



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

Issued by the Chief Inspector

Name of designated centre:	Ballinderry Nursing Home
Name of provider:	Ballinderry Nursing Home Limited
Address of centre:	Ballinderry, Kilconnell, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	14 May 2024
Centre ID:	OSV-0000318
Fieldwork ID:	MON-0042601

About the designated centre

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

Ballinderry Nursing Home is located in a rural setting, a short drive from the village of Kilconnell and 13 kilometres from the town of Ballinasloe. It is a single storey over basement purpose built premises that is registered to accommodate 44 residents. The centre provides continuing care, convalescent and respite care to residents primarily over 65 years who may have low to maximum care needs. Residents have a choice of areas where they can spend time during the day. There are several sitting rooms, a dining room and outdoor garden space available for use by residents. Bedroom accommodation consists of 14 single and 15 double rooms. The centre aims to provide a quality of life for residents that is appropriate to their care needs and is stimulating and meaningful.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 May 2024	09:45hrs to 18:50hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

The consistent feedback from residents living in the designated centre was that they were happy with the care they received and their life in the centre. The inspector heard positive comments such as 'they can't do enough for me' and the standard of care was described by one resident as 'excellent'. The inspector observed that residents were content and comfortable in the company of staff.

This was an unannounced inspection which was carried out over one day. The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting with the management team, the inspector walked around the centre, giving an opportunity to meet with residents and staff. The inspector observed many residents were relaxing in the communal areas and some residents were in the process of getting ready for the day.

Ballinderry Nursing Home is a purpose built facility, located in the rural village of Kilconnell, Co. Galway. The designated centre is registered to provide long term and respite care to a maximum of 42 residents. There were 40 residents living in the centre on the day of inspection.

There was a welcoming atmosphere in the centre and the inspector noted that staff were busy supporting residents with their care needs. Several residents were enjoying breakfast and the inspector observed that residents were mobilising freely around the centre. Handrails were in place along all the corridors to support residents with their safe mobility. Residents who required assistance with mobilising were well supported by staff. There were a variety of communal areas, including two sitting rooms which were decorated brightly, with suitable furnishings. There was a well-maintained enclosed patio courtyard, which was accessible from one sitting room and residents had unrestricted access to this area. Additional communal space consisted of a visitors room and a chapel. Residents also had access to a dining room and a designated smoking room.

Communal areas were well used and many residents were observed participating in activities in the main sitting room on the morning of the inspection. The reception area was a hub of activity throughout the day and many residents spent time here, chatting and observing the comings and goings of others. The inspector observed residents interacting comfortably with staff and staff who were seen passing through this area greeted the residents by name. It was apparent that the management team were well known to residents.

The centre was found to be well-lit and warm and residents described the centre as comfortable. Resident bedroom accommodation consisted of single and twin rooms which were laid out to either side of the main reception area. Many resident bedrooms were personalised with items of significance, such as soft furnishings and ornaments. Residents bedroom doors were brightly painted and bedrooms generally appeared to be clean, however, the inspector noted that privacy curtains were

stained in some shared bedrooms. The floor surface in one shared bedroom was visibly damaged and several bedrooms were observed to have chipped paint on wall surfaces, which were not amenable to cleaning.

The residents laundry service was provided on-site and laundry facilities were located in the basement area of the centre. Although there were two separate laundry rooms to support the dirty to clean flow of linen, the cleanliness and organisation of these rooms was not of a suitable standard. The inspector noted a stainless steel sink unit in the 'dirty' laundry room, which was rusted and there was no dedicated hand hygiene sink in this room. Floor surfaces and counter space in the 'clean' laundry room were cluttered and unclean. In addition, there was a lack of suitable storage space and hanging fixtures for resident clothing. The laundry room doors, which were labelled as fire doors, were held or wedged open without appropriate hold open devices.

There was an activities schedule in place and the inspector noted that residents were engaged in activities throughout the day. Preparations were being made for a birthday celebration on the morning of the inspection and many residents enjoyed a bingo game in the afternoon. The inspector spoke with a resident who expressed their enjoyment with the bingo activity as they were 'on a winning streak' and 'won a prize at every game'. Residents who did not wish to participate in activities were observed to be relaxing in communal areas and in their bedrooms. The residents appeared to be comfortable and some residents enjoyed a glass of wine and other refreshments which were offered.

The inspector noted that all meals were served to residents in the main dining room. Some residents attended the dining room while others chose to have their meals in their bedrooms. Staff were available to provide discreet assistance and support to residents.

Residents told the inspector that they felt safe in the centre, were well looked after by staff and felt that their needs were met. Staff interactions with residents were observed to be kind, friendly and gentle. The inspector spoke with one resident who described being checked upon frequently each night and offered 'cups of tea'. They told the inspector they appreciated these visits from staff and they felt safe living in the centre.

The registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished.

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

Capacity and capability

This was an unannounced inspection by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector reviewed the compliance plan response submitted following the previous inspection in July 2023. There had been some progress across a number of regulations and there were arrangements in place to monitor and review the quality of the services provided to the residents. However, further oversight was required, to achieve and sustain compliance with Regulation 16: Training and staff development, Regulation 21: Records, Regulation 23: Governance and management, Regulation 31: Notification of incidents, Regulation 34: Complaints procedures.

Ballinderry Nursing Home Limited was the registered provider of this family owned and operated centre. The person in charge reported to the registered provider representative who attended the centre on a daily basis. A director of the company participated in the day-to-day management of the centre. The person in charge was supported by an assistant director of nursing, who deputised in their absence. A team including a clinical nurse manager, registered nurses, health care assistants, activities, house-keeping, catering and maintenance staff made up the staffing compliment.

The inspection of the centre in July 2023 identified that nursing and management staffing resources were not sufficient to ensure the effective delivery of care in accordance with the statement of purpose. In contrast, this inspection the found that staffing levels had stabilised and the provider had taken action to increase clinical management resources, including the recruitment of a clinical nurse manager. The person in charge worked full time in a supervisory role and supervisory hours were allocated to the assistant director of nursing and clinical nurse manager.

There was a training programme in place for staff, which included mandatory training and other areas to support provision of quality care. Staff spoken with were able to demonstrate learning from fire safety training and they were also able to describe clearly the action they would take in the event of a safe-guarding concern in the centre. Notwithstanding this positive finding, moving and handling, fire safety and safe-guarding training was not up-to-date for all staff. These findings are detailed under Regulation 16: Training and staff development.

The provider had implemented a new auditing system since the previous inspection and records showed that audits were undertaken in areas such as medication management, falls and infection control. Notwithstanding the progress made to enhance the oversight of the service, the inspection found that issues in relation to infection control, as detailed under Regulation 27, had not been identified through the centres own auditing system and this did not provide assurances that there was adequate oversight of this area of the service. A record of incidents and accidents was maintained in the centre. Although there was a low level of incidents in the centre, the inspector found that there was limited analysis of each incident, to inform decisions on how to minimise the risk of repeated occurrences, and to inform quality improvement. In addition, records demonstrated that two incidents which had occurred in the centre were not notified to the Chief Inspector, as required

by the regulations. This is discussed under Regulation 31: Notification of incidents.

The provider ensured that records were securely stored, accessible, and maintained in line with the requirements of the regulations. There was evidence that all staff had been appropriately vetted prior to commencing their respective role in the centre. However, the inspector found that staff files did not contain all the required information as detailed under Schedule 2 of the regulations. These findings are discussed under Regulation 21: Records.

An annual review of the quality and safety was completed for 2023 and set out the service's level of compliance as assessed by the management team.

Regulation 14: Persons in charge

The person in charge was a registered nurse who was employed full-time in the designated centre. They had the relevant skills and qualifications, as set out in the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, inspectors observed that there were sufficient numbers and skill-mix of staff on duty to meet the needs of the residents. Records showed that there was a registered nurse on duty at all times to oversee the clinical needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspection found that staff there were gaps in the provision of training as follows;

- Ten staff had not completed training in safeguarding vulnerable adults.
- Four staff had not completed fire safety training.
- Fourteen staff had not completed people moving and handling training.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider did not maintain records as required under Schedule 2 and 3 of the regulations. For example, two staff files reviewed did not contain two written references from the most recent employer.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place to ensure that the service was safe and monitored was not fully effective. This is evidenced by;

- Insufficient analysis of adverse incidents to inform quality improvement.
- Inadequate oversight of infection control practices.
- Management systems had failed to identify the regulatory requirement to notify the Office of the Chief Inspector of two notifiable incidents, as set out in Schedule 4.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge did not submit all required notifications to the Chief Inspector within the required time frames, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Not compliant

Regulation 34: Complaints procedure

The centres complaints policy and procedure was not revised to reflect the amendments to the regulations that had come into effect in March 2023 (S.I. 628 of 2022). For example, the complaints procedure policy did not clearly outline the nominated complaints officer in the centre.

Daily nursing records demonstrated that a complaint had been made, however, there was no record of the investigation of the complaint, the action taken to

address any issues, or the satisfaction of the complainant. Furthermore, a written response was not issued to complainant, as required under Regulation 34(2)(c).

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents living in the centre were satisfied with their care and supports and spoke highly of the staff who cared for them. The provision of activities for residents was consistent and action was taken since the previous inspection to ensure all residents living in the centre had access to a general practitioner. Notwithstanding these positive findings, the inspector found that fire precautions, infection control, and premises did not align fully with the requirements of the regulations. Additionally, full compliance with Regulation 5: Individual assessment and care-planning and Regulation 9: Residents' rights, was not achieved at the time of this inspection.

The provider had taken action to address many of the findings from the previous inspection and there were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed, and checks to ensure that equipment was accessible and functioning. Staff had received fire safety training and regular fire drills had been completed to ensure that residents could be evacuated in a safe and timely manner. Staff were knowledgeable with regard to safe and timely evacuation of residents in the event of a fire emergency and evacuation aids were available in each resident bedroom. However, the maintenance and repair of some fire doors did not ensure that appropriate systems of fire and smoke containment were in place. This is detailed further under Regulation 28: Fire precautions.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm and residents' bedroom accommodation was individually personalised. However, some areas of residents' living environment were not maintained to a good standard. These observations included scuff marks and chipped paint on walls surfaces and the damage to floor surfaces in one shared bedroom. These findings are discussed under Regulation 17: Premises.

Infection prevention and control measures were in place and monitored by the person in charge. While the resident bedroom and communal accommodation was found to be clean, a number of issues which had the potential to impact on effective infection prevention and control were identified during the course of the inspection. For example, the laundry facilities were not maintained and cleaned to an acceptable standard. These findings are discussed further under Regulation 27: Infection prevention and control.

The inspector reviewed a sample of residents' care records and found that the

residents' needs were being assessed using validated tools that informed the development of care plans. While the care and support needs of the residents were known by the staff, and care plans were person-centred, the recommendations of health care professionals was not consistently incorporated into the residents care plan and therefore the effectiveness of interventions, could not be measured. Furthermore, care plans were not consistently developed in response to residents' changing needs. This is detailed further under Regulation 5.

Arrangements were in place for residents to access the expertise of allied health and social care professionals such as speech and language, physiotherapy through a system of referral. This inspection found that the provider ensured that all residents were provided with appropriate access to medical services.

Advocacy services were available to residents, and there was evidence that residents were supported to avail of these services, as needed. Residents had access to radio, television and newspapers and were seen chatting to each other about local events. Residents were facilitated to practice their religious beliefs. There was a small oratory in the centre which was available for resident use.

Measures were in place to safeguard residents from abuse. A centre specific policy was in place, guiding staff in the prevention, detection and response to abuse. The provider did not act as a pension agent for any residents. Staff had access to training to support in recognising and responding to allegations of abuse. However, records showed that training was not up-to-date for all staff.

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights and expressed wishes were respected. Staff were seen to knock on resident bedroom doors before entering. The registered provider had taken action to reduce the occupancy of two shared bedrooms, to ensure that any resident residing in these bedrooms were afforded adequate floor space. Nonetheless, the inspector found that the layout of one shared bedroom meant that one resident could not access their wardrobe without entering the bed space of the other resident. Furthermore, privacy curtains in some shared bedrooms did not provide sufficient coverage to ensure the dignity and privacy of residents was maintained. This is detailed further under Regulation 9: Resident rights.

The registered provider had ensured visiting arrangements were in place for residents to meet with their visitors as they wished.

Regulation 11: Visits

There were flexible visiting arrangements in place. Visitors were observed attending the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 17: Premises

There were areas of the building that did not meet the requirements under Schedule 6 of the regulations. For example;

- The surface around the wheels on several commodes and shower chairs were rusted.
- The paint in some resident's bedrooms walls was chipped and damaged.
- Floor surfaces in one shared bedroom was damaged and unsealed at the skirting board. There was visible dirt and debris.
- There was inadequate ventilation in one resident communal bathroom, which resulted in malodor.
- The work top surface in the residents dining room was damaged and not amenable to cleaning.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider maintained a policy and procedure to identify and respond to risks in the designated centre. The risk management policy met the requirements of Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre. This was evidenced by:

- The laundry room was not maintained in a manner that reduced the risk of cross infection. The counter and floor surfaces in the centre's clean laundry room was visibly unclean. Items of equipment were stored on the floor which hindered effective cleaning.
- The hand wash sink in the sluice room did not comply with current recommended specifications for clinical hand hygiene sinks.
- There was no dedicated house-keeping room for the appropriate storage and cleaning of house-keeping trolleys.

- The sink in the dirty laundry room was heavily corroded with rust.
- There was no dedicated housekeeping room. The inspector was informed that house-keeping trolleys were cleaned down on the corridor. This arrangement increases the risk of environmental contamination and cross infection.
- A number of slings were being stored together in a storeroom along with resident equipment and were found to be overlapping, which increased the risk of cross-contamination.
- Open topped bins were observed in resident communal bathrooms .This finding did not support recommended waste management procedures and posed a risk of cross contamination and transmission of infection.
- While there was a tagging system in place to show which equipment was decontaminated after use between residents, the inspector was not assured that this system was effective. For example, the inspector observed a commode chair in use, which was tagged with a label dated the 22nd of April.
- Privacy curtains in several shared resident bedrooms were visibly unclean.
- Resident oral hygiene equipment was not stored in an appropriate manner in a shared resident bedroom.
- A hoist charging point was located in the sluice room, this posed a risk of cross infection.

Judgment: Not compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to protect residents and others from risk of fire and to bring the centre to bring the centre into full compliance with Regulation 28: Fire Precautions, as follows;

- Poor practices were observed where fire doors were being kept open by means other than appropriate hold open devices. For example, laundry room doors were wedged open.
- Oxygen cylinders were relocated to an external storage unit since the previous inspection, however they were not segregated from combustible supplies.
- Some resident bedroom doors contained holes where fixtures had been removed. These had not been sealed and therefore compromised the integrity of the doors.
- A cross corridor fire door on the east wing and the dining room door did not close fully when released.
- There was no extinguisher available in the dining room, where a number of domestic electrical items were in use.
- A supply of paint was stored with mixed items of supplies in the basement area of the centre.
- There was visible damage to the the bottom of a fire exit door leading to the designated smoking area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of the residents assessments and care plans found that care plans had not been reviewed as required under Regulation 5. This was evidenced by;

- One resident did not have a comprehensive assessment of their nutritional needs completed upon admission to the centre.

Some residents' care plans were not reviewed and updated at four monthly intervals or in response to their changing needs.

- For example, a nutritional assessment completed for a resident indicated that they had lost a significant amount of weight. The resident was reviewed by a health care professional and recommendations were made. However, residents care plan was not updated to reflect the interventions required, to ensure the residents nutritional and hydration needs were met.
- A nutritional assessment completed for a resident indicated that they were at high risk of malnutrition. However, the resident care plan was not updated reflect this change, to direct staff regarding the interventions required to ensure the residents nutritional needs were met
- A resident with a wound did not have it referenced in their care plan and there was no associated wound care plan in place to guide care.

Judgment: Not compliant

Regulation 6: Health care

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.

Residents had access to a range of allied health and social care professionals such as physiotherapist, speech and language therapy, tissue viability and psychiatry of the older adult.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that some residents could carry out personal activities in private. This was evidenced by the following finding;

- Residents' in a number of twin rooms could not undertake activities, such as dressing, in private. This was because accessing their wardrobe space, intruded on their neighbouring residents private space.
- Privacy curtains found in several shared bedrooms did not provide sufficient cover to ensure privacy and dignity for residents sharing that bedroom.

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 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ballinderry Nursing Home OSV-0000318

Inspection ID: MON-0042601

Date of inspection: 14/05/2024

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>The ten staff that had not completed safeguarding training are undertaking training online and will have it completed by the 31/07/2024.</p> <p>The four staff that had not completed fire training, this training is booked for the 18/7/2024.</p> <p>The fourteen staff that required manual handling are booked to complete this training on the 12/7/2024.</p> <p>The management team have a training matrix in place and are monitoring this monthly, to ensure all staff remain up to date with mandatory training.</p> <p>This will be complete by the 31/7/2024</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Staff files have been reviewed and all relevant references have been ascertained from previous employers and have been added to staff file.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The ADON and CNM2 will carry out a review of all incidents that have occur twice weekly so as to ensure sufficient analysis has been carried out and to ensure the service is safe and monitored effectively.</p> <p>Auditing systems have been reviewed and a new auditing sheet to spot check all equipment twice daily by Senior nurse to ensure equipment is cleaned correctly and there is adequate oversight in relation to regulation 27 infection control.</p> <p>An NF03 and NF05 were submitted on the day of inspection. PIC / Management / Senior Nursing staff will ensure review of all incidents accordingly and promptly and make assurances that notifiable incidents will be submitted to Chief Inspector as per regulation 31 and in the appropriate time frame.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Schedule 4 notification NF03 / NF05 were submitted on day of inspection.</p> <p>PIC / Management / Nursing staff will ensure review of all incidents accordingly and promptly and make assurances that notifiable incidents will be submitted to Chief Inspector as per regulation 31 and in the appropriate time frame</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Our policy has been updated to reflect the amendments as stated and has been amended to state relevant person.</p> <p>The complaints officer is promoting a healthy complaints practice with all residents /</p>	

Families / staff members, all complaints are to be recorded and reported and dealt with as per policy.

Learning from complaint is also being shared with staff so as to improve resident experience.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Purchased of full plastic commodes and shower seats in showers will be made to phase out the steel commodes.
 Dining area will be refurbished with a new dining worktop
 Painting will be undertaken / flooring is ordered and be fitted asap with skirting boards sealed correctly.

Bathroom will be upgraded to allow adequate ventilation with the installation of a motorized fan in wall.

This will be completed by the 30/09/2024

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

We will refurbish laundry area to allow for affective storage of residents laundry and reduce the risk of cross infection in both clean and dirty laundry areas

We will replace the corroded sink
 Hanging racks to be installed in laundry to allow for efficient laundering of clothes

Handwashing sink in the Sluice room will be upgraded to recommended specification for clinical handwashing sink.

All bins will be closed top as per recommended waste management procedures

Infection control practices and control measure will be overseen by senior staff nurse with regular spot checks daily to ensure infection control practices are to a high standard at all times and monitored ensuring clinell tape is changed between uses and checked with regard to slings / hoists / commodes.

Individual slings for resident that are require will be kept in own room and cleaned Accordingly and labelled.

Privacy curtains will be replaced that are visibly unclean. All curtains will be washed or replaced quarterly.

Hoist charging point will be relocated to hoist storage area

All residents oral hygiene items will be stored in appropriate containers and labelled. This will be checked daily by staff.

Housekeeping trolley will be stored in an enclosed area which will be fitted with a roller door to ensure compliance with regulation 27.

This will be compliant by the 31/10/2024

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All door wedges have been removed / we have added a door check on our daily fire record to ensure doors are closed in all areas.

All staff have been made aware to promote good fire practices throughout the nursing home and never to use objects to prevent the fire doors from closing other than the appropriate hold open devices.

Oxygen cylinders storage casing will be installed outside and segregated from any combustible materials.

All holes in doors will be sealed with flame retardant filler by a competent installer.

Competent installer will review all fire doors and make any necessary changes to come into full compliance with regulation 28

Fire extinguishing point have been installed in dining area.

Paint has been removed from basement area and stored in outside shed.

Fire door has been inspected and repaired.

This will be Compliant by the 30/09/2024

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>On residents admission all relevant care plans will be completed and overseen by PIC / ADON / CNM2.</p> <p>Care plans will be updated to include any changes made by GP on residents review or assessment from any other healthcare professional such as SALT / TVN / dietician to be included on all resident care plans accordingly .</p> <p>Nursing staff will update all relevant information to care plans as residents needs change. To ensure residents care plan reflects all recommendations from healthcare providers.</p> <p>2 hours have been allocated ADON / CNM2 to specifically review residents care plans on clinical day.</p> <p>This will be Compliant by the 31/07/24</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Twin rooms will be reassessed to facilitate resident to have privacy and dignity while sharing accommodation. Compliance plan will be drafted and implemented with either curtains replacement or wardrobe relocation in room.</p> <p>This will be compliant by the 31/10/24</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).

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	31/07/2024
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.	Substantially Compliant	Yellow	30/09/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	05/07/2024
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	31/07/2024

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	31/10/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in	Not Compliant	Orange	31/07/2024

	charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	31/07/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	31/07/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/07/2024
Regulation 5(3)	The person in	Substantially	Yellow	31/07/2024

	charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Compliant		
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	31/07/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/10/2024