

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Bishops court Residential Care Ltd
Centre ID:	0200
Centre address:	Liskillea
	Waterfall
	Co Cork
Telephone number:	021-4885833
Fax number:	021-4885864
Email address:	info@bishops court.ie or paulv@bishops court.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Bishops court Residential Care Ltd
Person in charge:	Sheila O'Reilly
Date of inspection:	17 April 2012
Time inspection took place:	Start: 08:15hrs Completion: 16:20hrs
Lead inspector:	Vincent Kearns
Support inspector:	n/a
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Bishopscourt Residential Care Ltd has a capacity for 60 residents and caters for older people, including people with dementia. The centre also provides respite and convalescent care to older people. At the time of inspection there were 60 residents living in the centre.

The centre is a single-storey, purpose-built centre situated on three acres of land. At the front of the building there are landscaped gardens and footpaths for residents and visitors to go for walks. There is also plenty of car parking space.

The centre consists of two wings: Heather and Fuschia. In Fuschia wing there are 30 single bedrooms. In Heather wing there are 12 twin and six single bedrooms. All rooms have en suite shower, toilet and wash-hand basin. There is one assisted toilet near communal areas. A nurses' station is located in each wing.

There are four internal sitting rooms as well as secure outdoor gardens with seating which can be accessed from Heather wing. A covered walkway approximately 50 metres long links each end of Heather wing. The ledges contain potted plants that residents helped to maintain. The dining room is located centrally and is divided into three areas for those who need assistance and those who eat independently. The door into the kitchen is key-pad entry and is disabled during service.

The kitchen is directly off the dining room. There is a dedicated room for the hairdresser to attend to residents' appointments which is fitted with two sinks.

Location

Bishopscourt Residential Care Ltd is located within a cluster of houses in a rural setting off the N71 heading west from Cork city to Bandon. It is four miles from Bishopstown and access is via a narrow road; the centre is well signposted.

Date centre was first established:	1998
Number of residents on the date of inspection:	60
Number of vacancies on the date of inspection:	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	14	42	4

Management structure

Bishopscourt Residential Care Ltd is a limited company with four directors. Catherine O'Connor was nominated by the directors as the Registered Provider. Patricia O'Sullivan as a director maintains an operational input into the daily running of the centre. The remaining two directors have no operational role in the running of the business other than major decision making such as the approval of significant amounts of expenditure.

The Person in Charge (PIC) is Sheila O'Reilly who has been in post since September 2010.

The building was initially built by the current directors as a 20-bed facility and was opened in 1998; it then extended over the years to a 60-bed facility.

There are 46 members of staff in total. All carers and nurses report to the person in charge. In her absence, these staff report to a senior nurse, Ligimol George. All other staff report to the provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	8	2	2	1	1* 1** 1*** 1****

*Maintenance man available for 24 hours each week

**Activities co-ordinator works: 9:00hrs -17:00hrs x 5 days each week

***Resident assistant works: 14:00hrs – 22:00hrs x 7 days each week

****General manager works: 9:00hrs -17:00hrs x 5 days each week

Background

This unannounced follow-up inspection was conducted in order to provide an update in relation to the centre's compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

On the occasion of this inspection, the inspector examined relevant documentation and viewed the alterations and improvements that had been made since the last

inspection, which was an unannounced follow-up inspection conducted on 17 February 2011.

Summary of findings from this inspection

The issues covered on this inspection relate to issues identified during the follow-up inspection. The inspector met with residents, relatives, the provider, the PIC, staff nurses, healthcare assistants, kitchen staff and administration staff.

The inspector observed that residents appeared to be well cared for, and that their personal care needs were met, which was further reflected in residents' comments. The inspector was satisfied that the nursing, medical and other healthcare needs of residents were met; on the day of inspection, nursing care appeared to be of a good standard, nursing staff were familiar with residents' care needs, and there was an adequate level of assessment.

The PIC was involved in the day-to-day running of the centre and was seen to be committed to improving the service for residents through regular audits, service reviews and best practice initiatives.

A number of improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The identified improvements required were in relation to the following issues:

General welfare and protection issues:

- inadequate signage
- training in elder abuse
- restraint monitoring/observation
- specialised chair assessments.

Health and social care needs:

- confidentiality of residents' records
- management and review of operational policies and procedures.

Medication management issues:

- suitable storage of medication.

Health and safety issues:

- disposal of clinical/hazardous waste
- suitable storage of cleaning equipment
- provision of a bedpan washer and/or macerator
- suitability of the sluice room
- partially blocked fire exit doors
- wedged open fire doors

- a trip hazard
- risk assessments in relation to the storage of latex gloves and plastic aprons
- unrestricted bedroom window openings.

Issues covered on inspection

1. General Welfare and Protection

The PIC informed the inspector that they aimed for no smoking in the centre and that none of the residents smoked.

The inspector noted there was a programme of activities overtly displayed near the entrance to the centre offering residents a diverse choice of activities each day. She also confirmed that there was an active and constructive program of organised activities for residents, which was provided in a number of different locations, including in the dedicated snoozalem room. The PIC informed the inspector that they used the snoozalem room to create an environment where outside distractions were temporarily removed, using visual and audio aids to promote relaxation and contemplation. The inspector noted that residents did use this room and that one full time activities co-ordinator was available for residents.

The inspector was informed that each day all residents were provided with a named individual healthcare assistant and nurse allocated to provide their individual care. Of particular note was the practice of leaving name cards for allocated care staff in each resident's bedroom each day, thereby enhancing the communication process for residents. However, the inspector formed the view in relation to residents with cognitive impairment, that the physical environment lacked adequate landmarks, cueing and distinctive visual elements to orient residents and to promote their independence. In addition, equipment to be used by staff was not suitably stored; the inspector noted that a lifting hoist was stored in one of the day rooms.

Residents spoken with confirmed to the inspector that they felt safe in the centre and spoke positively about their care and the consideration they received. They described the staff as being readily available to them if they had any concerns.

The inspector viewed a centre-specific policy on elder abuse. The PIC and staff spoken with displayed sufficient knowledge of the different forms of elder abuse and most of the staff to whom the inspector spoke were clear on reporting procedures. However, one recently appointed staff member interviewed by the inspector confirmed that she had not received training in elder abuse and reporting obligations.

There was a satisfactory restraint policy which aimed for a restraint-free environment. The PIC informed the inspector that bed-rails and lap-belts were in use; their use only followed an assessment and the provision of appropriate consent. The centre's policy on the use of restraint included a direction to consider all other options and that restraint should only be used following obtained consent. The PIC confirmed that the centre aimed for a restraint-free environment and risk

assessments were undertaken before introducing bed-rails and lap-belts. The consent forms used in relation to the use of restraint did provide detail on the reason for the use of restraint and duration of its use. The inspector noted that residents had signed consent forms in relation to the application of bed-rails.

There were observation charts/checklists available for the monitoring of the use of bed-rails and lap-belts. However, these charts were not adequate, as the time interval between each monitoring check was two-hourly and did not relate to the individual resident's assessed needs.

The inspector reviewed a sample of residents' care plans in relation to the use of restraint and noted that residents had been reviewed by physiotherapists and occupational therapists. However, there were no assessments, including occupational therapy assessments, in relation to residents' suitability/requirements regarding the use of specialised chairs.

2. Health and social care needs:

The PIC stated that every resident had the choice of retaining their own general practitioner (GP) if they wished, and on the day of inspection the inspector met a visiting GP. From the sample of medical records reviewed the inspector noted that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals.

The PIC informed the inspector that residents' healthcare needs were addressed with appropriate and timely assessments and nursing reviews were conducted every three months or more often as required. Care plans were allocated to named staff and responsibility was rotated between staff to allow for learning and the development of familiarity with all residents' needs.

The inspector reviewed a selection of nursing care plans which were computerised, person-centred and comprehensive. It was noted that there was an adequate range of assessments relating to nursing and social needs. These assessments included assessment tools being used for the ongoing monitoring of falls, weights and, where appropriate, fluid intake. Of particular note was the involvement of the healthcare assistants, who were actively involved in providing information and structured feedback using touch-screen technology on all care provided for residents. However, in one of the nurses' stations, the inspector noted that computer access to a residents' care plan was accessible without using a security code. The PIC confirmed that this error had occurred due to the last staff member not logging off when finished using this computer.

The inspector reviewed a selection of written operational policies and procedures found them to be centre-specific and comprehensive. However, the inspector noted that the review date for a significant number of these policies was 1 December 2010 and that these policies had not been signed by the current senior management. The inspector also noted that a number of staff had not signed to confirm that they had read a number of these written operational policies and procedures including policies on elder abuse, fire safety procedures and the complaints procedure.

3. Medication management

The inspector found that there were appropriate written operational policies and procedures available in relation to medication management, and this was borne out in the manner in which medication was ordered and administered.

Controlled drugs were stored in a double-locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with best practice. However, the storage of medication was unsatisfactory as the inspector noted that there was unidentified and unused controlled medication stored on a small container within the double-locked cupboard. The PIC immediately agreed to dispose of this medication. In addition, there was a quantity of haemostatic medication, used for the prevention and control of bleeding, that had been prescribed for a past resident and was stored in a cupboard in the clinic room. The PIC agreed to immediately dispose of these medications also.

4. Health and Safety

The environment was of a good standard, kept generally clean and well maintained, with flooring and lighting in good condition. There were some measures in place to control and prevent infection, including arrangements in place for the segregation and disposal of waste, including clinical waste. and staff with whom the inspector spoke had received infection control training. However, there were a number of infection control issues:

- not all staff gave satisfactory responses to the inspector in relation to implementing effective infection control measures
- waste disposal bags stored in the sluice and laundry rooms were not sufficiently identifiable/colour coded to enable easy identification of clinical/hazardous waste and to ensure safe subsequent handling and segregation of such waste
- the cleaning mops in the sluice room for the kitchen were not suitably stored to prevent cross-contamination.

In addition, the inspector noted that the sluice room was not adequate, as the sluice sink was not sufficiently large to avoid spillage, and there were not suitable hand-washing facilities with a suitably sized sink or suitable water taps to prevent cross-infection. There was inadequate racking/storage for commodes/urinals and the cupboards provided for safe storage of cleaning chemicals were unsuitable.

Records reviewed by the inspector confirmed that fire safety and evacuation training was provided regularly. Staff spoken with also confirmed that they had received appropriate training and were able to outline to the inspector their knowledge of fire procedures and participation in fire drills. However, the inspector noticed that fire exit doors in the laundry room were partially blocked by the placing of a chair and the storage of laundry trolleys. The inspector also observed that a number of designated fire doors which opened onto the corridor of the laundry area were wedged open. Following a request from the inspector, the PIC immediately agreed to remove these door wedges. In addition, the inspector noted that the corridor in the

laundry contained a shallow step which was not suitable for the large laundry trolleys that were in use and this shallow step potentially constituted a trip hazard to staff accessing this area.

There were adequate supplies of latex gloves and disposable plastic aprons and the inspector observed staff using alcohol hand gels which were available throughout the centre. However, the inspector requested that the storage of such personal protective equipment was risk-assessed in the context of presenting a potential hazard to any resident with a cognitive impairment.

There was evidence of a considerable amount of gardening taking place, with many potted plants in the corridor leading to an inviting internal garden area with furniture available for residents' use. The inspector noted that most of the residents' bedrooms had nice views of the surrounding gardens and countryside, which provided ample natural light into the centre. However, the inspector noted that bedroom window openings were not restricted and potentially posed a hazard to residents with a cognitive impairment.

Report compiled by:

Vincent Kearns
 Inspector of Social Services
 Social Services Inspectorate
 Health Information and Quality Authority

24 April 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
15 June 2012 and 16 June 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
17 February 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
17 April 2012	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan



Provider's response to inspection report *

Centre:	Bishopcourt Residential Centre
Centre ID:	0200
Date of inspection:	17 April 2012
Date of response:	23 May 2012

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The physical environment for residents with cognitive impairment lacked adequate landmarks, cueing and distinctive visual elements to orient residents and to promote their independence.

Action required:

Ensure that the physical environment for residents with cognitive impairment has adequate landmarks, cueing and distinctive visual elements to orient residents and to promote their independence.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We are replacing the signage as recommended.	31 July 2012

2. The provider has failed to comply with a regulatory requirement in the following respect: Ensuring that there was adequate storage available for the storing of equipment to be used by staff in the centre.	
Action required: Ensure that there is adequate storage available for the storing of equipment to be used by staff in the centre.	
Reference: Health Act, 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We are currently in talks with an architect to address the storage issue. The timeline is provisional on planning permission being granted. We are also looking at alternatives in the short term.	31 May 2013

3. The provider has failed to comply with a regulatory requirement in the following respect: To make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed, suffering abuse or being placed at risk of	
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harm or abuse.	
Action required:	
Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed, suffering abuse or being placed at risk of harm or abuse.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Two training sessions in elder abuse have been completed including the member of staff mentioned. We will continue the training in elder abuse so that all staff are trained/retrained.	30 June 2012

4. The provider has failed to comply with a regulatory requirement in the following respect:	
To keep a satisfactory record of any occasion on which restraint is used, the nature of the restraint and its duration.	
Action required:	
Keep a satisfactory record of any occasion on which restraint is used, the nature of the restraint and its duration.	
Reference:	
Health Act 2007 Regulation 6: General Welfare and Protection Regulation 25: Medical Records Standard 8: Protection Standard 21: Responding to Behaviour that is Challenging	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Pursuant to the inspectors instruction the repositioning/ observation chart has been formalised and is centre specific.	23 May 2012

5. The provider has failed to comply with a regulatory requirement in the following respect:

To facilitate each resident's access to any services, including occupational therapy assessment in relation to residents' use of specialised chairs.

Action required:

Facilitate each resident's access to any services, including occupational therapy assessment in relation to residents' use of specialised chairs.

Reference:

Health Act, 2007
Regulation 9: Health Care
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

Occupational therapist will be made available and appropriate assessment used in relation to residents use of specialised chairs.

30 June 2012

6. The provider has failed to comply with a regulatory requirement in the following respect:

To keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records), including records stored electronically, in a safe and secure place.

Action required:

Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records), including records stored electronically, in a safe and secure place.

Reference:

Health Act, 2007
Regulation 22: Maintenance of Records
Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>It has been reiterated to staff to insure that computer systems and files are to be logged off or locked away when not in use. We are investigating with Epiccare if we can have an automatic log out after three minutes when system is not in use.</p>	<p>30 June 2012</p>

<p>7. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>To put in place appropriate and suitable practices relating to the management of written polices and procedures under Schedule 5 and to ensure that staff are familiar with such policies and procedures.</p>	
<p>Action required:</p> <p>Put in place appropriate and suitable practices relating to the management of written polices and procedures under Schedule 5 and to ensure that staff are familiar with such policies and procedures.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 17: Training and Staff Development Regulation 22: Maintenance of Records Standard 27: Operational Management Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Ongoing process. 60% of policies are up to date; the remainder are being brought up to date.</p>	<p>30 November 2012</p>

<p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>To ensure that there are suitable arrangements and appropriate procedures in accordance with current regulations, guidelines and legislation for the storing, handling and disposal of unused or out-of-date medicines.</p>	
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Action required:	
Ensure that there are suitable arrangements and appropriate procedures in accordance with current regulations, guidelines and legislation for the storing, handling and disposal of unused or out-of-date medicines.	
Reference:	
Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Policy reviewed and updated. Staff in the process of retraining.	30 June 2012

9. The provider has failed to comply with a regulatory requirement in the following respect:	
To provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice, including infection control measures.	
Action required:	
Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice, including infection control measures.	
Reference:	
Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Currently purchasing new system for infection control as per requirement. Includes training.	30 June 2012

10. The provider has failed to comply with a regulatory requirement in the following respect:

To ensure that the necessary sluicing facilities are provided.

Action required:

Ensure that the necessary sluicing facilities are provided.

Reference:

Health Act, 2007
Regulation 19: Premises
Regulation 31: Risk Management Procedures
Standard 25: Physical Environment
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

We are currently in talks with an architect to address the sluicing facilities issue. The timeline is provisional on planning permission been granted. We are also looking at alternatives in the short term.

31 May 2013

11. The provider has failed to comply with a regulatory requirement in the following respect:

To put in place adequate arrangements for the proper disposal of swabs, soiled dressings and sheets, incontinence wear and other similar substances and materials.

Action required:

Put in place adequate arrangements for the proper disposal of swabs, soiled dressings and sheets, incontinence wear and other similar substances and materials.

Reference:

Health Act, 2007
Regulation 19: Premises
Regulation 31: Risk Management Procedures
Standard 25: Physical Environment
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Contracts are in place for the proper disposal of swabs, soiled dressings and sheets, incontinence wear and other similar substances and materials. Signage and colour coding will be improved to make disposal clear.</p>	<p>31 May 2012</p>

<p>12. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>To ensure that the cleaning equipment provided for use by persons who work in the centre was suitably stored to prevent cross-infection.</p>	
<p>Action required:</p> <p>Ensure that the cleaning equipment provided for use by persons who work in the centre is suitably stored to prevent cross-infection.</p>	
<p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety 	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Cleaning equipment storage has been rectified in line with the action required.</p> <p>Currently assessing the possibility of architecturally redesigning the cleaners room.</p>	<p>23 May 2012</p>

<p>13. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>To make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents by ensuring that the fire exit doors are not partially blocked.</p>	
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Action required:	
Provide adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents by ensuring that the fire exit doors are not partially blocked.	
Reference:	
Health Act, 2007 Regulation 32: Fire Precautions and Records Regulation 17: Training and Staff Development Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All staff have been informed about keeping fire exits clear at all times. Random spot checks are carried out on a daily basis to insure compliance. Fire training will take place on 24 July 2012 and then again later in the year to cover all staff.	30 September 2012

14. The provider has failed to comply with a regulatory requirement in the following respect:	
To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring there are no trip hazards.	
Action required:	
Take all reasonable measures to prevent accidents to any person in the designated centre by ensuring there are no trip hazards.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The trip hazards identified by the inspector have been rectified.	23 May 2012

15. The provider has failed to comply with a regulatory requirement in the following respect:

To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring the safe storage of personal protective equipment including latex gloves and plastic aprons.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre by ensuring the safe storage of personal protective equipment including latex gloves and plastic aprons.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 25: Physical Environment
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

As part of each resident's care needs assessment this hazard is now quantified and an appropriate response put in place. For existing residents this risk assessment has been carried out retroactively.

23 May 2012

16. The provider has failed to comply with a regulatory requirement in the following respect:

To take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by not restricting the window openings in the bedrooms.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by restricting the window openings in the bedrooms.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Regulation 19: Premises
Standard 26: Health and Safety
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:**Timescale:**

Provider's response:

We are in the process of getting quotes to rectify this issue.

30 June 2012

Any comments the provider may wish to make:

Provider's response:

Here at Bishopscourt we constantly work to ensure that our residents are cared for to the highest possible standard. It is for that reason that we welcome the observations from the inspector that note that the residents were "well cared for, and that their personal care needs were met, which was further reflected in residents' comments".

It was reassuring that "the inspector was satisfied that the nursing, medical and other healthcare needs of residents were met" and that "nursing care appeared to be of a good standard, nursing staff were familiar with residents' care needs, and there was an adequate level of assessment."

Sheila O'Reilly, our Person In Charge (PIC), was recognised as being "committed to improving the service for residents through regular audits, service reviews and best practice initiatives."

It is precisely this attitude that all of our staff and management have committed themselves to and that reflects the best of what we do.

Provider's name: Catherine O'Connor

Date: 25 May 2012