



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

Issued by the Chief Inspector

Name of designated centre:	Ballinamore Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Tully, Ballinamore, Leitrim
Type of inspection:	Unannounced
Date of inspection:	01 September 2022
Centre ID:	OSV-0005290
Fieldwork ID:	MON-0036463

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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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
Thursday 1 September 2022	10:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, feedback from residents was positive regarding their lived experiences in Ballinamore Nursing Unit. While, the inspector observed that a small number of residents enjoyed an active life pursuing their interests independently in the centre, most of the residents did not have opportunities to engage in meaningful social activities. The inspector found that there was a calm and welcoming atmosphere in the centre. The environment was spacious, bright and maintained to a high standard. Memorabilia familiar to residents was used to decorate the centre and created a homely and comfortable environment for residents. Residents praised staff for their kindness, care and support and mentioned several staff by name. The inspector found that staff knew residents well and were overheard chatting with them about their lives in the community before coming to live in the centre, their families and pet animals. All staff interactions with residents observed by the inspector throughout the day were respectful patient and kind.

The inspector observed that residents' bedroom accommodation was arranged on ground floor level in 18 single bedrooms and one twin bedroom, all with full en suite facilities. Large double width doors on en suite facilities were easily accessible to residents needing assistive equipment to support them. Residents bedrooms were spacious and many were personalised with residents' personal photographs and other items that were important to them. The inspector observed that since the last inspection, the service had ensured that residents could display their photographs and other items on a suitable shelf surface. Two communal sitting/dining rooms were located at either side of the premises and were in use by residents with communal toilet facilities located within close proximity. Residents call bells were within their easy reach and call bells were available in the sitting rooms. One of the sitting rooms had a call bell secured on a table used by residents. An adapted table that facilitated residents in assistive chairs was provided. An oratory, hair dressing salon and visitors room was also available. The visitors' room was also used by residents who liked to rest in a quieter area. Since the last inspection, the inspector observed that a hand sensor unit was fitted to the outdoor garden doors and this ensured that residents could access the outdoors independently and as they wished.

The inspector observed that most residents rested in the communal sitting/dining rooms during the day. The inspector observed that residents joined in a Mass streamed remotely from a local church. Some residents who were more independent were encouraged and supported to engage in activities that interested them. The inspector spend some time talking to one resident who had an avid interest in gardening and was observed preparing a part of the garden to plant flower bulbs while listening to a portable radio. This resident had successfully grown potatoes, cabbage, spring onions and lettuce in the outdoor garden this year and got great pleasure from supplying the kitchen with vegetables. As the weather was sunny and warm on the day of the inspection, staff facilitated this resident to eat their lunchtime meal in the garden. Another resident went one day each week to the day service adjacent to the centre and another resident enjoyed going out with their

family. One resident preferred to have their hair cut by the barber in the town and this was facilitated. The inspector saw that there was a schedule of activities that residents liked developed for each day. However, on the day of inspection, a chair exercise activity provided by an external facilitator and a quiz facilitated remotely with another centre operated by the provider did not occur. Residents in both sitting/dining rooms listened to music all day with limited social interaction between most residents. Some residents with high dependency needs slept in their assistive chairs for periods throughout the day. A staff member allocated to each of the sitting/dining rooms tried to carry out one-to-one activities such as nail care and chatting to residents but as the only staff member available had to frequently interrupt what they were doing to assist other residents in the communal rooms. One resident was observed playing a game of solitaire while another resident said they 'sometimes felt lonely'. Some other residents told the inspector that they wanted to be at home in the community and that they had 'little interest' in participating in the activities.

Residents told the inspector that they were 'well cared for' and 'wanted for nothing' but the 'days were long'. Residents said staff were very kind to them and 'nothing was a bother' for staff. One resident said that staff 'went out of their way' to make sure they were comfortable. Residents expressed their satisfaction with the food they were provided with and told the inspector that there was 'a great cook' in the kitchen and that they could get alternatives to the menu if they wished.

While walking around the centre, the inspector observed that the centre was maintained to a high standard and the environment and residents' assistive equipment was clean. However there was storage of residents' assistive equipment in the oratory and in a communal toilet/shower that was used by residents.

The inspector observed that residents' family and friends were welcomed and were visiting residents in the centre during the day of the inspection. Residents told the inspector that they felt safe and secure in the centre.

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

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

Capacity and capability

This was an unannounced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on progress with

completion of the compliance plan from the last inspection completed in December 2021 and found that the six regulations requiring action were progressed. However, further actions by the provider were found to be necessary to bring the service into compliance with Regulations 9, Residents Rights, 15, Staffing, 23 Governance and Management and 28 Fire precautions. Although, necessary actions identified from the last inspection were completed to bring Regulations 17, Premises and 27, Infection control into compliance, other areas of these regulations were found to require action on this inspection. The inspector's findings are described under the relevant regulations in this report.

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

The person in charge commenced in February 2021 and works full-time in the centre. A clinical nurse manager had been appointed in the weeks prior to the inspection and completion of this action from the last inspection ensured an improved senior clinical management structure and deputising arrangements for any absences by the person in charge.

Systems were in place to monitor the quality and safety of the service and there was good evidence of a robust auditing and follow-up system in place. The auditing system in place had identified much of the inspectors findings and actions to address the majority of the findings were in progress or completed. However, inadequate staffing resources was negatively impacting on residents' safety and quality of life and therefore, the findings of this inspection evidenced that improved oversight by the provider was necessary to ensure adequate staffing resources were provided. Although, actions were taken since the last inspection to ensure residents timely evacuation in the event of a fire in the centre, effectiveness of the measures taken was not adequately monitored and simulated evacuation times continued to be lengthy.

Since the last inspection, the provider had recruited staff nurses to vacant posts and the dependency on agency staff was reduced. This action also ensured consistency of the staff team and continuity of care for the residents. The person in charge had a system in place to monitor staff training and all staff were facilitated to complete mandatory and professional development training.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Health Information and Quality Authority as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent for some residents, and centralised procedures were in place to ensure this process was managed according to the legislation and best practice.

Records that must be maintained and available in the centre were in place, complete

and were held securely.

There was a very low number of complaints received by the service and procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy.

Residents' views were valued and they were facilitated and encouraged to feedback on all aspects of the service they received. This feedback was used to inform improvements in the service and the annual review of the quality and safety of the service delivered to residents in 2021.

Regulation 15: Staffing

The inspector found on the day of inspection, that the person in charge, two staff nurses and three care staff were on-duty until 20:30hrs. Allocation of staff did not ensure that there was adequate numbers of staff with appropriate skills to meet the needs of residents having regard to the size and layout of the centre and this impacted on residents' safety and quality of life as follows;

- The supervision needs of residents with assessed risk of falling and high dependency needs in two communal sitting/dining rooms were compromised by insufficient staff availability. This was evidenced when these residents were left alone for prolonged periods while care staff assisted other residents to the toilet and with their personal needs.
- Residents' one-to-one activities were negatively impacted as the care staff member facilitating one-to-one activities was frequently interrupted to assist other residents in the rooms.
- Adequate arrangements for replacing staff during planned leave were not in place. For example, one of two cleaning staff rostered each day was on planned leave and had not been replaced.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were supported and facilitated to attend training relevant to their role. All staff working in the centre had received up-to date mandatory training which included fire safety training and safeguarding training. Staff training included training on standard and transmission based precautions.

All staff were appropriately supervised according to their role.

Judgment: Compliant

Regulation 21: Records

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

Judgment: Compliant

Regulation 23: Governance and management

As discussed under Regulation 15, staffing resources provided did not ensure effective delivery of care to residents. This was evidenced by inadequate supervision of vulnerable residents in the communal rooms and insufficient access for residents with higher dependency needs to social activities that met their interests and capacities.

The management and oversight systems in place had not adequately address risks posed to residents' timely and safe evacuation in the event of a fire in the centre. This was a finding from the last inspection and is discussed under regulation 28, Fire precautions.

Judgment: Not compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was assessable and displayed on entry to the centre. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigations were communicated to

complainants in accordance with the centre's policy. Complainants' satisfaction with the outcome of the complaint investigation was also recorded. An appeals process was in place. There were no complaints recorded since the last inspection in December 2021 and the person in charge confirmed that there were no complaints received. Residents and their families are made aware of the complaints procedure.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Policies and procedures in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance. All policies and procedures were accessible to staff to inform their practices and procedures.

Judgment: Compliant

Quality and safety

Residents' rights were respected and their nursing and healthcare needs were met to a very good standard. Several examples of other good practices were also found on this inspection and there was a person-centred culture promoted in the centre. Residents' needs and preferences for social engagement and meaningful occupation were assessed and met for a number of residents who were less dependent on staff for support. However, this inspection found that actions were necessary to ensure the social activity needs were met for residents who needed assistance and support from staff with opportunities for meaningful social engagement in accordance with their individual interests and capacities.

Regular fire safety checking procedures and servicing of fire safety equipment was in place to ensure residents' safety. As a fire safety measure, the centre premises was divided into four compartments. There were nine residents accommodated in two compartments and one resident accommodated in the other two compartments. Since the last inspection, the provider had improved the measures in place to ensure residents timely emergency evacuation to a place of safety by rostering a third member of staff on night duty. There was evidence that this action reduced times taken to complete simulated evacuation drills. However, the evacuation drill records evidenced that further reduction in the times was necessary to mitigate risk to residents. This finding had been identified as an area needing action by the service.

There was an up to date infection prevention and control policy that provided

guidance to staff regarding standards of practice and procedures required to ensure that residents were protected from infection. Non compliances identified on the last inspection were satisfactorily addressed to completion. Although, residents assistive equipment was clean and in a good state of repair, a system to confirm that cleaning after use was completed was not in place. Staff with responsibility for housekeeping were knowledgeable regarding cleaning and decontamination procedures. Hand hygiene facilities were provided for staff throughout the centre and all clinical hand hygiene sinks in the centre met recommended standards.

Residents had access to religious services and were supported to practice their religious faiths in the centre.

Residents' needs were comprehensively assessed and accredited risk assessment tools were used to assist staff with identifying residents' needs and developing their care plans. Residents' care plan documentation clearly guided staff with providing person-centred care in accordance with each resident's individual preferences and wishes. The provider ensured that residents had timely access to their general practitioner (GP), specialist medical and allied health professionals and that they were supported to attend out-patient appointments as scheduled. Residents had good access to a physiotherapist who attended the centre twice each week. Several residents benefited from this service in terms of their improved mobility, ongoing independence and wellbeing.

Assessment of each resident's social activity needs were completed and this information informed a varied activity schedule. This inspection found that a access for residents with increased dependency needs to scheduled group activities and one-to-one activities was not assured.

Although, measures were in place to ensure residents were protected by safe medicines management procedures, administration of residents medicines practices were not informed by the some residents' medicines prescriptions and therefore was not in accordance with professional guidelines.

The layout and design of the centre met residents' individual and collective needs to a good standard. The centre was well maintained and all surfaces were intact and could be effectively cleaned.

Measures were in place to ensure residents were safeguarded from abuse at all times. A minimal restraint environment was promoted in the centre.

Residents had opportunity to be involved in the running of the centre. Residents views were valued and used to make improvements to the service as demonstrated in the records of the residents' meetings viewed by the inspector. Residents privacy and dignity rights were respected and they had access to televisions, radios, local and national newspapers and radios.

Regulation 11: Visits

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection. Residents access to their visitors was not restricted and they could meet their visitors in private as they wished.

Judgment: Compliant

Regulation 17: Premises

Adequate storage facilities were not available for residents' equipment. For example, an assistive chair was stored in a communal toilet/shower used by residents and a spare bed was stored in the oratory. This reduced the space available in these areas for residents and posed a risk of cross infection. This finding has been identified in the centre's environmental audits and a plan was in place to create an additional storage area at the back of the centre premises.

Judgment: Substantially compliant

Regulation 27: Infection control

The following required action to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- Although, assistive equipment used in the centre and examined by the inspector was clean, a system to ensure equipment was cleaned and decontaminated after each use was not in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although the provider had increased night-time staffing in the centre since the last inspection, the inspector found that further action by the provider was necessary to ensure the evacuation strategy was effective and that residents' safety was assured in the event of a fire in the centre. For example,

- simulated evacuation times were lengthy and therefore adequate assurances were not available regarding residents' timely evacuation from two fire compartments providing accommodation for nine residents in each. These evacuation timescales were reduced in a record of a repeat evacuation drill

simulating a night-time scenario with three night staff in the days following the inspection. While, timescales were reduced, this needs to be kept under review to ensure residents' safe and timely evacuation needs can be met at all times.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacist who supplied their medicines. The pharmacist was facilitated to meet their obligations to residents and they completed regular audits of medication in the centre. Medicines including medicines controlled by misuse of drugs legislation were stored securely. Balances of controlled medicines were checked by two staff nurses at work shift changeovers and were correct. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked daily.

Procedures were in place for return of unused or out-of-date medicines to the dispensing pharmacy. However, some multi-dose medicines were not dated on opening to ensure recommended use periods were not exceeded and to inform return to the pharmacy for disposal procedures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed and were regularly reviewed. Staff used a variety of accredited assessment tools to assess each resident's needs. These assessments informed residents' individual care plans and clearly directed the care interventions staff must complete to meet each resident's needs in terms of their usual routines and individual care preferences and wishes.

Residents' skin care management was carried out in accordance with best practice and as result there were no residents with pressure wounds on the day of inspection. There was a very low incidence of residents falling since the last inspection in December 2021. The information in the care plans for residents' with an assessed risk of malnutrition or dehydration specified the individual care interventions and supports these residents must be provided with to ensure their ongoing good health. Recommendations made following review by medical and allied health professionals was clearly described in residents' care plans.

Residents care plans were regularly updated and residents or their families on their behalf were consulted with regarding any changes to and reviews of their care

plans.

Judgment: Compliant

Regulation 6: Health care

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

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

These finding had been identified as needing action in the centre's medication audit.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to ensure any incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded from risk of abuse at all times. All staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Although, each residents social activity needs were assessed and a schedule of social activities was prepared, many of the residents with higher dependency needs were not facilitated with adequate opportunities to participate in meaningful social activities that met their interests and capabilities. While, some residents were supported by care staff to participate in one-to-one activities, these one-to-one

activities were frequently interrupted. The group activities scheduled on the day included a chair exercise session and a remote quiz event with residents in another centre operated by the provider did not occur. This meant that most residents did not have opportunity to participate in any group activities and spent most of the day listening to music.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	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 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ballinamore Nursing Unit OSV-0005290

Inspection ID: MON-0036463

Date of inspection: 01/09/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider will ensure compliance with regulation 15: Staffing by implementing the following:</p> <ol style="list-style-type: none"> 1. A review of the staffing complement and the supervision of residents in communal rooms have been completed. This has resulted in a review of staffing allocations. This review now ensures that a staff member is allocated to assist with activities in the communal areas. This ensures residents are not left alone for prolonged periods. 2. A review of activities being delivered in the centre has been completed. An additional person has been identified to provide activities 3 days per week under the Leitrim Development Scheme. This person will focus on residents whom require one to one activities 3. A review of the roster has taken place to ensure staff are replaced during periods of planned leave. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Registered Provider will ensure compliance with Regulation 23: Governance and management as follows:</p> <ol style="list-style-type: none"> 1. A review of the staffing complement and the supervision of residents in communal rooms have been completed. This has resulted in a review of staffing allocations. This review now ensures that a staff member is allocated to assist with activities in the communal areas. This ensures residents are not left alone for prolonged periods of time. This also ensures that resident's supervision is in place. 	

2. A review of activities being delivered in the centre has been completed. An additional person is available to provide activities 3 days per week under the Leitrim Development Scheme. This person will focus on residents whom require one to one activities

3. A review of the roster has taken place to ensure staff are replaced during periods of planned leave.

4. The Person in charge will continue to conduct simulated night time fire evacuation drills on a monthly basis. This will ensure residents safe and timely evacuations. A simulated night time fire drill was completed on the 08/09/2022. This drill was reflective of night time staffing (three staff members) and was carried out in the largest compartment of the designated centre. These stimulated evacuation drills will continue to provide excellent learning for staff.

5. The Person in Charge and the Provider Representative are working with the fire officer in relation to the fire stopping measures in place within the unit. Following this review an action plan will be completed to identify any fire associated risks within the centre

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The Register Provider will ensure compliance with Regulation 17- Premises by ensuring the following:

1. The Person In Charge and the Register Provider have reviewed all storage within the designated centre. An additional storage facility has been sourced for the designated centre. This will ensure that all equipment is appropriately and safely stored.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 The Registered Provider will ensure compliance with Regulation 27- Infection Prevention and Control :

1. The Person In Charge has reviewed practices and processes in relation to the identification of clean equipment. A cleaning schedule is in place to ensure all equipment has been cleaned. Following cleaning an "I AM CLEAN" label is placed on the item indicating when it was cleaned. This was completed on 02.09.2022.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider will ensure compliance with Regulation 28: Fire Precautions via the following:</p> <ol style="list-style-type: none"> 1. The Person In Charge will continue to conduct simulated night time fire evacuation drills on a monthly basis. This will ensure residents safe and timely evacuations. A simulated night time fire drill was completed on the 08/09/2022. This drill was reflective of night time staffing (three staff members) and was carried out in the largest compartment of the designated centre. These stimulated evacuation drills will continue to provide excellent learning for staff. 2. The Person in Charge and the Provider Representative are working with the fire officer in relation to the fire stopping measures in place within the unit. Following this review an action plan will be completed to identify any fire associated risks within the centre 	
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: The Registered Provider will ensure compliance with Regulation 29: Medicines and pharmaceutical services via the following:</p> <ol style="list-style-type: none"> 1. A review of medicines and pharmaceutical service has been completed by the Person In Charge on the 12/09/2022. Following this review there is a process in place to ensure multi-dose medicines are dated on opening by a Registered Nurse. This will ensure that the recommended use period is not exceeded. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Registered Provider will ensure compliance with Regulation 6: Health Care via the following:</p> <ol style="list-style-type: none"> 1. A review of medication administration in the designated center has been completed by Person In Charge on the 12/09/2022. This review has ensured that the standard of practice is in accordance with professional guidelines issued by the Nursing and Midwifery Board of Ireland. 	

2. A review of all residents medication kardex's has taken place in the centre by the General Practitioner on the 29/09/2022.
 All residents on PRN medications have the maximum dosage permissible over a 24 hour period recorded. This will be reviewed on an ongoing basis by the CNM2 and PIC.

3. The General Practitioner for the designated centre on the 29/09/2022 has reviewed all residents' prescription records to ensure that any medicines required to be crushed are individually prescribed as a crushed preparation.

4. The Person In Charge and Clinical Nurse Manager 2 will continue to complete medication audits to ensure that a high standard medication administration process is followed and identified findings are actioned.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 The Registered Provider shall ensure compliance with Regulation 9- Residents rights by ensuring the following:

1. All residents are asked daily if they would like to attend one to one or group activities. Some resident's choose to decline activities but are offered the opportunity to express their opinion and preferences with regard to activities.
 All resident's choices in relation to activities are respected and are documented in the care-plan.
2. The Person In Charge has contacted the Wi-Fi provider to review the internet access in Ballinamore Community Nursing Unit. The availability of adequate WIFI access will support the provision of additional and varied activities within the unit and in the wider community eg. Residents can participate in a remote quiz event from another facility, view mass in the local church, attend virtual events with family etc.
3. Resident surveys focusing on activities are taking place in the unit. Findings from this survey will form the evidence for the choice of activities being provided in the centre
4. Residents are encouraged to engage in activities outside of the centre. Links with local community groups will continue to be established to provide a more varied choice of activities available to residents.

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.	Substantially Compliant	Yellow	03/10/2022
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	06/10/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	03/10/2022

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	16/12/2022
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	02/09/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	16/12/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of	Substantially Compliant	Yellow	29/09/2022

	<p>date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.</p>			
Regulation 6(1)	<p>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.</p>	Substantially Compliant	Yellow	12/09/2022
Regulation 9(3)(b)	<p>A registered provider shall, in so far as is reasonably</p>	Substantially Compliant	Yellow	26/09/2022

	practical, ensure that a resident may undertake personal activities in private.			
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