was therefore not assured that the residents had opportunities to access activities that were appropriate and of interest to them.

The arrangements in the dining room were organised to accommodate social distancing at each mealtime for the residents. Residents told the inspectors that they had a choice of meals and drinks available to them. On the day of the inspection the lunchtime period was observed by the inspector. Food was freshly prepared in the centre's own kitchen and served hot in the dining room or wherever the residents chose to take their meals. The meals served were well presented and there was a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. The residents were complimentary about the food in the centre. Staff members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful. A choice of refreshments was available to the residents throughout the day.

There was good signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspectors were aware of the need for hand hygiene and the recent restrictions. Many of the residents who spoke with the inspector described the challenges they experienced as a result of the pandemic particularly in relation to visiting restrictions.

Overall, the premises was laid out to meet the needs of the residents. There were storage areas available in the centre, however, the organisation of the storage of supplies and equipment on the day of the inspection required review. Housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process in place for the prevention and control of infection. However, the inspectors observed that the standard of cleaning in the centre required improvements on the

day of the inspection. This will be discussed further under Regulation 27: Infection control.

Residents had unlimited access to telephones, television, radio, newspapers and books. Visiting was facilitated in line with current guidance (Health Protection Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

In summary, this was a satisfactory centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found the residents were supported and facilitated to have a good quality of life. The provider had addressed the majority of the actions in the compliance plan following the last inspection in September 2020. The management team were committed to ongoing quality improvement for the benefit of the residents who lived in the centre. Care and services were of a satisfactory standard. There was a clearly defined management structure in place with identified lines of authority and accountability. There had been a change in the role of the person in charge in two weeks prior to the inspection. The new post holder was familiar with the centre as they had previously worked there as the person in charge up until June 2021. The overall findings of the inspection evidenced that the management support structures required strengthening to ensure that the centre's own quality assurance systems were effective and ensured regulatory compliance. This will be discussed further under Regulation:23 Governance and Management.

The person in charge facilitated the inspection throughout the day. They demonstrated a clear understanding of their role and responsibility and were a visible presence in the centre. The person in charge was supported in this role by a clinical nurse manager and a full complement of staff including nursing and care staff, an activity coordinator, housekeeping staff, catering staff, administrative staff and maintenance staff. There were deputising arrangements in place for when the person in charge was absent.

The team providing direct care to the residents consisted of one registered nurse on duty at all times and a team of healthcare assistants. The nurse on duty held responsibility for the provision and coordination of direct care to residents and reported directly to the person in charge. There was a stable and dedicated team

which ensured that residents benefited from good continuity of care from staff who knew them well. Staff whom inspectors spoke with demonstrated their understanding of their role and responsibilities. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way.

Overall, the number and skill mix of staff on duty was appropriate meet the needs of the current residents on the day of inspection. However a further review of staffing was required and this will be discussed further under Regulation 15: Staffing.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents. Inspectors reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date.

A sample of five staff personnel files were reviewed by the inspector and found not to have all the information required under Schedule 2 of the regulations. This will be discussed further under Regulation 21: Records.

The inspector observed that regular staff group meetings had taken place in the centre including management, nurses, housekeeping and catering meetings. Minutes of meetings reviewed by the inspectors showed that a range of relevant topics were discussed including COVID-19 and infection control.

Staff had access to education and training appropriate to their role. Staff with whom the inspectors spoke with were knowledgeable regarding fire safety, manual handling, safeguarding and hand hygiene.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience in the care of older persons and worked full-time in the centre. She was suitably qualified for the role with the required authority, accountability and responsibility for the centre. She had the overall clinical oversight for the delivery of health and social care to the residents and she displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff on duty during the inspection was appropriate to meet the direct care needs of the residents. There was a registered nurse on duty at

all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included Infection Prevention and Control, Manual Handling, Safeguarding and Fire Safety Training. However, the training record reviewed by the inspector showed that there were gaps in training attended by staff members.

The inspector was not assured that there were adequate staff supervision arrangements in place. This was evidenced by:

- inadequate monitoring of the cleaning process in the centre.
- lack of oversight of the residents clinical documentation to ensure assessments and care planning were accurate and up to date.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff files was reviewed by the inspector and found not to have all the required information as set out in Schedule 2 of the regulations. For example two files did not contain the required number of references and two files did not contain an up to date employment history. An internal audit of staff files carried out in January 2022 had identified the above areas of non-compliance and the person in charge was in the process of addressing the deficits.

In addition, the inspector observed that residents' records were stored in an unsecured cupboard in the nurses office which was also unlocked. Therefore, the inspector was not assured that resident records were securely maintained in accordance with the regulatory requirements.

Judgment: Substantially compliant

Regulation 23: Governance and management

On the day of the inspection the designated centre did not have sufficient resources to ensure the effective delivery of good care and support to residents in accordance with the centre's statement of purpose. The inspector reviewed the staff roster which included seven registered nurses whereas the statement of purpose stated that there were ten registered nurses included in the staffing complement for the centre. The clinical nurse manager regularly worked as the nurse on duty as there was not a sufficient number of registered nurses employed in the centre to ensure there was a registered nurse on duty at all times. The lack of consistent supernumerary hours had an impact on the oversight and monitoring of the service.

Although there were systems in place to monitor and evaluate the quality and safety of the service, there had been a limited number of audits carried out during the previous year. There was no audit schedule for 2022 for the inspector to review.

There was no annual review of the quality and safety of care in the centre carried out for 2021 or a quality improvement plan for 2022.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had reviewed the complaints procedure as part of the compliance plan following the last inspection. The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspectors found the care and support provided to the residents of this centre to be of a satisfactory standard. There was a person-centred approach to care and the residents' well-being, choices and independence were promoted and respected. Residents who spoke with the inspector said that their experience of living in the centre was positive.

The residents' health and social care needs were assessed using validated tools which were used to inform care planning. Each resident had care plan in place which was person centred and reflected each individual resident's needs. Residents had access to medical care with the residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need including a physiotherapist who was observed on site on the day of the inspection.

Staff were observed to engage in positive, person-centred interactions with residents. The registered provider of the centre ensured that resident had access to television, radio, newspapers and other media. Residents were facilitated with choice in relation to where they spent their day, their dietary requirements and their care planning.

There were opportunities for residents to consult with management and staff on how the centre was run. The inspector looked at minutes of residents' meetings and a wide range of topics were discussed including COVID-19, social activities, food, new staff and new residents. Satisfaction surveys were carried out with residents which identified positive aspects of the service and areas for improvement including staffing levels. The inspector did not see an action plan in place to address issues identified by the residents.

Residents had access to an independent advocacy service.

There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. An incident log was maintained that logged all incidents that occurred in the centre and included preventative actions.

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and the majority of staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. The centre had a COVID-19 contingency plan in place which included the current guidance from Health Protection

Surveillance Centre(HPSC) Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities). However, some improvements were required to ensure the premises and lived environment supported appropriate infection prevention and control practices. This will be discussed under Regulation 27: Infection control.

Staff were knowledgeable and clear about what to do in the event of a fire. Evacuation equipment was available and accessible in the event of an emergency. Firefighting equipment was in place throughout the centre. Fire exits were clearly visible and free from obstruction. Personal evacuation plans were in place for each resident. Fire safety training and evacuation drills were carried out. However, the inspector as not assured that all control measures were satisfactorily in place. These will be discussed further under Regulation 28: Fire precautions.

On the day of the inspection the inspector found that medication management required review. This will be discussed under Regulation 29: Medicines and pharmaceutical services.

The inspector reviewed a sample of four resident files and found evidence that the residents had a comprehensive assessment of their needs on admission. The care plans which provided guidance to staff were very detailed with holistic and person-centred information to guide care delivery. The documentation contained records of consultation with the residents and their family or representatives.

A review of resident's care plans in relation to responsive behaviours and observation of residents found that behaviour which was challenging was appropriately managed within the centre on the day of the inspection. There were timely referrals to psychiatry of later life (POLL). Care plans contained guidance for staff on resident's preferences, triggers for certain behaviours and de-escalation techniques to manage responsive behaviours.

Regulation 11: Visits

Visits were facilitated in line with the current guidance.(Health Protection Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). The inspector observed visitors in the centre on the day of the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there. However, a number of improvements were required on the day of the inspection. For example;

- although store rooms were available, there were inadequate storage space in the centre facilities. For example;
 - a number of items of resident equipment were stored in the activity room and in the conservatory resulting in restricted access for the residents .
 - a number of rooms including the nurses office and store rooms had multiple items stored on the ground. One store room in particular was observed to be cluttered with paper files.
- Areas that required restricted access were found to be unlocked posing a risk to residents safety

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had a risk management policy in place which included the majority of the required elements as set out in Regulation 26 (1). However, the policy did not include the measures and actions in place to control the accidental injury to residents, visitors or staff.

Judgment: Substantially compliant

Regulation 27: Infection control

Areas for improvements to ensure the centre was in compliance with infection prevention and control standards were identified by the inspector on the day of the inspection including:

- There was visible build up of dust on a number of surfaces.
- Residents' personal wash basins were stored on the floor in a number of bathrooms which created a risk of contamination.
- A review of the fixtures and furnishings that were in a state of disrepair to

ensure they were fit for purpose and supported appropriate cleaning and disinfection practices.

- A number of items of equipment were visibly unclean including residents' commodes, hoists and shower chairs.
- The management of sharps required improvement as the disposal of a sharps box was not in line with best practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The floor plans on display throughout the designated centre contained different room names to the room names in use on the day of the inspection. This posed a risk of confusion as staff and fire fighting personnel may receive incorrect instruction during an emergency situation and thereby compromise the safety of everyone in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that on the day of the inspection the medication management in the centre required a review. For example;

- the inspector found a number of cupboards that contained medication and nutritional supplements unlocked.
- the medication cupboard in the nurses office contained numerous items of medication that were out of date.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Whilst there was evidence that assessments and care plans were reviewed in the last year, a number of records reviewed showed that reviews were not carried out in line with the regulatory requirements.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. The inspector found that the residents had access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required. Access to allied health was evidenced by, for example, regular reviews by the physiotherapist, dietician, speech and language, psychiatry of old age and palliative care as required.

Judgment: Compliant

Regulation 9: Residents' rights

While residents had opportunities to attend residents' committee meetings and participate in the running of the centre, improvements were required, for example;

- how activities, particularly group activities were scheduled and facilitated over the course of a full week.
- how resident satisfaction survey responses were actioned to ensure the voice of the residents were listened to.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bushfield Care Centre OSV-0005242

Inspection ID: MON-0034625

Date of inspection: 10/02/2022

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 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>Weekly auditing currently taking place of cleaning processes.</p> <p>Staff nurse facilitated to come in on a supernumerary capacity for oversight of documentation, assessments and care plans.</p> <p>Quarterly auditing of compliance to be undertaken by Regional Manager.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Administrator managing staff files, auditing taking place at present to identify any gaps and these are addressed on an ongoing basis.</p> <p>All cupboards in Nurses station have been fitted with new locks and nurses will keep locked at all times.</p>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:

Audit schedule has been compiled for the remainder of the year.

Area manager is now actively auditing the care plans on a monthly basis and other areas are audited by the area manager on a quarterly basis. This is in addition to all audits that are carried out by on site management. A new PIC has been appointed and takes up the role on 4th May 2022 and this person in conjunction with the area manager and nurses will actively govern the centre. The area manager is available at short notice to assist with any matters arising in the centre.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Vacant bedroom being utilised to store extra belongings and resident equipment not in use. Awaiting delivery of 40ft x 40ft storage container.

Paper filing room has been sorted through and in the process of destroying any files which are more than 7 years old.

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
Risk register and policy amended to include measures and actions in place to control the accidental injury to residents visitors and staff.

Regulation 27: Infection control

Substantially Compliant

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

Weekly auditing of cleaning processes.

Wash basins to be stored in residents' wardrobes and all team members informed.

Sharp boxes are stored in a locked press located in nurses' station.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Floor plans currently being amended.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Unused and out of date items returned to pharmacy. Full inventory has been taken of items in medicine cupboard with note taken of expiry date. This will be done weekly from now on. New locks fitted on cupboard doors.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Nurses have been allocated specific residents to oversee that their assessments and care plans are being updated as appropriate and at regular intervals. This system is then audited and reviewed by person in charge and area manager. Any revised care / medicines recommended by medical or other specialists is noted immediately on the plans and their effects monitored.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	

Group activity and individual activity schedule drawn up in line with their individual assessments.

Resident survey's currently being reviewed and an action plan created based on the outcome of these surveys.

Weekly Activities schedule has been documented as provided.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/04/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	12/04/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	12/04/2022
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	Substantially Compliant	Yellow	12/04/2022

	Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	12/04/2022
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	12/04/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	13/04/2022
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.	Substantially Compliant	Yellow	13/05/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review	Substantially Compliant	Yellow	13/05/2022

	of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	12/04/2022
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	12/04/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Substantially Compliant	Yellow	01/05/2022

	event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	12/04/2022
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	12/04/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and	Not Compliant	Yellow	12/04/2022

	will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	01/04/2022
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	12/04/2022
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	12/04/2022