



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Ballinea
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	23 April 2025
Centre ID:	OSV-0002468
Fieldwork ID:	MON-0046839

About the designated centre

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

This designated centre is a wheelchair accessible bungalow just outside a large town in County Westmeath. The centre provides 24-hour residential nursing support for five male and female residents over eighteen years with an intellectual disabilities. The house comprises a sitting room, an open plan dining and living room, a kitchen, a laundry room, five bedrooms and three shower rooms. There is also a designated office space within the house. There is a patio with a seating area and a garden at the rear of the house. There is a garden area and allocated parking at the house's entrance. The person in charge is employed on a full-time basis at this centre. Residents have access to a number of local amenities, including restaurants, shops, cinemas and pubs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 23 April 2025	08:30hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The findings from this unannounced inspection were mixed. On one hand, it was noted that the staff team met the residents' needs, particularly regarding their health. However, the inspection process revealed issues with monitoring and oversight in 4 key areas. For instance, the review of records on the day of the inspection indicated that the staff had not completed refresher training in important areas such as safeguarding. Additionally, there were concerns about medication management practices for 1 resident, some infection prevention and control measures were lacking, and there was insufficient storage for residents' equipment. The impact of these issues will be discussed later in the report.

Upon arrival at the residents' home, the inspector was welcomed by a staff member. 1 resident was having breakfast in the dining room and warmly greeted the inspector. With the assistance of a staff member, the resident shared that they had gone shopping the previous day to buy wool for knitting. This resident appeared comfortable in their environment and enjoyed interacting with the staff. Later, this resident was observed taking a short walk with staff members and going on an outing with another resident.

Later in the morning, the inspector met a second resident who told the inspector they were going shopping later in the day with another resident. This resident also received a visit from a hairdresser during the inspection and had their hair styled.

Throughout the day, the inspector met with other residents. 1 resident chose not to interact, while two others were resting or receiving medical support when the inspector attempted to engage with them. All residents required 24-hour nursing support, with three needing daily medical care due to their health conditions. Consequently, the service was nurse-led, with a staff nurse on duty around the clock, supported by a team of healthcare assistants.

During the inspection, the inspector observed warm and considerate care provided to the residents by the staff on duty. 2 of the residents communicated verbally, whereas 3 of the residents communicated through nonverbal means of communication. The staff members were observed to respond to 1 of the resident's facial expressions and to understand what they meant.

1 resident moved around the house independently, while others received assistance with mobility using wheelchairs and modified comfort chairs. The residents were seen relaxing in the main living room, listening to music, reading magazines, and occasionally watching TV. Nursing support was provided intermittently throughout the day to address the residents' health needs.

The inspector had discussions with 2 care assistants and the staff nurse throughout the day, all of whom demonstrated a good understanding of the residents' care and support needs. 1 staff member discussed how the team supported residents' rights

and facilitated activities outside the home when possible. Another staff member provided a detailed explanation of the evacuation plan in case of an emergency.

The inspector found that the residents' home was clean and well-presented, fostering a relaxed atmosphere. The staff team promoted a low-stimulation environment tailored to the residents' needs. Some residents were receiving palliative care, while others had limited community activities due to their health conditions. As a result, the residents were offered various in-home activities, including music therapy, aromatherapy, and reflexology.

Each resident had their own bedroom, and while 4 of the 5 bedrooms were small, they were well-maintained with personal decorations reflecting the residents' preferences. 1 resident had requested painting in their room, and steps were being taken to address this. The home's facilities had been modified to support the residents' needs, with overhead hoists in bedrooms and modified chairs available for personal care. Additionally, some residents had specialised chairs to help maintain their positioning and comfort while relaxing. The review of documents and discussions with staff indicated that some residents were supported in maintaining connections with family and friends, with some having visited their loved ones over the Easter holidays.

In summary, the inspection process revealed that the governance and management arrangements need improvement to ensure that all aspects of the service provided to residents was under appropriate review and aligned with best practices.

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

Capacity and capability

The inspector reviewed the governance and management arrangements of the provider and found them to be inadequate. As mentioned in the opening section of this report, the inspector observed that oversight practices in several areas were insufficient. Regarding capacity and capability, it was noted that training needs were not being appropriately monitored, and some staff members had outstanding training requirements.

However, the inspector did find that there were appropriate measures in place concerning the staff team. The provider and the person in charge were ensuring an appropriate skill mix among the staff and maintaining safe staffing levels.

In summary, the inspector concluded that the provider and the person in charge had not ensured adequate monitoring and oversight of all practices in the centre. The lack of oversight led to staff members not completing required training, as well as

shortcomings in IPC and medication management practices.

Regulation 15: Staffing

The review of staffing arrangements found that the provider and the person in charge had ensured that safe staffing levels were maintained and that the skill mix of the staff team was appropriate to the needs of the residents.

The inspector studied the current roster and rosters from the first 2 weeks of December. To ensure safe staffing levels were maintained, the provider relied upon agency staff, including care assistants and staff nurses, to complete shifts regularly. The review of information showed that the agency staff, where possible, were consistent and that overall, there was a consistent staff team who were effectively meeting the needs of the residents.

As discussed in the report's opening section, the inspector found the staff on duty on the day of inspection demonstrated that they had appropriate knowledge of the resident's needs and in other areas including fire safety management. The staff team was also observed interacting and providing care to residents in a manner that respected their rights.

The inspector also reviewed two of the staff members' information in regard to schedule 2 of the regulations. The provider and the person in charge ensured that the information listed under Schedule 2 was gathered and available for review.

In conclusion, the inspector found that a consistent staff team supported the residents and that the skill mix of the team was appropriate to meet their needs.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector requested assurances that the staff team had access to and had completed the necessary training. Upon reviewing the training records for the staff members, the inspector found that many staff had outstanding training in key areas such as IPC, Safeguarding, and Children First training.

During the inspection, the person in charge assured the inspector that the training was up to date for the staff, but acknowledged that the training matrix had not been updated to reflect this information. The person in charge was given the opportunity to submit an updated training matrix by the end of business on the day after the inspection, April 24, 2025; however, this was not submitted.

On April 27, 2025, the provider's Director of Nursing submitted a fully updated

training matrix. This record reflected some improvement but still showed that training remained outstanding for several staff members: 1 staff member had not completed refresher training in Adult Safeguarding, 1 had not completed refresher training in Children First, 4 had not completed refresher training in Hand Hygiene, and 8 had not completed refresher training in IPC.

These concerns highlighted poor oversight practices, as the training needs of the staff team were not being adequately monitored and addressed.

As discussed earlier, the staff team were meeting the needs of the residents. There were examples of the team receiving training to ensure they continued to do so. Below is a list of some of the training the staff had completed:

- Fire Safety
- Managing Challenging Behaviour
- First Aid
- Dysphagia
- End-of-Life Care
- Epilepsy Awareness
- Oxygen Training.

In summary, the initial concerns regarding the lack of training for staff members were somewhat alleviated when the Director of Nursing submitted the updated training matrix. Nevertheless, there was a need for improved oversight of the training needs of the staff team to ensure they had the appropriate knowledge and training to deliver a safe, quality service to the resident they supported.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that improvements were needed in several areas, specifically regarding management and oversight of medication management, infection prevention and control practices, and staff training.

Of particular concern were the gaps in oversight related to medication management, staff training and IPC practices. The impact of these gaps will be discussed in more detail later in the report; however, it was noted that on the day of the inspection, the person in charge was unaware of these issues until they were identified by the inspector.

During the inspection, the inspector requested documents multiple times, which were either not easily accessible or, in some cases, not available at all. This indicated that improvements were required in the organisation of documentation. At one point, a specific document regarding IPC practices could not be locate. The person in charge was given the opportunity to submit the document for the

inspector's review the following morning, but this information was not submitted.

Additionally, regarding training records, the person in charge was offered another opportunity to provide up-to-date training records for the staff team for the inspector to review the day after the inspection. However, the person in charge failed to submit this information within the required time frame, reinforcing the need for better organisation and monitoring practices within the service.

The provider's director of nursing informed the inspector the day after the inspection that there had been a reduction in senior management oversight over the past twelve months. Although the director of nursing eventually sent information indicating that the majority of staff members had up-to-date training, the findings from the inspection day and the delay in providing information highlighted that the governance and management practices in the centre needed improvement in several areas.

On a positive note, the inspector found evidence of good practices in other areas. Strong systems were in place to ensure that residents' health needs were met, and that they received care and support tailored to their requirements.

The provider had ensured that the necessary reviews were completed. The inspector examined the last two unannounced audits and found that the provider had identified some areas requiring attention, with evidence that these issues were being addressed by the person in charge.

Furthermore, both the provider and the person in charge had ensured an annual review of the care and support provided to residents was completed for 2024. The inspector reviewed this report and found it to be detailed, identifying areas that required improvement. Again, evidence was found that the person in charge was addressing these identified actions.

While the required reviews and reports had been completed, they did not highlight the need for improvement in the monitoring and oversight of the service.

In summary, the inspector concluded that the oversight and monitoring systems in place needed to be enhanced in a number of areas to ensure that all arrangements were safe and aligned with best practices.

Judgment: Not compliant

Quality and safety

The inspector reviewed a substantial amount of information regarding the care and support provided to the residents. This review indicated that the needs of the residents had been thoroughly assessed and that they were receiving a good standard of care in relation to those needs. In particular, the inspection identified

that the health needs of the residents were under close review and that measures were in place to ensure that the changing needs of the residents were being met.

However, the inspection process also revealed concerns in 3 areas under the quality and safety heading. These concerns included inadequate oversight of IPC practices, poor management of medication for 1 resident, and a failure on the part of the provider to ensure appropriate storage facilities for equipment within the residents' home.

While some positive findings were noted, they were overshadowed by the lack of oversight in a number of areas. Steps need to be taken by the provider to ensure that all aspects of the service provided are compliant with the regulations.

Regulation 10: Communication

The inspector reviewed the communication assessments that had been completed for 2 of the residents. The inspector found that the evaluations captured how the residents communicated and expressed some emotions. Members of the staff team had completed the document with no input from a speech and language therapist. While it was positive that the assessment had been completed, the inspector found that they required enhancements regarding ensuring that residents understood what was being communicated to them.

The provider had identified that the assessments required improvement before the inspection, and the person in charge showed the inspector email correspondence where the 3 residents who were non-verbal had been referred for assessment by a speech and language therapist.

During the inspection, the inspector observed staff members communicating with the non-verbal residents and observed residents expressing their needs through facial expressions. The staff members understood what the expressions meant for the residents and responded to them.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector reviewed the systems to support residents with their financial matters. The provider was supporting all residents with their finances. The inspector reviewed two of the resident's information alongside the person in charge.

The inspector reviewed the system to ensure that the money stored in the house was under review. Staff members checked the residents' finances twice daily, and receipts were stored alongside the funds. The inspector reviewed the receipts and

the sum of money for two residents and found that the records matched, demonstrating good oversight in this area.

Only 1 of the five residents had their bank accounts; the other 4 had patient private property accounts. The person in charge confirmed with the inspector that those 4 residents could access their funds whenever required. The person in charge received quarterly statements relating to the 5 residents' accounts and checked spending to ensure that residents were protected.

The review of the information showed that there were appropriate measures in place, residents had access to finances when needed, and the staff team checked finances twice daily to reduce the potential for financial abuse

Judgment: Compliant

Regulation 17: Premises

The person in charge showed the inspector around the residents' home. Painting had recently been completed in some areas of the house, adding a warm and homely presentation to the premises.

During the walk through the house, it was found that 3 of the residents' wheelchairs were being stored in a bathroom, which meant that the space was cramped and looked untidy. This raised concerns regarding the safety of residents using the bathroom, potentially making transfers more difficult due to the lack of space. The person in charge explained that there was nowhere else for the chairs to be stored.

When the inspector was shown a resident's room, the inspector asked why a hoist was being stored in the corner of a resident's room despite an overhead hoist being in place and used for transitions. The person in charge explained that this was the house's backup hoist and stated that there was nowhere else for the hoist to be stored. The storage of the hoist in the residents room was not impacting manual handling practices but it did detract from the appearance of the room making it look crowded and untidy.

The above issues identified a need to enhance the storage facilities at the residents' home.

Judgment: Substantially compliant

Regulation 27: Protection against infection

During the walk through the residents' home, the inspector went out to the garden and discovered 3 mop buckets being stored outside. Additionally, 1 mop head was

found hanging from a fence. The inspector raised these concerns with the person in charge, explaining that such practices were inappropriate and not in line with best practices. The person in charge promptly instructed the staff to address the issue. However, it is important to note that storing mop buckets and mop heads outside is not acceptable, as they should be kept in a manner that allows them to dry thoroughly after use to prevent the spread of infections. Therefore, both the person in charge and the provider needed to improve their practices.

The inspector requested a review of the service's IPC information to ensure that staff had access to appropriate resources for best practices. There were delays in the person in charge providing this information, and when it was finally supplied, it was found to be outdated, having not been updated since 2023. Upon informing the person in charge, they supplied another folder with more current information. However, it was concerning that this folder was not easily accessible to staff, as it was stored in the person in charge's office. The poor IPC practices and lack of accessible information indicated inadequate oversight of IPC measures in the service. Additionally, a review of staff training records revealed that many staff members had not completed their refresher training on IPC.

In summary, the inspector found that mops were not stored properly, and it was necessary for the person in charge to make sure that IPC information was easily accessible to staff when they needed to review it. Additionally, both the provider and the person in charge must ensure that all staff members complete the required IPC training.

Judgment: Not compliant

Regulation 28: Fire precautions

The person in charge ensured that all staff members received fire safety training. The inspector reviewed the fire evacuation records and found evidence of regular fire drills being conducted. Personal emergency evacuation plans had been developed for each resident and were displayed in their bedrooms. The inspector reviewed 2 of these plans and found that they provided the necessary information for safely evacuating the residents.

The inspector spoke with a staff member about fire evacuation practices. The staff member explained that during recent nighttime simulated fire drills, a ski pad was used to safely evacuate a resident. They informed the inspector that ski pads had been prescribed for 3 residents. The inspector found the 3 ski pads were located in close proximity to the residents' rooms and were easily accessible.

The inspector reviewed the records for 5 fire evacuation drills completed this year. The records demonstrated that both staff and residents could be evacuated successfully during day and night scenarios.

Additionally, the inspector examined a folder containing all fire safety information.

The provider ensured that fire detection, containment, and firefighting equipment were in proper working order and serviced as needed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication management practices with the person in charge. They examined the medication kardexes for 3 residents and checked the availability of prescribed PRN medications. For 2 of the residents, everything was found to be in order. However, a problem was identified during 1 resident's medication stock review. Medication was found mixed in with the resident's non-blister-packed medications but was not listed on the resident's kardex, revealing a gap in record-keeping and a potential for a non-prescribed medication to be administered to the resident.

When the staff nurse was asked about this medication, the person in charge informed the inspector that this medication had been discontinued. This raised another issue, as discontinued medications should be stored separately from those currently in use.

Although there was no immediate adverse effect on this resident's health, the inspector concluded that the medication management practices did not meet the required standards during the inspection.

The inspector also looked into the stock checks for the three residents. Two of these checks were up to date, but there were gaps in the third resident's medication checks. If these checks had been completed, they would have identified that there was an unprescribed medication being stored with prescribed medication.

The day after the inspection, the person in charge submitted documentation showing when the medication had been prescribed and provided copies of the stock checks. However, this information was not available during the inspection, indicating problems with organisation and monitoring in certain areas, which was not safe.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the information of three 3 and found that their needs had been thoroughly assessed. After these assessments, care and support plans were developed. The inspector specifically examined the care and support plans for 2 of the residents and noted that they were well-written, providing clear and concise guidance on how to support each resident effectively. Additionally, the inspector

observed that these care plans were regularly reviewed and updated to reflect the residents' changing needs. There were instances of updates made to the care plans following appointments and meetings, and there was evidence that the staff team and the person in charge actively sought updates from allied healthcare professionals whenever necessary.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed the health needs of 3 residents, focusing on their care and support plans, meeting notes, and clinical reports. This assessment revealed that the person in charge, along with the staff team, was effectively supporting residents in maintaining their health.

Some residents required regular medical support to assist with respiratory functioning, and the inspector observed the staff nurse conducting health observations throughout the day.

Health needs assessments had been completed for all residents. Upon reviewing 3 of these assessments, the inspector found that they documented the residents' medical histories and outlined the measures being taken to promote and maintain their health. The documents indicated that residents were being supported in attending their general practitioners and other allied healthcare professionals when necessary. Additionally, residents' medications were consistently reviewed, and there were instances where changes to medications resulted in positive outcomes, such as improved management of epileptic seizures for one resident.

As previously noted, 1 resident was receiving support from the palliative care team. There were examples of effective communication between the staff team and the palliative care team, along with evidence that the resident's pain management was regularly reviewed to ensure appropriate support.

Judgment: 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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Ballinea OSV-0002468

Inspection ID: MON-0046839

Date of inspection: 23/04/2025

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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>Identified refresher training including Safeguarding, Children First, Hand hygiene and IPC has been completed by all staff.</p> <p>Training Matrix of all trainings will be reviewed and fully completed by 30/05/2025</p> <p>A member of the Senior Nursing Team will provide enhanced oversight of the centre as per Regulation 23 which will include oversight of staff mandatory and professional development training needs.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Member of Senior Nursing Management team has devised a fortnightly supervision and on-site review of the centre including a comprehensive audit on the capacity and capability regulations using the Self-Assessment Framework on HIQAs Assessment Judgement Framework in tandem with The Health Act 2007. A Quality Improvement Plan (QIP) will be developed to include the development of robust structures and processes to ensure all documentation is easily accessible to staff. A schedule of documentation for shared learning will also be devised for staff safety pause at handovers to promote knowledge and staff understanding of same. Further training in management skills to be completed by the PIC.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Storage in the storage area at rear of the property was reconfigured, wheelchairs and hoist were relocated to this appointed storage area on 28/04/2025</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: IPC refresher training has been completed by outstanding staff members. New storage area identified for the storage of mop buckets and mop heads in the sheltered canopy at the rear of the house. House to be assessed for the implementation of a flat mop system. IPC informed of non-compliance and an audit from IPC team will be completed. A review of the storage of documentation will be completed and will form part of the bi-weekly meetings with the Senior Nursing Team.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: As per report, information was submitted following Inspection confirming that medication had been prescribed, and stock had been completed.</p> <p>A weekly audit will be devised for the PIC to complete to promote effective governance and oversight of Medication practices which will be included in the biweekly meetings with Senior Nursing Management as per regulation 23. Weekly audit will be devised by 30/05/2025 to ensure discontinued medication is stored separately and returned in a timely manner.</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, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/05/2025
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	28/04/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Not Compliant	Orange	20/06/2025

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	06/06/2025
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as	Substantially Compliant	Yellow	30/05/2025

	medicinal products in accordance with any relevant national legislation or guidance.			
--	--	--	--	--