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:	Ballinderry Nursing Home
Name of provider:	Ballinderry Nursing Home Limited
Address of centre:	Ballinderry, Kilconnell, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	19 May 2025
Centre ID:	OSV-0000318
Fieldwork ID:	MON-0047136

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

How we inspect

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
Monday 19 May 2025	20:10hrs to 22:50hrs	Rachel Seoighthe	Lead
Tuesday 20 May 2025	09:45hrs to 16:50hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed over an evening and a day. There were 41 residents accommodated in the centre on the days of inspection, and there was one vacancy.

On the first evening of the inspection, the inspector was welcomed to the centre by the nurse in charge. Following a short introductory meeting, the inspector walked through the centre, giving an opportunity to meet with residents and staff. Two members of the senior management team returned to the centre when staff notified them that the inspection was in progress. The person in charge facilitated the second day of the inspection.

Ballinderry Nursing Home is a family owned and operated centre, located in the village of Kilconnell, Co. Galway. The designated centre was a purpose built, single-storey building, registered to accommodate to a maximum of 42 residents, with a range of dependencies and needs.

On the walk around of the centre, the inspector spent time chatting with, and observing residents in their bedrooms, and in communal sitting rooms. A small number of residents were seen relaxing in the reception area. The inspector was informed that there was nurse and two care assistants on duty, to care for 41 residents living in the centre. The night-time medication round commenced at ten minutes past 8pm, and at this time, care staff were observed assisting some residents who wished to retire to bed, while supporting other residents with their individual care needs. The inspector noted that many residents required the assistance of two staff for their transfer and repositioning needs. The inspector observed that the staffing arrangement did not allow for the consistent supervision of the communal rooms, as there were many occasions where staff were required to support residents in other areas of the centre.

The inspector noted that a resident with complex care needs, who required high levels of supervision mobilised independently around the communal areas, reception and corridors without staff support, as staff were providing care in resident bedrooms.

The inspector observed two occasions where residents could not retire to bed as care staff were supporting other residents with their repositioning needs. The night time medication round was also observed to be interrupted on several occasions, as the nurse on duty was required to attend to residents care needs.

On the second day of the inspection, the atmosphere in the centre was calm, and residents appeared to be content in the company of staff. The accommodation in the centre consisted of single and shared bedrooms, some with ensuite facilities. Resident bedrooms were generally clean, and decorated with personal memorabilia, such as photographs, personal items and soft furnishings. Televisions and call bells

were provided in all bedrooms. There were a variety of communal rooms for residents to use, including two communal sitting rooms, a dining room, a chapel, and a designated smoking room. Outdoor communal areas included an enclosed courtyard garden, which was accessible via a communal sitting room.

There was constant activity in the reception area and residents were seen spending time here, chatting together and with staff, and observing the comings and goings of others. Some residents took part in activities throughout the afternoon of the inspection, which included a quiz and a game of bingo. Throughout the inspection, staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Some residents required greater time and support to mobilise and staff provided this support in a gentle manner. A number of residents told the inspector that staff were kind and they were happy with the quality of the service received. The inspector heard positive comments such as 'this place is great' , 'I feel safe' , 'we are safe as houses' and 'they are very good to us'.

On the walk through the premises, the inspector noted that the centre provided a homely environment for residents. However, they observed that the décor, including wood finishes and paintwork was showing signs of minor wear and tear, in some resident bedrooms. The provider had installed an external housekeeping room since the previous inspection. However, the inspector observed that there was no running water, janitorial or hand wash sink in the housekeeping room, for preparation of cleaning trolleys, equipment and hand hygiene. The floor surface was unfinished and cleaning equipment and supplies were being stored on the floor. Sluice facilities were available however, the inspector, noted the inappropriate storage of resident equipment in this room.

Information regarding advocacy services was displayed in the reception area of the centre and the inspector was informed that residents were supported to access this service, if required.

Visitors were observed being welcomed into the centre throughout the inspection. Residents met with their friends and loved ones in their bedrooms or communal rooms.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection following the receipt of solicited information, and to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended. The inspector also followed up on a compliance plan submitted

by the registered provider, following the previous inspection in May 2024, which identified non-compliance in relation to individual assessment and care planning, residents' rights, premises, infection control, fire precautions, training and development of staff, records, notification of incidents, and governance and management. This inspection found that the provider had not fully implemented this compliance plan.

This inspection found significant non-compliance in relation to staffing, care planning, and governance and management. Following this inspection, the provider was required to submit an urgent compliance plan to the Office of the Chief Inspector, to ensure that;

- the staffing structure in place would support the nursing interventions required to care for residents, particularly at night-time where staffing levels are reduced, and there may be a requirement for nursing staff to respond to the acute nursing care needs of one or more residents.
- pre-admission assessment systems were effective, and that up-to-date information relating to the end of life pathway for all residents was established and recorded fully in each resident care plan.
- the procedure to be followed in relation to the sudden deterioration in a resident's condition was reviewed and communicated to all staff.

The urgent compliance plan response submitted by the registered provider was accepted by the Chief Inspector.

Ballinderry Nursing Home Limited is the registered provider of Ballinderry Nursing Home. The company is comprised of two directors who were involved in the day-to-day operations of the centre, with one director working as the general manager. The person in charge was supported by an assistant director of nursing and a clinical nurse manager. A team of nursing staff, health care assistants, housekeeping, catering, activity and maintenance staff made up the staffing compliment. There were deputising arrangements in place, in the absence of the person in charge.

This inspection found that the provider failed to have sufficient staffing resources to ensure the effective delivery of care, in accordance with the statement of purpose for the centre. A review of the staffing rosters evidenced that there were inadequate levels of nursing staff in the centre. Furthermore, the registered provider did not ensure that the number and skill mix of staff working in the centre at night-time was appropriate, having regard for the number of residents living in the centre. One staff nurse was rostered to provide care for up to 42 for residents at night-time, with the support of two health care assistants. This staffing structure did not support the interventions required to assist residents with their care needs, supervise healthcare assistants and administer medications in a timely manner. This staffing structure did not ensure that the safety of all residents could be maintained, in the event of an adverse incident in the centre.

There was a training programme in place for staff, which included mandatory training and other areas to support the provision of care. Training records confirmed that staff were facilitated to attend training in fire safety, manual handling

procedures and safeguarding residents from abuse. However, the system in place to supervise staff was not effective as evidenced by a review of nursing documentation. For example, residents' care planning records were not adequately completed to inform staff of residents' care and support needs. This is detailed further under Regulation 16: Training and development.

There were management systems in place, however these were not robust. Pre-admission assessment systems in place failed to ensure that up-to-date information relating to the hospital transfer status, resuscitation status, and end of life pathway for residents was consistently recorded. Incident management systems were also ineffective, as there was limited analysis of multiple incidents, to identify the factors and possible learnings from these events, and therefore minimise the risk of repeated occurrences. A review of some incident reports demonstrated that 23 incidents which had occurred over the previous three months were not appropriately documented. There was no record of an analysis or trending of these incidents to facilitate the implementation of corrective measures, in order to prevent similar incidents from occurring. This is repeated finding from a previous inspection. Furthermore, a quality improvement plan, which was developed following a serious incident, was not implemented at the time of inspection.

A review of the complaints records found that complaints were not managed in line with the requirements of Regulation 34. For example, records demonstrated that while the management followed up on issues raised, all the information required was not routinely recorded, for example, records of investigations were not included in several complaints reviewed.

A review of a sample of the contract for the provision of services in place for residents found that several residents who were admitted to the centre on a short-stay basis did not have a contract of care in place.

A review of record management found good practice in relation to the management of staff files, which contained all of the requirements as listed in Schedule 2 of the Regulations.

A directory of residents was maintained by the registered provider, however, it did not include all of the requirements of Regulation 19.

An annual report on the quality of the service had been completed for 2024 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team. However, it did not contain a quality improvement plan.

Regulation 15: Staffing

There was insufficient staffing levels to meet the needs of residents. This was evidenced by periods of time, observed on the first evening of the inspection, when there were inadequate staffing levels to meet residents' needs in a timely manner.

This particularly related to nursing staff with regards to the administration of medications, provision of direct care, and the supervision of care delivery.

An urgent compliance plan was requested, to provide assurances that the staffing structure in place will support the nursing interventions required to care for residents, particularly at night-time where staffing levels are reduced.

Judgment: Not compliant

Regulation 16: Training and staff development

The system in place to supervision staff was not effective. This was evidenced by:

- Inadequate oversight of nursing documentation. For example, residents' care planning records were not adequately completed to inform their care and support needs.
- Care staff could not be supported and supervised in the evening and night time due to inadequate levels of nursing staff.

Judgment: Substantially compliant

Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements. For example;

- Information specified in Paragraph 3(h) of Schedule 3 was not entered into the directory as follows; details regarding a resident death were not recorded and records of transfers to acute hospitals were not recorded for two residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that the staffing resource was sufficient to provide care and services, in line with the centres' statement of purpose:

- A review of staffing in the centre found that the nursing resources available were not in line with the centres' statement of purpose.

The management systems in place did not ensure that the service was safe and consistent. This was evidenced by:

- The pre-admission assessment process lacked oversight. Pre-admission assessments were not comprehensive, which meant that key areas of clinical need were not identified before the resident was admitted. As a result, nursing staff did not have the most up-to-date information in relation to residents' end of life care needs and preferences.
- Insufficient analysis of adverse incidents to inform quality improvement. There were 23 three open incidents logged on the electronic record system, the majority of which related to residents falls. While these incidents were reported, there was limited analysis of the contributory factors, to facilitate the implementation of corrective measures, in order to prevent similar incidents from occurring. Furthermore, an investigation into an adverse incident concluded that established protocols and procedures, and the centre's emergency response plan were not implemented effectively by staff. However, the emergency response plan and protocol and procedures referenced, were not available to staff on the day of inspection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The provider had not agreed in writing, with each resident who attended the centre, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident. For example, residents admitted to the centre for a short-stay period had not been offered a contract of care, regarding the terms on which they would reside in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector found that complaints management was not in line with regulatory requirements or the centres' own complaints policy. For example:

- Although the majority of complaints were closed out, and the complainant satisfaction levels were recorded, records of investigation was not available for several complaints reviewed.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the interactions between residents and staff were kind and respectful throughout the inspection. Resident's reported that they felt safe and they were satisfied with the care received. However, the inspector found that individual assessment and care planning, premises and fire precautions did not meet the requirements of the regulations.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken to ensure that the centre could provide appropriate care and services to the person being admitted. However, the inspector found that some pre-admission assessments were not completed fully and they failed to ensure that nursing staff had up-to-date information to inform care plans relating to the hospital transfer status, resuscitation status, and end of life pathway for all residents. As a result, some care plans lacked detail and this did not ensure that the residents personal and health care needs would be adequately met. Furthermore, some care plans did not contain the most up-to-date information in relation to residents' nutritional care needs. This posed a risk that the most up-to-date guidance for the care of these residents was not available to all staff. This is detailed further under Regulation 5: Individual assessment and care planning.

Overall, the premises was clean and well-maintained. The design and layout of the centre met the needs of the residents.. However, wall surfaces were scuffed in a small number of resident bedrooms and the floor surface in the house-keeping room was unfinished. Additionally, resident equipment being was stored in the centre's sluice room. Further findings are described under Regulation 17: Premises.

The provider had a number of measures in place to ensure that residents were protected in the event of a fire emergency. These included regular servicing of fire safety equipment and regular checks of means of escape to ensure that they were not obstructed. However, the inspector observed that adequate precautions were not in place in all areas. For example, fire detection was not provided in an external storage shed and fire alarm service records for the previous quarter were unavailable to view on the day of inspection. These findings are detailed further under Regulation 28: Fire precautions.

Residents had access to medical and healthcare services. Residents were reviewed by their general practitioner (GP) as required or requested. Systems were in place for residents to access the expertise of health and social care professionals, when required.

The procedure to safeguard residents was underpinned by a safeguarding policy that provided guidance and support to staff on the appropriate actions and measures to take to protect residents should a safeguarding concern arise. Staff were facilitated to attend safeguarding training. The provider did not act as a pension agent for any residents.

Advocacy services were available to residents, and there was evidence that residents were supported to avail of these services, as needed. Residents had access to religious services and resources, and were supported to practice their religious faiths in the centre. There was a chapel for resident use and mass was held monthly in the centre. There was an activity schedule in place which included bingo, games, art and live music. Residents' views on the quality of the service provided were sought through satisfaction surveys. Resident meetings were held regularly and agenda items included services, food and activities. A newsletter was produced quarterly, and displayed in the main reception, for resident information.

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

Regulation 11: Visits

There were flexible visiting arrangements in place, with visitors observed attending the centre throughout the day of the inspection.

Judgment: Compliant

Regulation 17: Premises

The following issues were identified which were not in line with Schedule 6 of the regulations:

- Paintwork on the wall surfaces and skirting boards in some resident bedrooms was chipped and scuffed, and some floor surfaces were worn.
- There was no running water, janitorial unit or hand wash sink available in the external housekeeping room.
- The floor surface the external housekeeping room was unfinished and could not be effectively cleaned.
- There was poor ventilation in one toilet which resulted in malodour.

There was insufficient suitable storage space in the designated centre. This was evidenced by:

- The inappropriate storage of equipment such as shower chairs and commodes in the sluice room, increasing the risk of infection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' records found that some individual assessment care plans did not meet the requirements of Regulation 5.

A comprehensive assessment of need was not always completed, and consequently, appropriate care plans were not developed. For example:

- A nutritional assessment was not completed for a resident who was identified by the management team as being at risk of weight loss, consequently a care plan was not developed to guide staff on the most appropriate interventions to support the residents nutritional needs.
- End of life care plans were not developed for all residents in the centre. This did not ensure to ensure that nursing staff had the most up-to-date information in relation to residents' end of life care needs and preferences. This posed a risk that end of life care interventions would not be communicated to all staff, and implemented.

Care plans were not reviewed following a change in a resident's health status, or assessed need as required under regulation 5. This was evidenced by:

- The nutritional care plan for a resident who returned from hospital with weight loss was not reviewed or updated. This did not ensure the care plan contained the most up-to-date information, to direct staff regarding the interventions required to ensure the residents nutritional needs were met.
- A nutritional care plan for a resident who declined nutritional supplementation was not reviewed, to direct staff regarding an alternative intervention, which was prescribed the residents general practitioner.
- Care plans were not always updated when there was a change in a residents condition. For example, following a fall, where a reassessment of need found that the residents' risk of falling had increased.

Judgment: Not compliant

Regulation 6: Health care

Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals such as physiotherapy, dietitian and speech and language therapy, as required.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to ensure residents were safeguarded from risk of abuse and the procedures to be followed by staff were set out in the centre's policies. All staff were facilitated to attend safeguarding training.

Judgment: Compliant

Regulation 28: Fire precautions

The provider did not have adequate precautions against the risk of fire in place. For example:

- There was no fire detection in an external house-keeping room which contained supplies of cleaning chemicals and equipment.

The registered provider did not make adequate arrangements for maintaining of all fire equipment. For example:

- Fire alarm service records for the previous quarter, were unavailable to view on the day of inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Ballinderry Nursing Home OSV-0000318

Inspection ID: MON-0047136

Date of inspection: 20/05/2025

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 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	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:

An immediate review was conducted of current staffing levels to ensure an appropriate number staff are in place at night to meet residents' needs, providing supervision and support, and enabling a prompt response to residents in an emergency.

An additional Registered Nurse will be appointed to twilight shift 20:00-2:00am.

The additional Registered Nurse during peak evening hours will supervise and support HCAs, ensuring that delegated tasks are carried out to a high standard. This also supports quality assurance and the ability to rapidly respond to resident needs.

The twilight Registered Nurse will assist with all medication rounds between 8:00 pm and 10:00 pm, ensuring medications are administered safely and in a timely manner, in line with residents' prescribing schedules.

With two Registered Nurses present until 2:00am, the centre is better prepared to manage resident emergencies (falls, sudden deterioration of a resident) and to ensure timely escalation or medical intervention if required.

In the event of sudden illness of the rostered night nurse, the presence of the twilight Registered Nurse on-site allows for immediate continuity of care.

The revised staffing ensures that, if there is an adverse incident affecting one or more residents (clinical deterioration, acute illness), there is adequate supervision of residents to respond, manage, and escalate care when required.

Weekly and monthly review of incident logs, medication errors, staff and resident feedback will guide ongoing assessment of staffing adequacy and highlight any further adjustments needed.

Monthly audits on night-time care records, incident logs and clinical areas are being conducted to ensure a good standard of care.
Weekly governance review meetings are being held to monitor high-risk residents, emergency incidents and documentation audits.
Monthly audits of care plans are conducted to ensure residents' preferences and care are up-to-date and holistic. With a specific focus on reviewing and updating end-of-life pathways for all residents. The resuscitation status of each resident will be documented in their individual care plan. Regular reviews are conducted to keep this information up-to-date, reflecting any changes in residents' wishes or clinical condition.

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 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

The revised staffing of two nurses available during the evening allow for more attentive, person-centred support for each resident, particularly for those with complex needs or increased supervision requirements.

With both the regular and twilight nurses present, medication rounds from 8 pm can be completed more efficiently and safely in timely manner, reducing the risk of delays or errors.

The twilight shift nurse provides oversight and support to healthcare assistants, ensuring delegated tasks meet quality standards and immediate guidance is available.

The twilight nurse will be able to work flexible hours if there are concerns about a resident's deterioration. This flexibility allows the twilight nurse to provide additional assistance and support effective teamwork with the night nurse, ensuring residents receive appropriate care during periods of increased care needs.

1:1 training refresher sessions have commenced for all nursing staff on proper documentation practices and the importance of accurate, timely records. This training includes guidance on how to structure a holistic care plan and nursing documentation. 12/8/2025
Monthly audits will be conducted on care planning records to ensure that they are completed in full and reviewed. Feedback and corrective action plans will be developed for any areas that need improvement.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

An audit of the directory will be conducted to identify and rectify missing information, including details of residents' deaths and hospital transfers. 15/7/2025
A section on our admissions and hospital transfers checklist will be updated to ensure that all necessary information is included in our directory. All residents' deaths will be documented in the directory and this will be reviewed quarterly.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

A comprehensive staffing needs assessment was conducted, taking into account resident dependency levels and peak care periods.

A Registered Nurse has been employed and rostered on to ensure staffing levels are now aligned with the centre's statement of purpose.

An emergency response protocol and policy have been developed to ensure correct procedures are followed by all nursing staff regarding actions to be taken when a resident deteriorates. These are included in our emergency plan. 23/5/2025
Laminated flowcharts that outline protocols and procedures to be followed in the event of a deterioration of a resident are in an accessible place at the nursing station. 23/5/2025

Mandatory re-training was provided to all staff on the emergency deterioration protocols and emergency response plan, clinical escalation pathways. 30/5/2025

A standardised pre-admissions checklist has been developed, covering personal details, medical diagnosis/history, hospital transfer preference, resuscitation status, and end-of-life pathways. This is now a mandatory protocol before respite care residents are admitted. 23/5/2025
All nursing staff will be provided with a detailed pre-admission assessment, completed in full to ensure the resident's holistic care plan is accurate and includes all necessary information.
All current respite residents' records will be reviewed and audited to ensure that they are updated and completed in full.

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 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

A short-stay contract has been developed and implemented. The contract specifies the bedroom allocated and all terms and conditions of the resident's stay. Each resident (or their representative) will receive the contract before admission. Management will offer assistance to explain the terms and answer any questions. Residents (or their representative) must read and sign the contract before admission. 3/6/2025

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

All management and staff have reviewed our complaints policy to ensure that all steps of the complaints procedure are followed correctly. A full investigation will be carried out promptly for all complaints and records of investigation of all complaints are now available. 30/5/2025

Regulation 17: Premises	Substantially Compliant

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

A maintenance schedule has been put in place for all repair work to be carried out by our maintenance department. A premises audit will be conducted every month to address any issues and an action plan will be created for our maintenance department. All maintenance issues will be documented in our maintenance book and reviewed each morning.
A plumber has been organised to come and install a handwash sink in the external housekeeping room on the 12th august 2025.
An external flooring company has been contacted to install a suitable floor surface in our external housekeeping room that can be effectively cleaned and maintained. 14/8/2025
There is an hourly checklist to ensure that the extraction fan in the communal toilet is switched on at all times. The cleaning department will also ensure that the communal toilets are checked regularly throughout the day and cleaned when required.
Shower chairs and commodes will be moved from the sluice room into the equipment room. This change has been implemented to comply with infection prevention and control. A storage unit has been ordered for build to facilitate the storage of shower chairs and commodes. 20/10/2025

Regulation 5: Individual assessment and care plan	Not Compliant

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

A nutritional assessment (MUST assessment) will be completed for all residents on admission and on a monthly basis going forward or after any significant change in health status. If a resident is identified at risk of weight loss, a Dietitian referral will be completed immediately.
A nutritional assessment audit will be carried out every month to ensure that all residents have been assessed and an action plan has been put into place if a resident is identified as a risk of weight loss.
End-of-life care plans will be updated to reflect the medical needs and preferences of each resident. This includes residents on respite short stays and this has now been included in our pre-admission assessment and checklist.
1:1 training session's have commenced for all nursing staff to ensure they understand how to develop, review, and implement end-of-life care plans. A sample template has been developed to guide staff on what important information should be included such as resuscitation status, end of life preferences, appropriate treatment plans discussed with their GP and whether the resident should be for hospital transfer. 30/6/2025
All residents who return from the hospital will have a nutritional assessment to ensure that a plan can be developed if they are at risk of weight loss.
If a resident declines nutritional supplements or dietitian recommendations, an action plan of alternate options will be discussed with their GP and advice obtained from our dietitian.
A new protocol has been developed that all care plans will be reviewed and updated within 48 hours after a significant change in a resident's condition, such as following a fall. This protocol includes referring the resident to physiotherapy and advice from our GP. 1/7/2025
A nursing meeting will be held to address the importance of care planning for all residents and ensuring that care plans are updated with a focus on recognising and documenting changes in residents' conditions.
A monthly audit will be introduced by the management team to review all residents' files and verify that care plans are updated promptly after incidents. Findings from these audits will help us identify the areas that need improvement and action plans to be created.
This will be an agenda item on our monthly Governance and Management meetings.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

A fire detection alarm will be installed in our external house-keeping room by the 18th of September 2025.
A copy of the alarm services records has been obtained and is now readily available to view.

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 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.	Not Compliant	Red	26/05/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2025
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	29/08/2025
Regulation 21(1)	The registered provider shall	Substantially Compliant	Yellow	15/07/2025

	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.			
Regulation 23(1)(a)	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.	Substantially Compliant	Yellow	23/05/2025
Regulation 23(1)(d)	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	Red	26/05/2025
Regulation 23(1)(h)	The registered provider shall ensure that a quality improvement plan is developed and implemented to address issues highlighted by the review referred to in subparagraph (e).	Substantially Compliant	Yellow	19/09/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident,	Substantially Compliant	Yellow	03/06/2025

	on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	18/09/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	18/09/2025
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later	Substantially Compliant	Yellow	30/05/2025

	than 30 working days after the receipt of the complaint.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	30/09/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/09/2025