



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

Issued by the Chief Inspector

Name of designated centre:	Ballinamore House Nursing Home
Name of provider:	Raicam Holdings Limited
Address of centre:	Ballinamore, Kiltimagh, Mayo
Type of inspection:	Unannounced
Date of inspection:	15 November 2022
Centre ID:	OSV-0000317
Fieldwork ID:	MON-0037264

About the designated centre

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

Ballinamore House Nursing Home is registered to care for 40 male and female residents who require long-term care or who require care for short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located in a rural setting a short drive from the town of Kiltimagh in County Mayo. It is a large period house that has been converted for use as a nursing home. Bedroom accommodation consists of 20 single rooms, 2 double rooms and four rooms that accommodate four residents. There are four sitting areas where residents can spend time during the day. Other facilities include a dining room, visitor's room, kitchen and reception area. There is stair lift access between floors.

In the statement of purpose the provider describes the service as aiming to provide a high standard of care in accordance with evidenced based practice and to provide a living environment that as far as possible replicates residents' previous life style and ensures residents live in a comfortable, clean and safe environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 November 2022	10:30hrs to 19:30hrs	Leanne Crowe	Lead
Tuesday 15 November 2022	10:30hrs to 19:30hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were supported to enjoy a good quality of life supported by a team of dedicated staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and their life in the centre.

Inspectors were met by the person in charge who guided them through the required COVID-19 infection prevention and control measures, including completion of hand hygiene and symptom monitoring. Following an introductory meeting, inspectors walked around the centre with a director of the registered provider, where they met and spoke with residents and staff. The inspectors observed that some residents were relaxing in the reception area while other residents were sitting in the communal areas, watching television or chatting. Residents with high support needs spent time in the quieter sensory room on the first floor.

Ballinamore House Nursing Home is registered to care for male and female residents with a range of dependencies and needs. There were 34 residents living in the centre on the day of this inspection. Located in a rural setting a short drive from the town of Kiltimagh in County Mayo, the centre is a large period house that has been converted for use as a nursing home. The centre was found to be well-lit and warm and the environment was homely and comfortable. Inspectors noted that the provider had completed a programme of building works to the premises since the previous inspection. Inspectors' viewed a number of new bedrooms which were spacious and finished to a high standard. New and existing bedrooms were personalised with items of significance, such as family pictures and soft furnishings. The bedrooms were laid out to ensure there was suitable storage space for residents' clothing and personal items. Bedrooms were brightly painted and cleaned to a good standard. Inspectors also viewed a new kitchen located on the ground floor and found it to be clean, spacious and well equipped.

There are a variety of communal areas for residents to use on the first floor consisting of a sensory room, a sitting room and large reception area. Inspectors observed a large open plan sitting room with dining area on the second floor. This sitting room was brightly painted and had been arranged into a number of smaller seating areas with television points, affording residents choice of viewing. The dining area was bright and had been arranged opposite an open service counter, operated by staff. Residents were seen to frequent this area often throughout the day, chatting to staff and inspectors observed residents could avail of snacks and drinks regularly.

The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors to maintain residents' safety and independence. Inspectors observed that residents who required assistance with mobilising were well supported by staff.

Inspectors viewed a well maintained enclosed courtyard, which was decorated with wall murals and colourful hanging baskets. Although not in use on the day of inspection, residents also had access to a garden area at the front of the centre. This area had seating and offered views of the river and surrounding countryside.

Overall, the premises was well maintained. However inspectors found that some floor tiles were damaged in the reception area, and these were in need of repair. Additionally, some improvements were needed to ensure that there was adequate storage space for resident assistive equipment, such as hoists.

Inspectors observed the staff interacting with residents during the inspection. Residents called the staff by name and were seen to be relaxed and comfortable in their company. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Staff used these opportunities to engage with residents and were overheard having polite and pleasant conversations.

Staff followed infection control guidelines in relation to the use of PPE (personal protective equipment) and hand hygiene throughout the inspection. Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along corridors for staff use.

The next two sections of the report present 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 service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 and to determine if an application to remove Condition 5 of the designated centre's registration could be progressed. This condition related to the reconfiguration of the physical environment. The inspectors found that extensive works to the building had been completed to a high standard, which would positively impact the residents' quality of life.

The provider of the designated centre is Raicam Holdings Limited. The person representing the provider entity worked full-time in the centre and was involved in the day-to-day management of the centre. There was a clearly defined management structure in place, which comprised the centre's person in charge and the person representing the provider entity. They were supported by a team of nurses, health care assistants, activity, catering, domestic and maintenance staff. Staff were clear about reporting structures and had the information they needed to carry out their work safely and effectively.

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. A sample of these audits were reviewed and were seen to assess compliance, identify areas of improvement and set out actions to address these issues.

There was evidence that meetings with staff and the management team took place to review clinical and operational data and communicate key information. Records of these meetings were maintained and detailed the attendees and the items discussed. The person in charge and the person representing the provider entity also met on a weekly basis for management meetings as well as quarterly for quality meetings.

An annual review of the quality and safety of the service had been developed. This included an overview of the service, a quality improvement plan and residents' feedback on the service they received.

The staff on duty on the day of the inspection was reflected in the rosters provided for review.

There was a training programme in place for staff, which included mandatory training and other areas to support provision of quality care. Inspectors found that staff had completed training in the areas required by the regulations, as well as training in topics such as restrictive practice, cardiopulmonary resuscitation (CPR) and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The provider acted as pension agent for a small number of residents and had procedures in place to manage this. There were appropriate records maintained in relation to all transactions.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to remove Condition 5 from the registration of the designated centre had been submitted by the provider. All of the required documents had been submitted with this application.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, there were sufficient staff on duty to meet the assessed needs of the 34 residents who were living in the designated centre. As part

of a recent application to vary conditions of the centre's registration, the provider had submitted a staffing strategy for any increase in admissions.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by inspectors demonstrated that all staff were up to date with training in fire safety, moving and handling practices and the safeguarding of residents.

There were systems in place for the supervision and support of all staff.

Judgment: Compliant

Regulation 21: Records

There was some improvement required in relation to the completion of Schedule 3 records:

- Staff were not consistent in documenting records of episodes of responsive behaviours experienced by a small number of residents. This included the triggers for those behaviours, the de-escalation and supports that were implemented by staff at the time of the behaviours and the effectiveness of those de-escalation techniques. As a result, inspectors were not assured that the residents' responsive care plans were being implemented in full. In addition, the inconsistency in recording these events meant that the effectiveness of the care plan in place could not be appropriately monitored by nursing staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, inspectors found that the oversight of environmental and other risks were well managed by the provider. However, the oversight and management of complex safeguarding issues required improvement to ensure that any ongoing risks were dealt with effectively.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A revised statement of purpose had recently been submitted to the Chief Inspector, which met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

While, notifications were submitted within the specified time frames and as required by the regulations, quarterly reports submitted to the Chief Inspector prior to the inspection did not include the following;

- The use of environmental restraint such as key coded doors.
- The use chemical restraint such as 'prn' (as needed) psychotropic medication.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that residents were content living in the designated centre. Residents received a good quality service and they had opportunities to engage in a variety of meaningful social activities each day that enriched the quality of their lives and well-being. However some improvements were required to ensure that the quality and safety of care being delivered to residents was consistently managed to ensure the best possible outcome for residents. In particular, actions were needed to bring care planning, health care, safe guarding, fire safety and infection prevention and control into full compliance.

The provider had completed significant works to the building since the last inspection, including the refurbishment of several communal rooms and bedrooms, as well as extending the premises to provide additional accommodation to residents. The upgraded facilities included a large new kitchen, refurbished dining room, sitting room and reception areas as well as the addition of a number of new bedrooms. These works also reduced the number of multi-occupancy bedrooms and improved the accessibility of the premises through the installation of a passenger lift between the various floors.

The inspectors reviewed a sample of resident files and found evidence that resident's assessments were completed within 48 hours of admission to the centre, in line with regulatory requirements . There was good evidence that residents' needs were comprehensively assessed and their risk of deterioration was regularly monitored using validated assessment tools including risk of falls, malnutrition, pressure related skin injury and dependency levels. These assessments informed residents' care plans in line with their preferences and wishes. However, the documentation of nursing assessment and care planning required review to ensure that the assessments and care plans were up to date and provided accurate information for staff to follow when giving care. For example inspectors found that the documentation to inform wound care was inconsistently completed and did not reflect an evidence based approach to care. This posed a risk that pertinent information regarding wound care procedures would not be communicated between staff.

Residents' medical needs were met through timely access to their general practitioner (GP). Residents had access to chiropody, dieticians, speech and language therapy and opticians. Residents were supported to attend out-patient appointments as required. Inspectors were concerned that there was limited access to some allied health professional services which could result in poor outcomes for some residents. For example, residents who required tissue viability nurse specialist review could not obtain these services in a timely manner. This is discussed further under Regulation 6, Health Care.

Residents were supported to engage in meaningful social activities in the centre that met their interests and capacities, such as exercise, live music and art. Residents were also supported to attend regular group outings to afternoon tea and areas of local interest.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were regularly convened and there was evidence that issues of concern raised by residents were generally progressed. Residents had access to local and national newspapers, televisions and radios.

A small number of residents experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Although, these residents were well supported, their care and support documentation required improvement to ensure the levels of care and support provided were effectively communicated among the staff team.

While staff demonstrated commitment to minimal restraint use, not all practices and procedures were in line with national restraint policy guidelines. This is discussed under Regulation 7, Managing behaviour that is challenging.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Measures were in place to safeguard residents from abuse and residents confirmed

they felt safe in the centre. However, the safeguarding plan in place in relation to an identified safeguarding risk to a resident was not sufficiently detailed or up to date to guide staff. This is discussed under Regulation 8, Protection.

Regulation 11: Visits

Visits were being facilitated in line with the regulations and as a result residents were able to meet with their visitors and families in line with their wishes.

Judgment: Compliant

Regulation 17: Premises

While the majority of the premises was in a good state of repair and met the needs of the residents, the following areas required improvement:

- Some floor tiles in the reception area were cracked or chipped. The management team stated that there was a plan being developed to repair the flooring, which required specialised work to be carried out
- The provision of suitable storage for large assistive equipment, for example, some equipment was being stored on corridors at the time of the inspection
- Three of the newly furnished bedrooms did not have lockable storage space available for the residents occupying those rooms.

Judgment: Substantially compliant

Regulation 27: Infection control

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

- Residents' toiletries were being stored in a communal bathroom which posed a risk of cross contamination
- Equipment and boxes were seen stored on the floor of some storage rooms, this meant the floor surfaces in these rooms could not be adequately cleaned
- In a small number of residents' en-suite toilets, storage boxes used for continence wear were not closed correctly to ensure that the products were kept clean and dust free
- Residents had individual hoist slings and repositioning aids, However a number of these items of equipment were being stored closely together and

- were overlapping, which increased the risk of cross-contamination
- Clean linen trolleys were stored in communal bathrooms when not in use, and this posed a risk of cross-contamination
- An equipment drying rack had not been fitted in one sluice room, the management team assured inspectors this was in progress.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors observed that one of two oxygen cylinders being stored in store room was not adequately secured in place. Additionally, this room was not suitably ventilated.

Inspectors requested that a fire drill simulating night duty staffing levels be completed, so that the provider could be assured that they could carry out a compartment evacuation in a timely manner in the event of a fire emergency at night. Evidence of this was submitted following the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of assessments and care plans and found that they did not meet the requirements under Regulation 5. For example:

- In relation to wound care, there were sporadic clinical measurements documented in a wound assessment chart for one resident and the efficacy of the treatments being used was not recorded in the wound assessment and care plan for another resident. This made it difficult to monitor if the wound care measures were effective or required review
- Two types of pressure ulcer risk assessments were completed for residents, which resulted in conflicting scores. As a result there was a risk that residents' pressure care needs would not be identified and appropriately met
- A mobility care plan for a resident with impaired mobility did not detail the equipment required to transfer the resident. As a result staff did not have sufficient information to ensure the correct equipment was used and that the resident was transferred safely in line with their care plan.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors were not assured that one resident who had a slow healing, complex wound had timely access to a tissue viability nurse specialist.

Additionally, inspectors were not assured that the resident moving and handling techniques which being used to transfer a resident with impaired mobility were in line with professional expertise.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The restraints practices in place in the centre did not reflect national guidance and did not ensure that restraints were used in the least restrictive manner and for the minimum amount of time required. This was evidenced by:

- Residents' ability to move between the various floors and outside spaces in the designated centre was restricted as a key code was required to unlock the doors to the lift and stairs area. Additionally, a key code was required to access the courtyard. These arrangements placed restrictions on residents' freedom of movement and their choice to access certain resident areas including outside space without the support of staff
- Although risk assessments for the use of restraints such as bed rails were completed, the alternatives trialled or considered prior to implementing the restrictive equipment were not documented
- Records reviewed did not include the length of time restrictive equipment was to be in place with each resident and how this might be reduced.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors found that the safeguarding care plan in place for one longstanding safeguarding concern in the centre was not up to date and did not effectively address the more recent developments and potential risks associated with the concern. As a result, inspectors found that the provider needed to take further actions to ensure that all reasonable measures were put in place to protect residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was a programme of activities in place that reflected the interests and capacities of residents. Residents were supported to exercise their political and religious rights. Residents had access to radio, television and newspapers and to the Internet. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis.

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 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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballinamore House Nursing Home OSV-0000317

Inspection ID: MON-0037264

Date of inspection: 15/11/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The centre has for many years used the ABC tool and found it beneficial. Staff have been spoken to particularly new staff about the importance of using the charts and documenting all behaviours and have been re-educated about the importance of good record keeping.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: In regard to oversight within a rather complex safeguarding issue. A revised advanced action plan to address any situation that may arise was updated and put in place immediately after the inspection. The service provider also continues to liaise with the safeguarding team and has kept the Chief Inspector informed of the situation as it progresses</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	

The quarterly reports will include more in-depth information particularly around the areas identified.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- . The tile in the reception area has had first fix done and awaiting plasterer to complete as this is a listed floor so the color or finish has to be exact but it does not present as a trip hazard
- .The hoist has been temporarily repositions while waiting for extra power point to be installed.
- .The three lockers have been removed by the manufacturers and fitted with the locks and returned

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

1. Residents not in ensuite bedrooms have individual toiletries within their own rooms which are taken with them when showering. The toiletries left in the bathroom on the day of the inspection was disposed of and staff were reminded of the importance of returning these items to the resident room.
2. Signage has now been placed on containers in ensuite to remind staff to ensure these are shut when not in use.
3. All residents in the building do have individual slings for their personal use that are kept with them in bags. The slings hanging up where two full slings which were not in use but these were removed off the floor immediately.
4. A storage rack has been fitted within the new sluice area.
5. Linen trolleys will be removed off the floor when not in use
6. Shelving is being sourced for these areas and we have already cleared a lot of the equipment being stored here to eliminate the issue around the floor clearance for cleaning

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: This particular store room does not have a window but does have a extractor fan system in operation. The particular oxygen cylinder in question has been returned to the company and been replaced with by one with a stand. We also have 4 oxygen machines in the building.</p> <p>We have commenced our yearly fire training for 2023</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ol style="list-style-type: none"> 1. Staff have been instructed to maintain correct and accurate wound assessment charts and care plans to ensure the plan of care is clear for all nursing staff. 2. We have removed one of our pressure area assessment forms to avoid any conflicting scoring. 3 After discussion going forward with our mobility care plans, we are ensuring the equipment needed for transferring is listed within the care plan and that this information is then reflected onwards in the mobility charts in the resident's room. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Centre has accessed, and has utilized the tissue viability nurse via the nutritional supplement company. They are based in Dublin so the process of liaising with them is through a referral form accompanied by photographs of the particular wound, a telephone consultation followed by a written direction in what to use is also emailed to us within 3 days of the referral (often sooner).</p> <p>The moving and handling techniques of a resident with several complex needs was discussed with the MDT including our Physio and we sort advice from a company in the UK who specialize in the resident's particular needs and we have obtained a specific sling for their use. This will be reviewed within her mobility care plan going forward.</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> . There is one keypad in the building that can be considered restrictive as it prevents entry to the main stairwell. This stairwell goes from the top of the house to the basement and is part of the fire stairwell around the lift so it is made of concrete. After carrying out a risk assessment it was decided it was appropriate as it manages the known risk in the least restrict manner. Residents have full movement around the building accompanied by staff. The communal garden will of course have full access in warmer weather . The alternatives for bedrails will be documented in the restraint assessment form . Within the restraint review forms it is documented that bedrails are to be used when resident is in their beds but this will be added to their assessment form 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The safeguarding action plan was updated the immediately after the inspection. Further guidelines were put in place and the provider meets with the safeguarding officer whom has been involved with the resident for many years at home and the NOK.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	05/01/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	16/11/2022
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	Substantially Compliant	Yellow	19/12/2022

	effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	23/02/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	23/11/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/01/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional	Substantially Compliant	Yellow	28/01/2023

	of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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	28/01/2023
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	28/01/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in	Substantially Compliant	Yellow	18/11/2023

	a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	18/11/2023