



**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 Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Tully, Ballinamore, Leitrim
Type of inspection:	Unannounced
Date of inspection:	26 June 2024
Centre ID:	OSV-0005290
Fieldwork ID:	MON-0043335

About the designated centre

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

Ballinamore Community Nursing unit is a purpose-built facility that provides accommodation for 20 residents who require long-term residential care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In the statement of purpose, the provider states that care is focused on a person centred approach where each resident is treated with dignity and respect. This centre is a modern building and is located in the town of Ballinamore. It is a short walk from the shops, library, church and business premises. Bedroom accommodation consists of 18 single and one double room. All rooms have fully accessible en-suite facilities. A variety of communal accommodation is available and includes sitting rooms, a dining area, a prayer room and visitors' room. The centre has a safe well cultivated garden area that has features such as bird feeders, flowers and shrubs to make it interesting for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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
Wednesday 26 June 2024	09:30hrs to 17:25hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, residents' feedback to the inspector was positive regarding their lives and the care they received in Ballinamore Nursing Unit. The inspector found that there was a calm and welcoming atmosphere in the centre. The environment was spacious, bright and maintained to a high standard. Memorabilia familiar to residents was used to decorate the centre which helped to create a homely and comfortable environment for residents.

Residents told the inspector that staff caring for them were 'great people', 'kind', 'care about me', 'best in the country' and one resident said 'I am happy because the staff here know me and my needs really well'. The inspector observed that staff interacted with residents in respectful and kind ways throughout the day. Staff and residents chatted and laughed together and were obviously enjoying each others company. A number of residents enjoyed interactions with the resident dog 'Blossom' who walked about the centre visiting residents in their rooms and in the communal spaces.. Residents welcomed these visits.

While walking around the centre, the inspector observed that the centre was maintained to a high standard and the environment and residents' assistive equipment was clean. Hand gel stations were located throughout the centre and were appropriately used by staff. However, clinical hand washing sinks were not available close to the point of care delivery for staff use. Consequently, the wash basins in residents' bedrooms and en suites were being used both for residents' use and for staff to wash their hands. This did not support effective staff hand washing procedures and posed a risk of cross infection.

The inspector observed that residents' bedroom accommodation was arranged on ground floor level in 18 single and one twin bedroom, all bedrooms had full en suite facilities with showers. Extendable width doors were fitted on residents' en suite facilities which ensured that doors were wide enough for passage of larger assistive equipment used by residents. With the exception of one twin bedroom, residents' bedrooms provided them with ample space to move around their bedrooms as they wished. The layout of the twin bedroom did not meet the requirements of Regulations 17 and did not ensure that both residents accommodated in this room were able to move around the room easily and sit out beside their bed if they wished to do so. There was only one resident accommodated in this room on the day of the inspection.

Many of the residents had personalised their bedrooms with photographs and other items that were important to them. The communal sitting room was used by residents throughout the day of the inspection and the communal dining room on the opposite side of the building was used by residents at mealtimes. Residents call bells were within their easy reach and call bells were available in the sitting rooms. One of the sitting rooms had a call bell secured on a table used by residents. An adapted table that facilitated residents in assistive chairs was available in the sitting

room and provided residents with a tabletop surface for social activities. An oratory, hair dressing salon and visitors' room was also available. The visitors' room was also available to residents who wished to spend time in a quieter area.

The inspector observed that the schedule of planned social activities were displayed on a large white board on the corridor and in the sitting room. Approximately fifty percent of the residents spent much of the day in the sitting room and were observed to be interested in and enjoying a painting activity in the morning and a game of bingo in the afternoon. Both activities were facilitated by the activity coordinator. One resident in the sitting room was reading a newspaper and another was doing a word search activity. However, a number of the residents who said they preferred to spend much of their time in their bedrooms were observed by the inspector to be watching television, sleeping or sitting quietly. One resident told the inspector that they were 'fed up with sitting in their bedroom all day, every day' and they had 'nothing to do other than watching television'. This resident said that the activities taking in the sitting room didn't interest them. These findings regarding the quality of social activity provision concurred with feedback from a number of residents and their families in a survey completed in the days prior to this inspection. The registered provider was reviewing the results of the survey at the time of the inspection.

As the weather was very warm on the day of this inspection, the doors were wide open to the outdoor garden. The inspector observed that a hand sensor unit was available by the doors to the garden so residents could easily access the garden when the doors were closed. A small number of residents liked to go for walks in the garden and some residents had helped with planting flowers and shrubs in the planting beds. One resident had planted roses in the flower bed outside their bedroom window from their garden in the community.

Raised planting beds, garden tools and bags of peat were available in the garden for residents' use. On the day of the inspection, volunteers from the local community were tending to the garden and were painting a colourful mural on the fence at the end of the garden. Residents' bedrooms were located along both sides of the outdoor garden and each of these bedrooms had direct access to the garden through a door in each bedroom. Sheltered seating and a table were provided. Music was playing on a portable radio for residents' enjoyment in the garden.

Residents told the inspector that they were 'well cared for' and 'wanted for nothing' but that 'sometimes the days were long' for them. All the residents who spoke with the inspector said they looked forward to visits from their families and that their visitors were always made to feel welcome. Residents said staff were very kind and caring towards them and that they felt very safe and secure in the centre. This was validated by the inspector's observations on the day which found that staff interactions with residents were respectful and empathetic.

Residents told the inspector that their food was 'beautiful', 'could get something different to the menu on the day if you wanted' and that their food 'tasted better' than in any restaurant they were in.

Residents told the inspector that they would talk to any of the staff if they were worried about anything or were not satisfied with any aspect of their care or the service provided. Residents said that staff always listened to them and any issues they ever raised were addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This unannounced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The designated centre had a good history of compliance with the regulations on previous inspections however this inspection found that the provider failed to maintain adequate oversight of the service and as a consequence of this compliance was not sustained in most of the regulations assessed. In addition there had been four changes of the person in charge who met regulatory requirements since February 2021. The provider had applied to renew the registration of Ballinamore Nursing Unit for 20 beds and the application was assessed as part of this inspection.

A new person in charge commenced in June 2024. The new person in charge had previously worked in the role of person in charge in this designated centre from June 2023 to March 2024. They have the required clinical and management experience and qualifications for the role and work full-time in their role. The person in charge is supported in their role by a clinical nurse manager, staff nurses, health care assistants, cleaning, catering and administration staff.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent the provider and oversee the operation of the designated centre. As a national provider involved in operating residential services for older people, Ballinamore Nursing Unit benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance.

While, the provider had systems in place to monitor the quality and safety of the service, they were not identifying non compliances as found on this inspection and consequently these non compliances were not being addressed. Furthermore, records showed that where some deficits were identified, action plans to address them were not being developed and implemented.

A satisfaction survey was progressed by the new person in charge to get feedback from residents on their satisfaction with key areas of the service provided to them. Analysis of this feedback was in progress at the time of the inspection and would be displayed for residents' information in the centre, as was done with previous

satisfaction surveys completed. A number of residents expressed dissatisfaction in the survey with the social activities and their opportunities to participate in social activities that interested them. This was also a finding on a previous inspection that was repeated on this inspection and had not been effectively addressed by the registered provider.

The inspector found on the day of inspection, that allocation of staff did not ensure that there was enough staff available with the appropriate knowledge and skills to ensure residents were adequately supported to participate in meaningful social activities to meet their interests and capacities.

The person in charge had a system in place to monitor staff training and all staff were facilitated to complete mandatory and professional development training. Staff training was well managed and all staff were up to date with training requirements.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Health Information and Quality Authority as required by the regulations. There was good oversight of incidents and accidents which ensured that any learning from the incident was shared with the appropriate staff.

Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent on behalf of four residents. Centralised and transparent procedures were in place to ensure this process protected residents at all times.

There was good oversight of records which helped to ensure that records were well maintained and available in the centre as required under the regulations and that records were held securely.

Residents' views were valued and records showed that residents were facilitated and encouraged to feedback on all aspects of the service they received. This feedback was used to inform improvements in the service and the annual review of the quality and safety of the service delivered to residents in 2023.

Regulation 14: Persons in charge

The person in charge had changed and the new incoming person in charge commenced in this role on 20 June 2024. The new person in charge is a registered nurse and has the required clinical and management experience and qualifications.

Judgment: Compliant

Regulation 15: Staffing

The inspector found on the day of inspection, that staff resources did not ensure that there was enough staff available to ensure each resident's social activity needs were adequately met and that they were supported to participate in meaningful social activities to meet their interests and capacities and ensure resident's daily routines were varied and stimulating in line with their preferences. As a result a number of residents said that their days were long and uninteresting.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training on fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had ensured that staff working in the centre were facilitated to attend professional development training, as necessary, to update their skills and knowledge to competently meet residents' needs.

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents in the centre was maintained and included all information pertaining to each resident as specified by the regulations.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Management and oversight of the service was not effective in maintaining compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013 (as amended) and ensuring the service was delivered in line with the centre's statement of purpose. This is evidenced in the disimprovements in compliance with the regulations as found on this inspection.

Although, there is a person in charge of the centre who meets regulatory requirements the provider had failed to ensure that the management structure was stable. This was evidenced by the four changes of person in charge that had been made since 2021. This had impacted on the effectiveness of the centre's governance and oversight systems and did not provide continuity of leadership for the staff team.

The monitoring systems in place to ensure the service provided to residents was safe and consistent were not effective. A number of the audits were not effectively identifying all areas needing improvement. Furthermore, action plans were not consistently developed to address deficits identified to completion. For example;

- The provider's fire safety oversight procedures were not effectively identifying and addressing deficits in the fire doors that posed a risk to residents' safety in the event of a fire in the centre. This was discussed with management at the inspection feedback meeting.
- Audits of residents' care plans were not effectively identifying deficits in this documentation as found on this inspection and as a result, these deficits were not being addressed.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents, that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, residents' enjoyed a good standard of nursing and health care in line with their assessed needs but actions were necessary by the provider to ensure residents had adequate access to physiotherapy and dietician services to meet their needs. Residents' rights were respected however improvements were required to ensure

that all residents were able to enjoy an activities schedule that met their needs and capacity for engagement. Actions were also necessary to ensure that there were adequate measures in place to protect residents from risk of fire.

The layout and design of the centre mostly met residents' individual and collective needs to a good standard. However, the lack of space in one twin bedroom did not ensure that the room layout met the requirements of the regulations. The centre was well maintained and the communal areas were bright and spacious and were well used by residents on the day. The inspector found that all wall and floor surfaces were intact and could be effectively cleaned.

There was an up to date infection prevention and control policy that provided guidance to staff regarding standards of practice and procedures required to ensure that residents were protected from infection. Non compliances identified on the last inspection were found to have been satisfactorily addressed to completion. Residents assistive equipment was clean, in a good state of repair and there was a clear system in place to confirm that the equipment had been cleaned and was ready to be used again.

Residents' needs were comprehensively assessed and risk assessment tools were used by staff to assist them with identifying residents' needs and developing their care plans. Good standards of nursing care was provided to residents and this was well demonstrated in the nursing care provided to support one resident's recovery following significant injuries to their skin. However, actions were necessary to ensure that residents' care plan documentation was up-to-date and clearly guided staff with providing person-centred care to individual residents in accordance with their preferences and wishes.

While the provider ensured that residents had access to their general practitioner (GP), timely access to physiotherapy and dietician specialists was not assured and did not optimise the residents' mobility, ongoing independence and wellbeing. These findings are discussed under Regulation 6: Healthcare.

Residents' needs and preferences for social engagement and meaningful occupation were generally assessed and while most residents enjoyed the social activities facilitated to meet their needs, a number of residents who depended on staff for support and assistance did not have adequate opportunity to participate in meaningful social activities to meet their interests and capacities. This is a repeated finding from a previous inspection.

Although, measures were in place to ensure residents were protected by safe medicines management procedures, administration of residents medicines practices were not informed by some residents' medicines prescriptions and therefore was not in accordance with professional guidelines. While, the inspector was assured that residents received their correct medications, the pharmacist supplying residents' medicines was not being adequately supported to meet their obligations as required.

Regular fire safety checking procedures and servicing of fire safety equipment was in place to ensure residents' safety. As part of the provider's fire safety precautions the building is divided into four compartments. Since the last inspection, the

provider was working towards improving fire evacuation drill times and had increased night time staffing to three staff at night. There was evidence that this action reduced times taken to complete simulated evacuation drills. However, the evacuation times varied and the evacuation strategy practiced did not take account of calling the emergency services and supervision of residents post evacuation. Actions by the provider were also necessary to address deficits identified in the effectiveness of fire doors to ensure residents' safety in the event of a fire.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspector found that residents' communication needs were assessed and a person-centred care plan was developed for those residents who needed support. The inspector observed that where it was needed, assistive equipment was available for residents to support their communication needs.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions on residents' visitors meeting with them in the designated centre and residents' family members were observed visiting residents on the day of inspection. Residents told the inspector that their visitors were always welcomed and facilitated in the centre. A visitor's room was available for residents to meet with their visitors in a private area outside of their bedrooms as they wished.

Judgment: Compliant

Regulation 12: Personal possessions

One resident's access to their wardrobe was partially obstructed by the location of the hand basin located in front of their wardrobe in a twin bedroom.

Judgment: Substantially compliant

Regulation 17: Premises

The layout of one twin bedroom did not ensure the personal space available for each resident met their needs. The inspector observed that;

- the circulation space around one of the beds in this bedroom was not sufficient to facilitate the resident to sit in a chair by their bed without obstructing their access to their bedside locker.
- the space on the other side of this bed was not usable as the door of the ensuite opened into this bedspace and was within almost touching proximity of the bed.
- the wardrobe for use by a resident in one bed was located along an opposite wall and access to it was hindered by the location of the hand wash basin in this room

Judgment: Not compliant

Regulation 27: Infection control

The provider ensured that the requirements of Regulation 27: Infection control and National Standards for infection prevention and control in community services (2018) were met. The provider had effectively addressed the findings of the last inspection to ensure residents were protected from risk of infection. The centre environment and equipment was managed in a way that minimised the risk of transmitting a healthcare-associated infection. Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with best practice guidelines and cleaning schedules were in place and were completed by staff.

Judgment: Compliant

Regulation 28: Fire precautions

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

- Assurances regarding residents' safe evacuation in the event of a fire in the centre were not adequate as the fire evacuation drill records did not give assurances that the following procedures and risks were addressed;
 - calling the emergency services
 - some of the simulated drills reviewed referenced prolonged evacuation times and it was not unclear that how this was addressed

- supervision of residents post evacuation. The majority of the residents' personal emergency evacuation plans identified that they needed supervision by staff to maintain their safety post evacuation.

A fire door assessment was completed on the 27 May 2024 by an external fire safety contractor which identified a high number of deficits in the integrity and operation of the doors inspected. Deficits identified included missing/damaged door smoke seals, door hinges not fitted as required and extended permissible door perimeter gaps. A plan to address these deficits was not available at the time of this inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

While the pharmacist received a review of residents' medication completed by nursing staff and the residents' GPs, adequate assurances were not available that the pharmacist completed on-site audits in the centre in line with their obligations.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While, each residents' needs were regularly assessed, actions were necessary to ensure that residents' care plans were up-to-date and that the care interventions that staff must complete to meet residents' assessed needs are clearly described. This was evidenced by the following findings;

- one resident's nutrition care plan was recently updated but did not reference the interventions recommended by the dietician. This posed a risk that this pertinent information would not be communicated to all staff caring for this resident.
- one resident's behaviour support care plan did not detail the extent of the responsive behaviours experienced by the resident and the most effective person-centred interventions that staff should complete to effectively support this resident and de-escalate their behaviours.
- assessment of residents social care needs was limited and did not identify the social activities that they should have opportunity and be supported to participate in to meet their interests and capacities. As a consequence, assurances were not available that the needs of residents who were unable or did not wish to participate in the group activities taking place in the sitting room were adequately met.

Judgment: Substantially compliant

Regulation 6: Health care

Although, the inspector was assured that residents received their correct medicines, medication administration in the centre did not ensure a high standard of nursing practices in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. The inspector found that nursing staff were administering medicines in the absence of the following prescription information;

- maximum dosage permissible over a 24 hour period for medicines administered on an 'as required' (PRN) basis and the indication for administration of these medicines was not consistently documented in some residents' prescription records for reference.
- medicines administered as a crushed preparation were not individually prescribed to instruct administration in that format.

This was a repeated from the last inspection.

Residents with unintentional weight loss did not have adequate access to a dietician. Residents did not an opportunity to meet the dietician to discuss their needs and treatment plans as the dietician completed assessments and treatment plans for individual residents remotely based on information provided to them by staff in the centre.

Residents were not assured of access to a physiotherapist to support their mobility needs and rehabilitation post a fall incident as this service was available to residents on an urgent need basis only.

Judgment: Not compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. All staff were facilitated to attend training on safeguarding residents from abuse. Staff were aware of the reporting procedures and of their responsibility to report any concerns regarding residents' safety. Residents confirmed to the inspector that they felt safe and secure in the centre and would be comfortable with speak with the staff if they had concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Actions were necessary to ensure that residents who did not attend the sitting room where social activities were being facilitated by the activity coordinator had equal and adequate access to meaningful social activities that met their interests and capabilities. Nine of the 19 residents living in the centre on the day of inspection did not spend time in the sitting room and these residents spent all or most of the day in their bedrooms watching television, sleeping or sitting quietly in their chairs. There was limited evidence available regarding input from staff to support these residents with participating in meaningful social activities in line with their interests and capacities. This is a repeated finding from a previous inspection.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ballinamore Nursing Unit OSV-0005290

Inspection ID: MON-0043335

Date of inspection: 26/06/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To ensure compliance with Regulation 15 Staffing the registered provider and person in charge will:</p> <ul style="list-style-type: none"> • An activities staff member is on duty Monday to Friday to support residents with activities, outside of this arrangement staff are allocated to support residents with activities including the weekend. • Following the inspection staff have been reassigned as and from 30/06/2024 to support with activities, staff have also been assigned to support with group and individual activities that meet the residents interests and capacities on a daily basis • The Registered Provider and Person in Charge have formally reviewed staffing on the 17/07/2024 to ensure that the staffing levels adequately support the assessed needs of each resident. • Following this review it has been determined that there are adequate numbers of staff to meet the assessed needs of the residents this includes supporting the residents social needs. • For any vacant positions they are currently backfilled with agency staff. • If at any time the Person in Charge requires additional staffing resources this will be supported without delay. • Staffing will at all times be kept under review by the Registered Provider to ensure the staffing levels meet the assessed needs of all residents. • Staffing will be reviewed as part of the ongoing governance and management and will be reviewed at provider meetings, OPS governance meetings and provider compliance visits and inspections. • There is a scheduled activities Programme in place as well as additional outings and trips and residents are encouraged to participate in local activities. • This activities schedule will be kept under review and will change in line with the residents will and preference. • Seasonal activities also form part of the activities Programme • All residents have access to the landscaped courtyard and are supported by staff to use this space. 	

- The Person in Charge has completed a review of all activities on the 29/06/2024 and has reviewed the Residents Satisfaction Surveys to ensure that all preferred activities are made available.
- This review of the resident's surveys that was completed for 2024 did not indicate that residents were dissatisfied with activities provided. However the Person in charge will continue to engage with residents on an individual basis to ensure that the activities schedule meets the resident's wishes.
- A bespoke activities questionnaire has been developed and will be completed in September 2024 and on a quarterly basis going forward to ascertain if any additional activities are required by the residents
- The Person in Charge will continue to review dependency levels on each resident and their social activity needs to ensure that an adequate number and skill mix of staff is in place to meet the assessed needs of each resident.
- A risk assessment tool for meaningful activities has been introduced from 01/07/2024 to ensure that staff discuss individually with each Resident their preferred activities and identify the supports that are required to engage in same.
- This risk assessment will inform the development of a person centered meaningful activities care plan that is tailored to reflect the abilities and interests/ preferences of each resident. This is in place from 01/07/2024

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

To ensure Compliance with Regulation 23(a) Governance and Management the Registered Provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

To ensure Compliance with Regulation 23(c) Governance and Management the Registered Provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Compliance will be met by:

- The Registered Provider has all times complied with Regulation 14 Person in charge. Whilst the center has had management changes. It has at all times been supported by the Registered Provider through onsite compliance visits, OPS team compliance visits, Governance meetings, the Practice Development Coordinator and staff training and development.
- The Registered Provider was at all times in compliance with the Health Act and its legislative responsibility.
- The Registered provider has ensured that prior to any change in Person in Charge a lead in period of orientation and comprehensive handover is provided to ensure continuity of leadership for the staff team and Unit. Each Person in Charge has had the

required qualifications and management experience prior to taking up the Person in Charge role. The Registered Provider provides ongoing support and oversight and meets with the Person in Charge monthly to ensure governance is maintained.

- The Registered Provider and Person in Charge have reviewed the audit schedule within the designated center on the 15/07/2024.
- The Person in Charge has reviewed all Audits and associated QIP to ensure that the findings are reflective of practice standards in the Unit.
- Following this review a more robust audit schedule and oversight process has been put in place to ensure audits accurately identify deficits in a time bound manner and that an action plan is put in place to address this.
- A training Programme will be provided for all nursing staff that complete Audits to ensure they are equipped with the knowledge and skills to complete. This will be completed by 30/08/2024.
- The Person in Charge has organised a Peer Audit Programme which will be facilitated by the practice development coordinator.
- This will ensure robust quality assurance is in place. This will be completed by 30/08/2024.
- All Audits and QIP are discussed at staff meetings, CNM meetings and Governance meetings.
- The Registered Provider will continue to monitor this through their onsite compliance visits, provider meetings and Monthly OPS Governance meetings
- The Registered Provider and Person in Charge have reviewed the Fire safety management system within the designated center on 17/07/2024.
- Following this review any outstanding fire safety works to the fire doors has commenced on 26/07/2024 and will be complete by 13th of September 2024.
- Following the fire safety review, additional fire door checks are carried out during weekly fire drills and records are maintained in the Fire Register as and from 17/07/2024.
- An annual Fire safety training Programme is in place to ensure all staff attend Fire safety training on an annual basis. 100% of staff have completed their fire training
- Monthly Simulated Fire Drills for Day and night are carried out in the designated center to support staff with knowledge and skills to safely evacuate the residents. Shared learning takes place on all units after these simulations.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

To ensure Compliance with Regulation 12(a): Personal Possessions: The Person In Charge shall, in so far as is reasonably practical, ensures that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions

Compliance will be met by:

- The Registered Provider and Person in Charge have reviewed the resident's access to personal possessions in the twin bedroom on 25/07/2024, this review included the layout within the twin bedroom, access to the resident's personal possessions and their lockers and access to both the bathroom and the hand wash sink.
- Following this review the twin bedroom has been rearranged to ensure that each resident in the twin bedroom will be able to access their personal possessions without restriction. This has now ensured that residents who share the twin bedroom are able to sit at their bedside without any obstruction to their bedside locker. This was completed on 25/07/2024.
- In addition new bedside lockers and tables have been purchased for the twin bedroom and are in place from 21/08/2024. This will ensure that each resident who shares the twin room will have mobile access to both their bedside table and locker
- For each resident who shares this space, a bespoke questionnaire has been developed on 25/07/2024 to assess their thoughts and preferences on the space and what if any changes they would like. This will be completed by all residents who use the twin bedroom to determine if any further changes are required.
- Customized wardrobes with lockable lockers were previously installed in the twin bedroom to support residents to access their wardrobe at the bedside.
- The Registered Provider and Person In Charge will ensure that residents who share this room will at all times be supported by staff to ensure that they have access to all aspects of this room.
- The Provider Representative and HSE maintenance have reviewed the layout of the twin bedroom and the location of the hand wash sink .There is no alternative position in the bedroom that is suitable for the sinks relocation.
- All residents will continue to be supported by staff who share this room to ensure that they have the necessary help to access and maintain their personal possessions
- All prospective residents have an opportunity to view the unit and the accommodation prior to accepting a bed, this includes the twin bedroom.
- This will be kept under review and will be monitored by both the registered provider and PIC.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To ensure compliance with Regulation 17(2): Premises: 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

Compliance will be met by

- The Person in Charge and Registered Provider have completed a review of the layout of the resident multi occupancy twin bedroom on 25/07/2024 to ensure all residents have access to their personal possessions and lockers.
- Following this review the layout of the multi occupancy twin bedroom has been

rearranged to ensure that each resident in the twin bedroom will be able to access their personal possessions without restriction. This has now ensured that residents who share the twin bedroom are able to sit at their bedside without any obstruction to their bedroom. This was completed on the 25/07/2024

- In addition new bedside lockers and tables have been purchased for the twin bedroom and are in place from 21/08/2024. This will ensure that each resident who shares the twin room will have mobile access to both their bedside table and locker
- The Provider Representative and HSE maintenance have reviewed the layout of the twin bedroom and the location of the hand wash sink. There is no alternative position in the bedroom that is suitable for its relocation. All residents will continue to be supported by staff who share this room to ensure that they have the necessary help to access and maintain their personal possessions
- The Registered Provider and Person in Charge will ensure that residents who share this room will at all times be supported by staff to ensure that they have access to all areas of their bedroom.
- Customized Wardrobes with lockable lockers were previously installed in the twin bedroom to support residents to access a wardrobe at their bedside.
- All prospective new residents have an opportunity to view the accommodation prior to accepting a bed in the designated centre.
- The Registered Provider will continue to monitor this on an ongoing basis as part of the governance and management supports.
- For each resident who shares this space a bespoke questionnaire has been developed on 25/07/2024 to assess their thoughts and preferences on the space and what if any changes they would like to the twin bedroom.

'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 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 To ensure compliance with Regulation 28(1)(c)(iii)
 The registered provider shall make adequate arrangements for testing fire equipment.
 To ensure compliance with Regulation 28(1)(c)(ii)
 The registered provider shall make adequate arrangements for reviewing fire precautions.
 To ensure compliance with Regulation 28(2)(i)
 The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.
 To ensure compliance with Regulation 28(3)
 The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated center.
 Compliance will be met by the following:

- The Registered Provider and Person in Charge have reviewed the Fire safety management system within the designated center on 17/07/2024.
- A new Fire maintenance system has been introduced in conjunction with HSE maintenance to ensure any deficits identified on the 6 monthly fire door checks are completed in a timely manner.
- The Person in Charge or designate completes weekly checks on all fire doors as part of the weekly fire safety checks within the designated centre regarding the integrity and operation of the fire doors . If any deficits are identified with the fire doors these are documented in the fire register and escalated to HSE Maintenance for remedial works. This was completed on 26/06/2024 and a fire door maintenance programme is in place
- Following this review any outstanding fire safety works to the fire doors have commenced on 26/07/2024 and will be complete by 30th of September 2024.
- Following the fire safety review, additional fire door checks are carried out during weekly fire drills and records are maintained in the Fire Register as and from 17/07/2024.
- An annual Fire safety training Programme is in place to ensure all staff attend Fire safety training on an annual basis. 100% of staff have completed their fire training.
- Following the fire safety review, the safe evacuation and simulated fire drills have been reviewed. The simulated fire drills now include calling the emergency services and supervision of residents post evacuation. This was completed on 29/06/2024.
- Additional simulated fire drills have been carried out to ensure acceptable evacuation times are complied with. These have been completed on 29/07/2024 and will continue on an ongoing basis.
- Following the Simulated Fire Drills, shared learning takes place to ensure staff learn and the required improvements are out in place to ensure resident safety.
- An annual Fire safety training Programme is in place to ensure all staff attend Fire safety training. 100% of staff have completed this training. • The Person in Charge has reviewed the Fire Drill Record and amended this with clear lines of authority and accountability at all levels for fire safety.
- A Contracted Fire maintenance System is in place within the designated center and the 6 monthly fire door checks were completed on 27th May 2024. The next scheduled 6 monthly check will be December 2024.
- An annual check of all firefighting equipment is completed annually. Last check completed in March 2024.
- The Fire Detection and Fire alarm system are serviced quarterly by an external fire maintenance company.
- The registered provider as part of the governance arrangements will continue to monitor all aspects of fire safety compliance as part of their ongoing compliance visits and unit supports.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

To ensure compliance with Regulation 29

The registered provider ensures in so far as is reasonably practicable, that a pharmacist of a resident's choice or who is acceptable to the resident is available to the resident.

- The Person in Charge has met with the Pharmacist on 12/07/2024 and the Pharmacological reviews for all residents have been completed on 29/07/2024. This will be completed 3 monthly on an ongoing basis and will be monitored by both the Person in Charge and Registered Provider.
- The Person In Charge ensures that records of medication related interventions in respect of a resident is kept in a safe and accessible place in the designated centre and that all medicinal products dispensed or supplied to a resident are stored securely at the centre.
- The Person in Charge ensures that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.
- The Person in Charge ensures that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by the resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.
- All Nursing staff have completed their annual mandatory Medication management training Programme on safe administration of medications.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

To ensure compliance with Regulation 5 (1) The registered provider shall, in so far as reasonably practical 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.

Compliance will be met by the following :

- The Registered provider and Person in Charge have formally reviewed the care plans of residents within the designated centre on 28/06/2024.
- For those care plans identified on the day on the inspection by the inspector that required action, they were updated to ensure they accurately reflected the recommendations made by the Dietician. This was completed on the 28/06/2024.

- The Person in Charge has formally reviewed the Positive Behavior Support care plans of residents who may experience non cognitive symptoms of dementia to ensure that the care plans include detail of the person centred interventions required to effectively support the resident and de-escalate the behaviors. This was completed on the 28/06/2024.
- For all remaining care plans the person in charge has reviewed and updated as required to ensure that they are up to date and clearly direct residents care and social supports at all times. This was completed on 28/06/2024
- The Person in Charge has completed a review of the social activities care plan for each resident on 28/06/2024.
- Following this review a meaningful activity risk assessment has been introduced on 01/07/2024 for each resident to ensure that the required supports are identified to enable each resident to engage in meaningful activities in accordance with their capacity, interest and preference. This is under continuous review by the Person in Charge.
- Care planning Training Sessions are facilitated by the Practice Development Co-coordinator to support staff with care plan development, this will continue on an ongoing basis.
- The person in charge will continue on an ongoing basis to review care plans through a scheduled audit plan and ensure that there is a robust time bound quality improvement plan in place to address any outstanding issues. This is in place from 02/07/2024
- This will be reviewed by the Provider representative on an ongoing basis as part of the governance and management within the centre

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 To ensure compliance with Regulation 6 (2) (c): Healthcare:
 The Person in Charge shall in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.

Compliance will be met by the following :

- The Registered Provider and Person in Charge have reviewed the medication administration practices in the center on 15/07/2024 and are assured that the administration practices are compliant with NMBI guidelines.
- There is no requirement as per NMBI or IMO or Pharmaceutical society of Ireland guidelines to document a rationale why a medication is prescribed. The determination and clinical rationale of a prescribed medication is based on a clinical assessment completed by a medical officer.
- All Nurses within the centre have completed their mandatory annual medication management training Programme and are competent and proficient in medication management.
- All as required / PRN medications are prescribed on a Specific PRN prescription section in the medication kardex which outlines the specific details of the prescription. This has

been reviewed and updated by the Medical Officer to ensure the maximum dose permitted over 24 hrs. has been recorded and prescribed This was completed on the 28/06/2024

- All crushed medications have now been prescribed as such by the Medical officer .This was completed on the 28/06/2024.
- Residents do have access to dietetic services within the designated centre .A comprehensive dietetic plan is returned by the dietician which is implemented by the service. The registered provider is assured that the current service in place adequately meets the residents needs
- Any resident with unintentional weight loss is referred to the GP for review.
- A three day food and fluid diary is completed and a referral to dietician is completed. Whilst at present the dietician reviews residents remotely, the dietician has access to all necessary medical and nursing records to assist in the clinical assessment and decision making to support the resident. The dietician is also available to speak to resident by telephone or by video call.
- All dietetic advice is adhered too and any supplementation or nutritional fortification supports are prescribed by the GP.
- The designated centre catering department provides support to residents in respect of dietary fortification.
- The Registered Provider is continuing to try and source onsite dietetic services.
- Residents do have access to onsite physiotherapy based on clinical assessment However additional physiotherapy services have been sourced and have been available since 27/07/2024 to ensure resident’s needs are met and the centers ongoing regulatory compliance.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Compliance will be met by the following :

- The Person in Charge has completed a review of all social activities currently provided, to include the findings of the Residents Satisfaction Surveys with regard to activities. This was completed on the 30/06/2024
- Following this review it has been determined that the activities provided do meet with residents satisfaction and that residents are happy with the activity programme
- However as there is an activity programme Monday to Friday within the centre .Staff have also been assigned to support residents with activities at weekends as and from 30/06/2024 to support the current programme
- The Person in charge has also spoken with each resident following the inspection to ensure that all preferred activities are made available to include individual and group activities both inside and outside the centre.
- The person in charge has reviewed the records for social activities .The records will now be updated daily to reflect actual activities participated in. This was completed on 01/07/2024. This will be kept under review by the person in charge to ensure ongoing compliance

- The activities schedule and programme will be an ongoing agenda item at the resident's forum meetings to determine what additions to the programme can be added or included to ensure all resident needs are being met. This will be in place from July 2024 onwards
- The Person in Charge will continue to review the dependency levels on each Resident and their social activity needs to ensure the adequate number of staff with the required skill mix is in place to meet the needs of each Resident. • A risk assessment tool for meaningful activities has been introduced since 01/07/2024 to ensure that staff discuss individually with each Resident and identify the preferred activities and supports that are required to engage in same.
- This risk assessment will support and inform the development of a person centred care plan that this is tailored to reflect the abilities and interests/preferences of each resident and will include the provision of planned, exploratory, sensory and reflex activities.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	25/07/2024
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	17/07/2024
Regulation 17(1)	The registered provider shall	Not Compliant	Orange	25/07/2024

	ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	30/08/2024
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 effectively monitored.	Not Compliant	Orange	30/08/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2024
Regulation 28(2)(iii)	The registered provider shall make adequate	Substantially Compliant	Yellow	29/06/2024

	arrangements for calling the fire service.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	29/07/2024
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Substantially Compliant	Yellow	29/07/2024
Regulation 5(3)	The person in 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.	Substantially Compliant	Yellow	28/06/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	01/07/2024

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	26/07/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	26/07/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure	Not Compliant	Orange	01/07/2024

	that a resident may undertake personal activities in private.			
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