



**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:	Ballymote Community Nursing Unit
Name of provider:	Nazareth Care Ireland
Address of centre:	Carrownanty, Ballymote, Sligo
Type of inspection:	Unannounced
Date of inspection:	13 October 2025
Centre ID:	OSV-0000330
Fieldwork ID:	MON-0044509

About the designated centre

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

Ballymote Community Nursing Unit is registered to accommodate 32 residents who require long-term residential care or who require short-term respite, convalescence, dementia or palliative care. The centre is located in a residential area, a short walk from the town of Ballymote. The building is a single-storey building that is decorated in a homely way. A large extension was added in 2019, and a refurbishment programme for the original building was completed in 2020. Accommodation is made up of 14 single rooms, five twin rooms, and two three-bedroom rooms, which are used by short-stay residents. Residents' bedroom areas are personalised, and there is appropriate screening in shared bedrooms. Signage and points of interest are located throughout the building to guide residents around the centre. The centre has safe garden areas that are centrally located and cultivated with raised beds and shrubs to make them interesting for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
--	----

I

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 13 October 2025	09:20hrs to 18:00hrs	Michael Dunne	Lead
Monday 13 October 2025	09:20hrs to 18:00hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

Overall, the inspectors found that residents living in this designated centre were supported, and facilitated to enjoy a good quality of life, and to live the best life that they could. Residents informed the inspectors that staff were courteous, kind, and supportive of their needs. One resident who spoke with the inspectors said that "staff do all they can for you", while another resident confirmed that they felt safe in the designated centre. The inspectors also spoke with visitors, and while their feedback was mostly positive, they also mentioned that they found it difficult to get through to the centre by telephone, as their calls often rang out without being answered.

Notwithstanding the positive feedback received from residents, the inspectors found that there were areas of current practice where actions were required to improve the care and welfare for residents. A number of substantial, and non compliance's found on the previous inspection were also found on this inspection. These are discussed under the relevant regulations, and under the themes of Quality and Safety, and Capacity and Capability.

This inspection was carried out over one day by two inspectors of social services. At the time of this inspection, there were 31 residents living in the designated centre. Of the 32 bed spaces available in this centre, eight are allocated as respite beds for the Health Service Executive (HSE). On arrival the inspectors were welcomed by nursing staff working in the centre, and shortly after by a clinical nursing manager (CNM) who returned to the centre from an external meeting. Shortly afterwards, persons participating in management (PPIM) attended the centre to support the inspection. Following an introductory meeting with the provider, the inspectors commenced a walkabout of the designated centre where they had the opportunity to meet staff, and residents as they began their normal routines.

Bedrooms seen by the inspectors were clean, personalised with photographs, ornaments, and soft furnishings. Televisions, the internet, and call-bells were provided in these bedrooms. Residents told the inspectors their rooms were cleaned regularly, and that they were happy, and comfortable in their rooms.

While the provider was endeavouring to provide a homely environment for residents, inspectors observed several deficits in respect of the premises, including infection prevention, and control practices. For example; walls, surfaces, and finishes were observed to be worn, damaged, and in some areas stripped to the plaster. Such conditions impede effective cleaning, and disinfection. A walk around the perimeter of the designated centre found that the external walls looked tired, and in need of redecoration. Similarly, the smoking shelter available in the garden area was not suitable for use, due to the lack of fire safety measures in place. Both

the fire extinguisher, and the fire blanket were last dated as being checked in February 2023.

The organisation of storage space across many areas of the service required review, as items were observed to be stored incorrectly. There was storage of opened, and unopened resident toiletries in an unlocked cupboard in a shared shower room. Storage in a shower room, which is a moist environment, increases the risk of cross-contamination. The cupboard also contained boxes of opened toiletries that lacked any resident identification, along with an unclean electric shaver.

Similarly, opened toiletries with no resident identification were seen in double room en-suites. Some of the double room en-suites only contained one wall cupboard for two residents. This increases risk for residents' privacy, dignity, and infection control. Additionally, seen were residents, and staff supplies such as personal protective equipment (PPEs), continence wear, and kitchen supplies in outside storage, which was not insulated, unclean with boxes stored directly on the floor, which is not good practice. Further details regarding current storage arrangements are described under Regulation 17: Premises.

Personal clothing, linen, and bedding were laundered on site. Residents spoken with were complementary of the laundry support provided. There were no complaints received from residents regarding the laundry process. Residents had access to wardrobes to store their clothing.

The sluice room (room dedicated for the reprocessing of bedpans, urinals and commodes) was clean, contained a functioning bedpan washer, and hand hygiene sinks. They contained commode pan racks, and drip trays for the storage of bedpans, and urinals post disinfection.

Residents were observed taking part in activities throughout the day of the inspection. An activity schedule was displayed, and residents were facilitated to engage in activities of their choice. Inspectors were informed that the provider was seeking to recruit an additional resource to lead on the provision of activities over the weekend. It was evident to the inspectors, and from a review of records, that the activities coordinator was engaging with the residents in order to develop a programme of activities which was in line with their preferences, and capabilities. Some activities observed on the day included a review of current affairs, a skittle game, and board games. There were arrangements in place to support residents who required one-to-one support or for residents who chose to remain in their rooms.

Residents were complementary about the quantity, and quality of food provided in the centre. A meal service was observed by inspectors, and was found to be well-managed by the staff team present, with all residents receiving timely support to enjoy their meal. Residents who required additional support with their eating and, drinking were able to enjoy their meal in an unhurried manner. Options available on the day consisted of a ham or fish meal. The inspectors noted that there was a daily menu advertised in the centre, and located at the entrance to the dining room. This menu was written in small text, which meant that residents may have difficulty

reading it, and be able to select or change their choice of meal preference for that day.

Visitors were observed coming, and going throughout the day of the inspection. It was clear that the visiting arrangements were flexible, and residents were observed meeting with their relatives in communal areas as well as their own bedrooms.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, inspectors found that management systems, and current oversight arrangements were not sufficient in order to provide a service that is safe, appropriate, consistent, and effectively monitored. Inspectors found a number of repeated non-compliance's, which had been identified on the previous inspection in January 2025. This meant that the commitments made by the provider in their compliance plan for that inspection were not effectively implemented to address the issues identified in relation to the statement of purpose, staffing levels, and governance and management oversight. Additional inconsistencies were identified on this inspection in relation to Regulation 31: Notification of incidents, and Regulation 24: Contract for the provision of services.

This unannounced inspection was carried out to monitor compliance with the Health Act 2007 Care, and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The registered provider for this centre is Nazareth Care Ireland, which was developed by the Sisters of Nazareth in 2007. The registered provider took over the management, and operation of this centre in August 2024 following a successful application to register as a new provider with the Chief Inspector. The provider is well-established in Ireland, and is involved in the management of a number of other designated centres.

The provider appointed a suitable person to deputise for the person in charge (PIC), and to manage the service until the person in charge of the centre returned to the service. They took up this role in June 2025. The person in charge is supported in their role by two clinical nurse managers (CNMs), and a team of nurses. The team also includes health care assistants, activity staff, maintenance staff, and a part-time physiotherapist. Currently, the catering service had been outsourced to a private company. The registered provider maintained service level agreements with the company, providing these services to ensure that the services met the agreed standards. In addition, the local management team is supported by a chief nursing officer, and a quality and compliance manager who provides regular support to the team.

The inspectors found repeated inconsistencies in the statement of purpose regarding the number of whole-time equivalents (WTE) for multi-task attendants staff available in the designated centre, and in the statement of purpose (SOP) submitted to register the designated centre under the new provider. A review of the staffing resource found that although there were four multi-task attendants identified in the statement of purpose there were no multi-task attendants on the roster. A review of rosters found that there were six health care assistants, and two staff nurses providing care to residents on the day of the inspection. A clinical nurse manager was also available to provide clinical oversight following their return to the centre from an external meeting. The laundry, and housekeeping task was carried out by the same person on the day of the inspection. However, the provider ensured that gaps on the rosters were covered either by existing staff or by agency cover. At the time of this inspection the provider was recruiting for both additional maintenance, and activity support personnel.

There was a review of the quality and safety of the service for 2024. This document contained a quality improvement plan in place for 2025, which the provider was working through.

There were a number of systems in place to review the quality and safety of the services provided. A review of audit information in relation to infection prevention, and control, and environmental surveillance found that these audits did not identify poor practice in areas of service provision, and this meant that there were no action plans in place to drive the required improvements, and to improve the quality of the services provided to the residents. While there were arrangements in place to provide oversight of the service provided, the effectiveness of this oversight was limited due to the quality of information collated from these systems.

Records reviewed on inspection confirmed that residents' had a written contract with the provider, which set out the terms and conditions of the placement. This contract described the services to be provided, and whether the placement was funded under the nursing home support scheme or otherwise. All contracts reviewed were signed, and indicated the type of accommodation being offered in a single or shared room. However, the narrative describing the additional services provided, and their associated costs, was unclear. This is discussed in further detail under Regulation 24: Contract for the provision of services.

A review of records relating to complaints found that the provider had processed eight complaints since the last inspection. All of these complaints has been reviewed, and investigated by the provider in line with their policy, and were now closed. However, two of these complaints were of a safeguarding nature, and concerned alleged abuse in relation to the provision of care support, these concerns were not referred to the Chief Inspector of Social Services under the two-day monitoring notification process, however the provider submitted the required notifications post inspection.

Regulation 15: Staffing

The inspectors were not assured that the provider had the required numbers of staff available with the required skill-mix, having regard to the size, and layout of the centre, and the assessed needs of the residents. For example;

- The allocation of staff to provide social care support to residents over the weekend was not in place.
- There was insufficient maintenance support to ensure the premises were well-maintained, and suitable for the assessed needs of the residents.
- Staffing resources allocated to housekeeping, and to laundry were not clear.

Judgment: Not compliant

Regulation 23: Governance and management

The designated centre had insufficient resources to ensure the effective delivery of care in accordance with the statement of purpose (SOP). This was evidenced by:

- A review of the centre's rosters confirmed that staff numbers were not in line with the staff structure outlined in the designated centre's statement of purpose submitted as part of the information required to register the designated centre.
- The centre had a deficit of approximately 2.7 whole-time equivalent (WTE) multi-task attendants.
- The clinical nurse manager (CNM) WTE hours had been reduced from 1.7 to 1.5 hours.
- Protected hours were not made available to an infection control resource to monitor infection control practices in the centre.
- The resources allocated to both the housekeeping, and laundry tasks were not well-defined.

The quality assurance systems in place for monitoring the quality, and safety of the service were not effective, and consequently, some of the inspectors' findings on this inspection had not been identified by the provider through their oversight, and auditing processes. Action plans were not consistently developed to address the deficits that were identified in some audits by the provider, and evidence of completion of the action plans developed was limited. For example:

- Not all notifications were submitted to the office of the Chief Inspector of social services in line with the requirements of the Regulations.
- There were no audits available to confirm that contracts for the provision of services had been reviewed.
- The review of the statement of purpose did not identify errors in the narrative around multi-task attendants.

- MDRO surveillance required more detail to monitor trends, and ensure effective infection prevention controls were in place.

Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring. However, there was an inconsistent analysis of antibiotic usage in terms of volume, indication, and effectiveness, which would inform quality improvement plans to maximise the benefit of antimicrobial therapy. In addition, improvement plans did not identify the responsible person allocated to close out the deficits identified in audits.

There were gaps in the systems to ensure that cleaning, and disinfectant products were correctly diluted as instructed by the manufacturer to ensure efficacy. There was no system in place to check that the product used was within its expiry date.

Current supervision measures were ineffective in identifying shortcomings in staff practices, and as a consequence, there were no action plans in place to identify improvements. For example:

- The transfer of equipment from one staff to another, used to monitor sensor equipment in residents' rooms was not safe. Inspectors observed that this equipment was not always transferred between staff when they carried out specific tasks, such as the medication rounds, and this meant that residents' rooms where this system was installed were not always monitored.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a small number of resident contracts for the provision of services, and found the following:

- In two out of the three contracts reviewed, the additional social charge referred to three specific elements where the charge was levied; however, all of these elements appeared to be similar, and had the potential to cause confusion, for example: the additional social charge referred to social care programme,s and activities, recreational care programmes, and the provision of therapies as per clinical assessment.
- One contract referred to charges levied for infection prevention, and control products; these products are provided by the Health Service Executive (HSE) and should not be charged to residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place, which included the information set out in Schedule 1 of the regulations. However, this document required a number of changes to accurately reflect the current service, for example:

- A more transparent, and accurate representation of the number of (WTE) for health care assistants, and multi-task attendants working in the designated centre.
- The number of (WTE) hours allocated to housekeeping, and to the laundry service was unclear.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of records found that although the provider had investigated two allegations made by two residents under their complaints process in relation to poor care practices, they did not submit this information to the Chief Inspection under the two-day notification process.

Judgment: Not compliant

Regulation 32: Notification of absence

The registered provider gave notice in writing to the Chief Inspector of the absence of the person in charge for a period of 28 days or more.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents, and or their family members to lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed complaints received in line with the centre's complaints policy.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider submitted a notice in line with the regulations indicating the arrangements to be put in place to cover the absence of the person in charge.

Judgment: Compliant

Quality and safety

The findings of this inspection concluded that increased oversight was required to ensure that the quality and safety of care being delivered to residents were consistently and effectively managed to ensure the best possible outcome for residents. In particular, more focus was required to bring Regulation 27: Infection Prevention and Control, Regulation 28: Fire precautions, Regulation 17: Premises, and Regulation 9: Residents' rights and Regulation 5: Individualised assessment, and care plan.

Overall, residents were provided with good standards of nursing care, and had access to timely health care from their general practitioner (GP), who attended the centre on a regular basis. There was also good access for residents to health and social care professional services, and psychiatry services, which optimised their health and clinical well-being. A physiotherapist was directly employed by the provider and was available to the residents on a part-time basis.

When residents returned from hospital stays, the inspector saw evidence that relevant information was obtained upon the residents' readmission to the centre. The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document was incorporated into the electronic care record, and contained details of health-care associated infections, and colonisation to support the sharing of, and access to information within, and between services.

A review of a sample of residents' assessments and care plans found that residents' needs were assessed prior to admission to the centre to ensure that their care needs could be met. An infection control and prevention (IPC) assessment formed part of the pre-admission records. These assessments were used to develop care plans. Residents' care plans were accessible on a computer-based system. There

was evidence that the care plans were reviewed by staff at intervals not exceeding four months. The inspector reviewed the management of multi-drug resistant organism (MDRO) and catheter care. However, not all care plans were person-centred, and did not fully guide staff on the specific guidance of urinary catheters, bowel management, and MDRO in these care plans. However, the falls care plan reviewed was descriptive, person-centred, and directed how to care for this particular resident.

The centre had arrangements in place to ensure that visiting did not compromise residents' rights and was not restrictive. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre. However, one visitor did inform inspectors that sometimes it was very difficult to get through to the centre on the telephone to enquire about their relative.

While it is acknowledged that the provider had completed some fire safety works that had been identified in the provider's own fire safety risk assessment dated 20 February 2025, not all recommendations had been completed at the time of this inspection. The inspectors were informed that the provider had tendered out a contract to complete the outstanding works, and had awarded the contract to a competent person, and were currently awaiting a commencement date for these works to begin. The key fire safety concerns identified on this inspection are discussed in more detail under Regulation 28: Fire precautions. In the interim, the provider maintained, and updated resident personal evacuation plans (PEEPs), fire evacuation drills. There were a number of daily, and weekly checks carried out to ensure fire exits were clear, fire extinguishers were well-maintained, and fire signage was in place. The provider had carried out portable appliance testing (PAT) of all electrical equipment currently in use in the centre in May 2025. Staff spoken with during the inspection were aware of the fire precautions currently in place, and on what actions to perform should a fire emergency occur.

Inspectors found that the provider did not comply with Regulation 27, and the National Standards for infection prevention and control in community services (2018). Repeated weaknesses were identified in infection prevention, and control oversight, risk management, and environmental management. These issues are described in more detail under Regulation 27: Infection control.

Overall, the premises were well-laid out to meet the needs of the residents. The centre was clean and tidy. Residents' bedrooms were mostly single occupancy, with five twin bedrooms, and two three-bedded bedrooms also available. All bedrooms were en-suite with toilet, and shower facilities. Residents had enough storage for their personal possessions, including a lockable storage space if they wished. Bedrooms were personalised with photographs and memorabilia from the resident's home. Residents said that their bedrooms were comfortable and they enjoyed their personal space.

For the most part, communal rooms were well-furnished and nicely decorated. Corridors were wide with handrails in place to assist residents with their mobility. The majority of internal surfaces were well-maintained; however, as discussed

under premises there were some internal areas where decoration was required. External facilities also required improvement to ensure that residents could access a safe smoking facility. Current storage arrangements required review to ensure that products were stored safely to include the separation of clinical, and non-clinical supplies.

There were resident meetings occurring in this centre, which provided residents with the opportunity to give feedback on the service provided. These meetings covered a range of topics that were important to residents, and included items such as catering, activities, and outings. The last resident meeting was held on 10 September 2025; however, the records of this meeting did not identify when the next meeting was going to be held. The provider also held a family meeting in August 2025 to provide an update on key events in the centre.

Regulation 11: Visits

There were no visiting restrictions in place, and visitors were observed coming, and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged, and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

The visiting policy outlined the arrangements in place for residents to receive visitors, and included the process for visitor access during outbreaks, including the arrangements for residents to receive visits from their nominated support persons.

Judgment: Compliant

Regulation 17: Premises

A review of the premises found that some areas were not maintained in line with the requirements of Schedule 6. For example:

- Wall surfaces were scuffed and in poor condition in some areas of the centre, making these areas difficult to clean.
- Storage areas were cluttered, with items inappropriately stored on the floor, making these areas difficult to clean. Residents' equipment and supplies were not segregated from general supplies, which increasing the risk of cross contamination.
- There were no individual storage provisions allocated to residents who shared double room en-suites.
- Multiple clinical hand-wash sinks were not functioning correctly, as there were delays in water draining away, while the hot water was extremely slow to get to the correct temperature.

- The infrastructure, and layout of the on-site laundry did not support the functional separation of the clean, and dirty phases of the laundering process.
- The nurses' clinical room was being used as a store room for large cardboard boxes, which can compromise the functions of this room and impact on infection control risks for the residents.
- The walls on the outside of the designated centre had paint peeling off, and were stained, giving a tired, and weathered look to these areas.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to the hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital.

Judgment: Compliant

Regulation 26: Risk management

The provider had ensured that a comprehensive risk management policy, and risk register, which met the requirements of the regulations was implemented in practice. For example, ensuring risks related to infectious diseases such as Legionella were assessed, and appropriate controls were implemented.

Judgment: Compliant

Regulation 27: Infection control

The provider was not in full compliance with Regulation 27 infection control, and the National Standards for infection prevention and control in community services (2018). For example;

- Alcohol hand-rub was not available at the point of care for each resident. This meant that there was an increased risk of the spread of infection.
- Unlabelled toiletries were observed in residents' rooms, bathrooms, and en-suite cupboards, which posed a risk of cross-contamination if multiple residents are using these products.

- Sharps bins were stored incorrectly on the floor, not signed on assembly or closed when not in use.
- Dressing trolleys were prepared, and stocked with items required for dressings. This posed a risk of contamination of the sterile supplies on these trolleys.
- Incorrectly stored yoghurt's were left on drug trolleys, even though the medication rounds were completed.
- Staff were combining laundry duties with housekeeping tasks. Combining housekeeping, and laundry duties posed an infection control risk.
- Waste bins were found to contain incorrect colour bags, which had the potential for incorrect healthcare waste disposal.

Judgment: Not compliant

Regulation 28: Fire precautions

At the time of the inspection, the registered provider had not taken all adequate precautions to ensure that residents were protected from the risk of fire. For example:

- Several fire doors did not have effective intumescent strips, and smoke seals in place to stop the spread of smoke or combustible fumes.
- There were penetrations in the ceiling of the laundry, and in the hot press store that required fire stopping.
- Self-closing devices on a small number of fire doors required adjustment to ensure the effective closing of fire doors.
- The smoking shelter did not have a heat sensor or call-bell in place.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of care records found that some care plans contained insufficient information to effectively guide, and direct the care of residents. For example;

- The management of Multi drug resistant organism (MDRO), and catheter care were not person-centred, and did not fully guide staff on the specific guidance of urinary catheters, and MDRO in these care plans.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. Residents also had access to a range of health and social care professionals such as physiotherapy, dietitian, and tissue viability nursing.

Judgment: Compliant

Regulation 9: Residents' rights

While the availability, and opportunities for residents to participate in activities in accordance with their capacities, and capabilities had greatly improved since the last inspection, the provision of activities over the weekend were limited. For example:

- There were insufficient resources in place to ensure that residents had access to a planned schedule of activities seven days a week. There were no interim measures to provide activities at the weekend pending the recruitment of additional staffing resources.

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 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ballymote Community Nursing Unit OSV-0000330

Inspection ID: MON-0044509

Date of inspection: 13/10/2025

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The center has successfully recruited an activities Co-Ordinator for the weekends – this candidate is currently awaiting their garda vetting. Until such time as this candidate commences in this role – activities are being covered by a designated team member and the roster reflects same. • The center has recruited a full-time maintenance person who is currently in post, he attends the center 5 days per week and is contracted to complete 30 plus hours depending on the needs of the center. In his absence (Sickness – Annual Leave - cover is in place by a 2nd maintenance person who was in this post previously. • Currently there are 4 staff in Housekeeping and Laundry – these roles are now clearly defined on the roster and staff wear separate uniforms so that staff and residents can identify their role. • In the past multi task assistants were trained in care, housekeeping and laundry to step in should the need arise. The center found it increasingly difficult to employ staff into this role and therefore took the decision to employ staff for designated roles. If cover is required then the center will ask their current staff first with enhanced pay and failing this agency will be utilized. The roster will reflect same. • The reduction of CNM from 1.7 to 1.5 is justified (Since last Registration) because the center now has renewed resources in the Chief Clinical Officer 0.2, Operations Manager 0.2 and the support of the Quality & Compliance Manager. 	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • In the past multi task assistants were trained in care, housekeeping and laundry to step in should the need arise. The center found it increasingly difficult to employ staff into this role and therefore took the decision to employ staff for designated roles. If cover is required then the center will ask their current staff first with enhanced pay and failing this agency will be utilized. The roster will reflect same. • The reduction of CNM from 1.7 to 1.5 is justified (Since last Registration) because the center now has renewed resources in the Chief Clinical Officer 0.2, Operations Manager 0.2 and the support of the Quality & Compliance Manager. • The IPC lead will have 5 protected hours allocated to monitor and promote IPC in the designated centre. • Housekeeping and laundry duties fully separated to ensure robust infection controls protocols. • A robust auditing and monitoring system has been introduced this is being lead out by the Quality and Compliance Manager, the center actively engages in this. This facilitates the monitoring of all aspects of care across the center. Trends are analyzed and discussed at the monthly meetings with the Heads of Department, Chief Clinical Officer & Registered Provider. Action plans are shared, signed off and monitored by the designated responsible person • All Notifications will be submitted within the 2 day requirement. • A monthly review of the contracts of services is now in place. • The MDRO register is now part of the clinical governance review and the PIC will review as part of her monthly audit schedule. • Antimicrobial Stewardship has been addressed to ensure consistent analysis of antibiotic usage in terms of volume, indication, and effectiveness, which will inform quality improvement plans to maximise the benefit of antimicrobial therapy. • Household and Laundry staff are receiving onsite training with regard to cleaning and disinfectants, with regard to being correctly diluted as instructed by the manufacturer to ensure efficacy. A checklist for checking of expiry dates on products has been introduced. Data sheets are laminated and on the wall for staff to refer to. • A full review of the falls equipment has been carried out and a new system implemented that ensure good clinical oversight by all staff anywhere in the building. 	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p>	

- Contract wording updated to clarify all social charges to ensure a clear and concise explanation.
- Any reference to infection prevention and control has been removed.

]

Regulation 3: Statement of purpose	Substantially Compliant
------------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- Statement of Purpose updated with correct WTEs for all staff roles.
- There is ongoing recruitment to the 10 hours activities person for the weekend social support. In the interim a HCA is allocated supernumery time to ensure residents are supported.
- Housekeeping and Laundry roles and responsibilities have been clarified and are clearly definable on the roster.
- Maintenance person is now in place with extra hours allocated to support when required.

]

Regulation 31: Notification of incidents	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- Weekly incident review system implemented.
- Refresher training underway for PIC,CNM and nursing team regarding the timely reporting of any incidents or complaints.
- Increased surveillance by PIC regarding incidents and correcting reporting of same.

]

Regulation 17: Premises	Not Compliant
-------------------------	---------------

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

- Wall Surfaces observed on the day have been addressed to facilitate cleaning.
- There is a painting schedule in place to address all areas internally and externally.
- All internal storage areas have been addressed with no storing of any items on the floor facilitating easier cleaning. Daily monitoring of same.
- There are clearly defined areas for the storage of resident equipment and supplies,

preventing the risk of cross contamination.

- Storage provision in the double rooms is now in place.
- The center purchased equipment for the servicing of the clinical hand wash sinks to ensure there are no delays in the water draining and hot water temperatures are being monitored. Maintenance records will reflect this.
- The laundry review by the HSE IPC lead has now been completed and there is a clearly defined clean and dirty area.
- The Clinical Room was thoroughly cleaned and rearranged to ensure adequate storage with no boxes insitu.

]

Regulation 27: Infection control	Not Compliant
----------------------------------	---------------

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

- Staff are being supplied with individual hand sanitizer to ensure availability at point of care.
- All residents’ toiletries and personal items are individually labelled.
- Sharp bins are being stored off the floor with safety latch on. Signage on assembly, closure & disposal. Posters laminated on wall to facilitate education of staff.
- Dressing trolleys have been cleared and cleaned – Dressings will be stored appropriately as per IPC guidelines.
- Any items needed during a medication round will be removed and trolley cleaned post round.
- Housekeeping and laundry duties fully separated to ensure robust infection controls protocols.
- Clear signage in place to guide staff on correct segregation of rubbish and waste disposal.

]

Regulation 28: Fire precautions	Not Compliant
---------------------------------	---------------

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

- A review of the fire doors is under way. Fire door upgrades and penetration sealing scheduled with HSE project plan to be submitted with the scheduled works for the fire stopping project .
- Smoking shelter safety upgrades planned to install a safety lighter. Fire equipment replaced by contracted fire safety company.
- Maintenance progressing all fire-safety works as per recommendations.

]	
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> <ul style="list-style-type: none"> • MDRO and catheter care plans updated with person-specific guidance and will remain under review by PIC. <p>]</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Recruitment for 10-hour activities personnel underway. • Interim weekend activities schedule in place. • All clinical storage reviewed and decluttered. <p>]</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 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	Orange	30/01/2026
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.	Not Compliant	Orange	30/01/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	12/01/2026

	effective delivery of care in accordance with the statement of purpose.			
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	Orange	12/01/2026
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/01/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Not Compliant	Orange	30/01/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable	Not Compliant	Orange	30/03/2026

	fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
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.	Not Compliant	Orange	28/02/2026
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	30/01/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	28/12/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	05/12/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs	Substantially Compliant	Yellow	28/02/2026

	of each resident when these have been assessed in accordance with paragraph (2).			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	20/02/2026