



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Ballinamore House Nursing Home
Name of provider:	Raicam Holdings Limited
Address of centre:	Ballinamore, Kiltimagh, Mayo
Type of inspection:	Unannounced
Date of inspection:	16 November 2023
Centre ID:	OSV-0000317
Fieldwork ID:	MON-0041971

## About the designated centre

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

Ballinamore House Nursing Home is registered to care for 51 male and female residents who require long-term care or who require care for short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located in a rural setting a short drive from the town of Kiltimagh in County Mayo. Ballinamore House Nursing Home is a large period property that has been converted for use as a nursing home. Bedroom accommodation consists of 37 single rooms and 7 double rooms. There are four sitting areas where residents can spend time during the day. Other facilities include two dining rooms with two serving area, four dayrooms, visitor's room, kitchen and two reception area. There is stair lift and passenger lift access between floors. The lift can be used in the event of a fire. In the statement of purpose the provider describes the service as aiming to provide a high standard of care in accordance with evidenced based practice and to provide a living environment that as far as possible replicates residents' previous life style and ensures residents live in a comfortable, clean and safe environment.

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

Number of residents on the date of inspection:	43
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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
Thursday 16 November 2023	09:00hrs to 17:00hrs	Lorraine Wall	Lead
Thursday 16 November 2023	09:00hrs to 17:00hrs	Celine Neary	Support

## What residents told us and what inspectors observed

Throughout the inspection, the inspectors spoke with residents and visitors and spent time observing practice throughout the different areas of the centre. The inspectors noted a calm atmosphere and residents who looked well cared for. While the majority of residents who spoke with the inspectors reported that they were happy with the service and care provided to them, this inspection found that in some areas residents' rights were not respected. Improvements were required in the oversight and governance of the centre to ensure that a high quality, safe and appropriate service is delivered for the residents going forward.

The centre is located outside the small town of Kiltimagh in Co. Mayo. There were 43 residents living in the centre on the day of inspection. The centre is registered for a total of 51 beds.

This was an unannounced inspection and on arrival to the centre, the inspectors met with the person in charge and the registered provider. An introductory meeting was held with the person in charge and the registered provider, followed by a walkabout of the premises. This gave inspectors the opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. During this time, inspectors observed that required standards in relation to infection prevention and control were not being met. This was evident by a malodour emanating from a number of areas throughout the older part of the designated centre, including the entrance hallway, residents' bedrooms and communal bathrooms.

The older part of the building downstairs has a communal sitting room, a dining room and sensory room. The newer part of the building "Tus Nua" has a large open plan dining and sitting room area. Residents were observed spending time in all of these areas during the inspection. However, the inspectors observed that residents who spent most of their day downstairs in the communal sitting room and the sensory room had very little meaningful interaction throughout the day.

There was a dedicated activity staff member on duty during the day of the inspection. The inspectors observed this person assisting residents on the first floor with activities including the use of a tover tafel table (a interactive sensory piece of equipment specifically designed for people living with dementia) and chair exercises. While some residents who are accommodated downstairs were facilitated to attend mass upstairs in the afternoon and go for a walk outside, the inspectors observed that there was a heavy reliance on the television and radio for residents in the downstairs communal area and sensory room and also for residents who remained in their bedrooms. A number of residents on the ground floor had a range of complex needs and it was clear that they did not have access to meaningful activities in line with their preferences and ability to participate. Records of residents attendance at group or one to one activities was not provided to the inspectors on

the day when requested. Inspectors were not assured that residents who chose to spend time in their bedrooms were offered meaningful activities.

There was an activities schedule on display and included activities such as mass, exercises, walking and daily activities.

Inspectors spoke with a number of residents' relatives and found that they were positive about the care provided, telling inspectors that the "staff are very nice" and the "staff are caring".

The inspectors observed residents having their lunch in both the upstairs and ground floor dining room. Most residents were assisted in a respectful and dignified manner by staff who were patient when providing support. However, the inspectors observed one resident being assisted to eat by a staff member who was standing over the resident. Residents reported positively regarding the variety, quality and choice of food available.

The premises are generally laid out and designed to meet the needs of the residents. All areas within the centre were observed to contain appropriate furniture to enhance residents' mobility and independence. However, the inspectors observed that some bedrooms in the upstairs and older part of the centre felt cold, despite the fact that these rooms had radiators or storage heaters. The inspectors observed that these radiators and heaters were not turned on.

Resident's bedrooms were suitably furnished. Wardrobes or chest of drawers and lockers provided adequate storage for residents personal belongings, however residents in twin bedrooms did not have access to their own television and were required to share.

Inspectors observed that one resident had been seated in the bedroom of another resident rather than in the communal day room. The provider informed the inspectors that the reason for this was so that the resident could access an electrical power supply to charge an item of equipment they were using, however there was no rationale as to why this could not have been done in the privacy of the resident's own bedroom. This compromised the privacy and dignity of the resident using the equipment and those residents accommodated in that bedroom.

Closed Circuit television (CCTV) was in use in the centre, however, signage to alert residents and their visitors that CCTV was in use was not adequate.

There were a number of locked doors throughout the centre which required the use of a key code to gain access. Inspectors were not assured that all residents were able to move freely around the centre or had access to these key codes. This included access to the outdoor courtyard. The inspectors observed that the furniture had been removed from the courtyard and put into storage for winter. This meant that residents did not have anywhere to sit in the outdoor area. While there was a second outdoor area at the front of the centre, access to this was restricted by a keypad.

The next two sections of the report will describe the findings of the inspection under the relevant regulations, firstly, under the capacity and capability of the service and finally under the quality and safety of the care and services provided for the residents.

## Capacity and capability

The management systems in place did not ensure that the service provided was safe, consistent or effectively monitored. Significant focus was now required by the provider and the management team to ensure that the quality and safety of care and services delivered to residents met their needs and that the centre was in compliance with the regulations. This was a particular concern in order to ensure that residents rights were upheld, to ensure that residents were protected from abuse and to ensure that infection prevention and control standards were met.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The provider has applied to renew the registration of Ballinamore House Nursing Home.

Raicam holding Limited is the registered provider for this designated centre. The designated centre is registered to accommodate up to to 51 residents. There was a clearly defined management structure in place that were responsible for the delivery and monitoring of effective health and social care support to the residents. The management team consisted of the provider and the person in charge who was supported in their day-to-day role by an assistant director of nursing. A team of nursing staff provided clinical support along with health care assistants, household, catering and maintenance staff making up the full complement of the staff team.

The registered provider had ensured that there were sufficient staffing resources in place to meet the needs of the residents. A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations.

Inspectors found that although the centre had a system in place for reviewing the quality of care experienced by the residents living in the centre, the audit and oversight processes were not being used effectively. For example, the infection prevention and control audits had failed to identify the risks and non-compliances found by inspectors on this inspection. In addition, audits completed had no clear action plan to investigate the findings and implement improvements following these audits. The inspectors also found that the risk management system in place in the centre had not identified some risks found on the day of inspection.

The provider had not ensured that the Chief Inspector had been notified of two recent safeguarding incidents as per the requirements of Regulation 31: Notification

of incidents. Furthermore, the provider had failed to appropriately respond to these incidents in line with the centre's safeguarding policy and therefore inspectors were not assured that all residents living in the centre were adequately protected from the risk of abuse.

Records showed that staff were up-to-date with mandatory training modules including fire safety and the safeguarding of vulnerable adults, however; the person in charge had not ensured that cleaning staff had access to appropriate training. In addition, inspectors observed that cleaning staff were not appropriately supervised within their role.

Inspectors reviewed a sample of contracts and found that they required review in order to meet the requirements of Regulation 24.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider had applied to renew the registration of the designated centre and this application included full and satisfactory information as required by the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient staffing resources in place on the day of the inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had not ensured that staff had access to appropriate training as evidenced by:

- Two of six cleaning staff had not received training in hygiene or infection prevention and control

The staff supervision process did not ensure that staff were appropriately supervised as evidenced by:



- Cleaning practices observed by inspectors were not in line with infection prevention and control standards for community health care settings which increased the risk of transmission of a healthcare associated infection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspectors found that the provider did not have effective management and oversight processes in place for key areas of the service including;

- training and supervision of staff,
- infection prevention and control practices,
- care planning and
- the management of responsive behaviours.

In addition, the current governance and management systems did not ensure that residents were adequately protected from risks of abuse. This is reflected in the high number of non-compliances found on this inspection.

Judgment: Not compliant

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

The inspectors reviewed a sample of residents' contracts and found that a number of contracts did not contain the residents' room number or whether the room was single or twin occupancy.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The Chief Inspector had not been notified of two recent incidents in writing, as per the requirements of the regulations. Both incidents were reported by management to the inspectors on the day of inspection but had not been submitted to the authority. This was addressed with management on the day of inspection and notifications were subsequently submitted.

Judgment: Not compliant

## Quality and safety

Overall, the findings on the day of inspection were that significant action was required in order to ensure that residents' needs were met in a safe and consistent manner and that the rights of all residents living in the centre were upheld. The provider had failed in their responsibilities to ensure that residents were adequately protected from the risk of abuse. In addition, inspectors identified a number of non-compliances in relation to care planning, the management of responsive behaviours and infection prevention and control practices.

The majority of residents told inspectors that they were satisfied with the quality of care they received. Staff who spoke with the inspectors were knowledgeable of residents' needs. Inspectors spoke with a number of visitors on the day of inspection and they were complimentary of the staff and the care provided in the centre.

There were adequate arrangements in place for residents to access a range of health support services which included a general practitioner, allied healthcare professionals such as a physiotherapist, occupational therapist, dietician and tissue viability nurse. Residents also have access to a local optician and chiropody service. However, improvement was required to ensure that residents' wound care was managed in line with evidence based practice. This is discussed under Regulation 5, Assessment and care plans.

Care plans were in place for each resident and kept securely in the nurses treatment room. Pre-admission assessments were undertaken by the person in charge and a range of validated nursing tools were in use to identify residents' care needs.

The inspectors viewed a sample of residents' files and found that some of the care plans reviewed were not adequately detailed to guide care delivery in relation to residents' preferences or needs.

In addition, the inspectors found that some care plans did not set out all of the interventions required to effectively guide and direct the care of a resident who exhibited responsive behaviours.

The provider had not ensured that the rights of residents were upheld in relation to freedom of choice and residents' freedom of movement around the centre. There was an activities programme in place, however; the current programme did not ensure that all residents had equal opportunities to participate in meaningful social activities and engagement in line with their preferences and abilities. Action was required to ensure that residents' individual wishes and choices were respected.

This inspection also found that some residents' personal hygiene was poor and was not being appropriately managed in line with their assessed needs. While the premises was generally well maintained, inspectors found that some residents' bedrooms in the older part of the centre were not well maintained and were not

adequately heated. Residents were not seen to spend time in these bedrooms on the day of the inspection. In addition, more was needed to be done to manage odours in some areas.

Residents did not have wash basins in their rooms to facilitate with their personal hygiene and washing.

The provider had not ensured that the environment was managed in a way that minimised the risk of transmitting a health care-associated infection. Infection prevention and control practices in the centre were not in line with best practice and required review to ensure that they were in line with the national standards.

The provider had failed to record or to investigate two allegations of abuse made by a resident in the centre. This was a repeat finding and the inspectors were not assured that learning or improvement actions had been implemented in the centre following the previous two inspections. This is discussed further under Regulation 8, Protection.

## Regulation 12: Personal possessions

Residents had access to and maintained control over their personal possessions.

Judgment: Compliant

## Regulation 17: Premises

The premises did not conform to the requirements of Schedule 6 of Regulation 17. This was evidenced by:

- Some areas of the centre required repainting and door frames required repair or replacing due to being chipped.
- Inspectors observed that a number of residents' bedrooms in the older part of the centre were cold. A musty odour was evident in a number of bedrooms on the second floor of the centre.
- The residents' smoking room was uninviting and required painting and refurbishment. The smoking room had been repurposed and was previously used as a bathroom, however; part of the bathroom tiles remained on the wall. This room was not included on the schedule of works to be completed in the centre.

Judgment: Not compliant

## Regulation 27: Infection control

The registered provider had failed to ensure that procedures, consistent with the standards for the prevention and control of health care were being implemented by staff. This was evidenced by:

- Cleaning solutions being used for cleaning and disinfection of the physical environment were not being used in line with best practice guidance. Inspectors observed household cleaners being used to clean residents' bedrooms and bathrooms.
- Inspectors observed a strong smell of urine in several areas of the designated centre and observed that this odour was coming from the residents' mattresses, pressure cushions on residents' chairs in some bedrooms and the floor of one bedroom.
- The water in the mop bucket being used by one cleaning staff was cold, did not contain any disinfectant/cleaning agent and was not being changed between residents' bedrooms, which increased the risk of transmission of a health care - associated infection.
- Cleaning staff were not using the sluice to fill and empty the water from mop buckets and one staff member was observed using residents' bathrooms to fill and empty the mop bucket.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' care documentation and found that assessment and care planning required improvement to ensure that the needs of all residents were met and that care plans were sufficiently detailed to guide care delivery. This was evidenced by:

- Some of the care plans were not reviewed at four monthly intervals to ensure that outdated information which was no longer relevant had been removed. This made it difficult to ascertain which information was the most up- to- date.
- Some of the care plans reviewed were not adequately detailed to guide care delivery in relation to residents' preferences or needs.
- A review of the daily care records found that these were only available for the previous four days in the residents file. Daily care records for the days and weeks previous had been archived. This created a risk that the care given to residents was not being adequately monitored.
- A number of residents had been assessed as requiring assistance with personal care. A review of residents' care documentation did not provide

assurance that residents were receiving the standard of personal care as outlined in their care plans. For example, some residents did not have a record of being assisted to shower or bathe for up to 14 days. Furthermore, the absence of appropriate washing facilities such as portable wash basins in residents' bedrooms did not assure the inspectors that residents who required assistance were having a bed bath in their bedroom in place of a shower.

- Upon reviewing wound care, the inspectors found that wound assessments were not completed at each dressing change. This made it difficult to ascertain if the current wound dressing plan was effective in healing the wound or whether the dressings required further review.

Judgment: Not compliant

## Regulation 6: Health care

Residents had access to a general practitioner in the centre and an out of hours medical service. Residents had access to allied healthcare including occupational therapy and physiotherapy. Support from a tissue viability nurse and dietician was available virtually from a nutritional company. On referral residents had access to old age psychiatry and palliative care if a need had been identified.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Throughout the centre the inspector observed multiple locked doors throughout the corridors which could only be opened with a code. This restricted residents moving freely within the centre without assistance from staff. As a result some residents were observed seeking the assistance of staff to open the doors to the areas of the centre they wished to access. There were no risk assessments in place to ensure this type of restricted movement was in line with individual residents' assessed risks.

The inspectors reviewed a sample of behavioural care plans and were not assured that responsive behaviours were being appropriately managed to ensure residents received support in a timely manner and that behaviours were managed in the least restrictive manner:

- Some behavioural care plans did not sufficiently detail antecedents and strategies on how to appropriately support and manage the resident's responsive behaviour.

- One resident's antecedent behavioural chart had not been completed since February 2023.

Judgment: Not compliant

### Regulation 8: Protection

The registered provider had failed to take reasonable measures to ensure all residents were protected from abuse and to provide for appropriate and effective safeguards to prevent abuse. This was evidenced by:

- The provider had failed to recognise and respond appropriately to two allegations of abuse made by a resident. As a result there was no investigation into the allegation and no assurance that the concerns raised were managed appropriately and that this resident was protected.

Judgment: Not compliant

### Regulation 9: Residents' rights

The registered provider had not ensured that all residents had opportunities to participate in activities in accordance with their interests and capacities. This was evidenced by:

- Residents who spent their day in the downstairs sitting room and sensory room were observed sitting for long periods of time watching television or listening to music with little interaction from staff. These residents were assisted upstairs in the afternoon for mass.
- Residents who spent their day in their bedrooms were observed to have little to no interaction with staff aside from task oriented care.
- A schedule of activities was on display in the communal day rooms but it was not clearly visible to all residents and several residents who spoke with the inspectors did not know what activities were taking place on the day of the inspection.
- There were no records of residents' engagement in activities available for review on the day of the inspection.

The registered provider had not ensured that all residents could undertake personal activities in private. This was evidenced by:

- A resident had been seated in a bedroom of two other residents on the morning of inspection instead of a communal day room. This did not respect the privacy and dignity of the residents involved.

The registered provider had not ensured that all residents were consulted about and participated in the organisation of the designated centre. This was evidenced by:

- Close circuit Television (CCTV) was in place in the hallways and communal day rooms and the inspector was not assured that all residents were made aware of this CCTV. A small sign was displayed at reception but was not visible in any other areas of the centre.

The registered provider had not ensured that all residents could exercise choice. This was evidenced by:

- The centre had a courtyard garden for residents, however; the inspectors could not be assured that this was utilised by residents. This garden did not contain any seating as garden furniture had been removed recently for winter storage which in turn made the area uninviting. It had been decoratively painted but did not contain any items of interest. Access to the courtyard was restricted by a keycode lock to the door and inspectors were not assured that all residents who wished to access safe outdoor space were supported to do so.
- While there was a second outdoor area at the front of the centre, access to this was restricted by a keypad and a number of steps from the front door.
- A number of twin and single bedrooms had one shared television which meant that residents could not independently choose their preferred television programmes. However, the provider informed inspectors that televisions had been ordered for these bedrooms.
- One resident was observed being assisted to eat by a member of staff in the communal sitting room and the member of staff was standing over the resident while completing this task which compromised the resident's dignity.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Ballinamore House Nursing Home OSV-0000317

Inspection ID: MON-0041971

Date of inspection: 16/11/2023

## 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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training is completed on the mandatory training. The cleaning staff have had training on new cleaning products and systems which was put in place after the inspection.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Training was organized for the cleaning staff and the systems are currently being reviewed.</p> <p>Care planning is continuously reviewed. We recognise that there are areas that need improving, therefore, nurses are undertaking care planning courses with Skillnet. A review of residents with responsive behavior is currently been carried out and care plans will be devised to reflect specific behaviors.</p> <p>On the day of the inspection there was one concern which we were in the process of investigating as explained to both inspectors on the day. Any concerns by residents are taken seriously and are reported and we liaise with safeguarding in respect of same.</p>	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:  All contracts have been reviewed to ensure room numbers are identified and room type specified.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:  We endeavor to report all notifiable incidents within the time frame however, the incidents referred to by the inspector was not reported to the person in charge in a timely manner by the staff member therefore this accounts for the one-day delay in reporting same. All registered nurses have been informed of the importance of following the correct procedure to follow.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  In relation to the 'musty' and 'damp' comments, please refer to the factual inaccuracies form as this is entirely disputed due to inaccuracy of same.</p> <p>There is a schedule of works in place and the maintenance staff are working through it. The smoking room is on the 2024 schedule for works.</p> <p><b><i>'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations'</i></b></p>	
Regulation 27: Infection control	Not Compliant

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

Cleaning products have been changed since the inspection.

In relation to the odour please refer to the factual inaccuracies form as the accuracy of same has been disputed.

Cleaning staff have been re-educated about the importance of using hot water.

Cleaning staff have been re-educated to empty/fill the water from the sluice area.

In relation to the mop and bucket, there is no evidence stating that a mop and bucket is not in line with the infection prevention and control. We are currently looking at alternatives from a mop and bucket and once all other products have been researched, we will make an informed decision on the evidence we find.

Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Care plans and assessments are reviewed and updated on a four-monthly basis; at the time of this inspection we were in the process of reviewing care plans so not all were completed as expressed to the inspectors on the day. Staff have been instructed while reviewing care plans, to ensure all information is relevant and current and to rewrite care plans if needs change and to not just write in the evaluation sheet.

The Daily Provision of care sheets are kept in the file for a month and then filed in residents' notes. As shown to the inspector on the day of inspection, the sheets were in a poly pocket at the back of the folder which were present and very easy to access if so required. Also, on day of inspection the older filed notes were produced to the inspectors on their request.

Staff have been reminded to ensure they document on the evaluation sheet that care plans have been discussed with residents/families.

In relation to wound care plans while it was not documented in the actual care plan, it was documented each time on the wound assessment chart where the description, changes and dressing used are documented each time a wound is changed.

In relation to the personal care, residents have showers weekly or more frequently if required. Each bedroom has a sink which is used for washing. There are basins available in the nursing home if required. In relation to the comments about a particular resident as explained to the inspectors on the day they were having active bowel motions which were occurring throughout the day. The shower chart for this particular resident clearly showed that they had had a shower 5 day previously not 14 as the inspector reports, this shower chart was available for the inspector to see on the day. Please also refer to the factual inaccuracies document in respect of this comment.

***'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations'***

Regulation 7: Managing behaviour that is challenging

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Coded locks are on doors and have been risk assessed as they lead to the lift lobby and stairs.

Some residents are aware of the code and we have other residents as part of their condition they can often try to get through the doors which would jeopardise their personal safety.

Residents with responsive behaviour will have their care plans devised to reflect their needs and how best to manage same. Staff have been informed about the importance of completing the ABC behavioural chart and updating the care plans regularly.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The specific incident was not ignored or not dealt with. As explained to both inspectors on the day both the person in charge and provider were in fact planning to investigate the incident the morning that the inspectors arrived. The delay in reporting this incident was as a result of a delay in being informed by the staff on duty that an incident had occurred. We endeavor to ensure all reportable incidents are reported and we liaise with safeguarding and devise a plan and ensure this is followed on the floor.

***'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations'***

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Please refer to the factual inaccuracies, as the activities co-ordinator divided her time between the three dayrooms, they set up the magic table in sensory area and did one-to-one work with some residents, it is unfortunate that the times the inspectors were doing their walk-about, the activities co-ordinator happened to be back in a particular area.</p> <p>In respect of residents that are in their rooms the activities co-ordinator spends time with them doing one-to-one activities.</p> <p>The Schedule is visible for people to see, on the day of the inspection it happened to be the day of Mass and residents who choose to attend mass did so in the area mass is said.</p> <p>There is an activities folder where the co-ordinator documents what the resident did, this folder was available on the day for the inspectors to view.</p> <p>CCTV signage is in place in all areas now.</p> <p>Normally in a double room, there is only one TV. Extra TV's are now in the premises and we will review the double rooms once we have fitted the last of the TVs in the single rooms</p> <p>During meal times, we have two sittings this is to enable residents to have a comfortable eating experience. Staff are encouraged to sit when feeding a resident.</p> <p>During the second sitting there are some residents who prefer to sit by themselves, some like to sit and eat while looking out the window. Some residents eat better with fewer distractions around. In one of the dining rooms the radio is on during meals and in the second dining room there is a TV on in the background which was evident on the day of inspection. Staff will ensure the above in reflected in resident care plans.</p> <p><b><i>'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations'</i></b></p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	29/02/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/02/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	19/02/2024
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	Not Compliant	Orange	16/02/2024

	effectively monitored.			
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	05/02/2024
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.	Not Compliant	Orange	23/02/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	29/01/2024
Regulation 5(1)	The registered provider shall, in so far as is	Not Compliant	Orange	16/02/2024



	reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
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.	Not Compliant	Orange	29/02/2024
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	29/02/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in	Substantially Compliant	Yellow	25/02/2024

	a manner that is not restrictive.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	05/02/2024
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	05/02/2024
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Yellow	20/02/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	20/02/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Yellow	20/02/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake	Not Compliant	Yellow	20/02/2024

	personal activities in private.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Not Compliant	Yellow	20/02/2024
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.	Not Compliant	Yellow	20/02/2024