



**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 House Management
Address of centre:	Carrownanty, Ballymote, Sligo
Type of inspection:	Unannounced
Date of inspection:	21 September 2023
Centre ID:	OSV-0000330
Fieldwork ID:	MON-0040935

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 single storey and is decorated in a homely way. A large extension was added in 2019 and a refurbishment programme of the original building was completed in 2020. Accommodation is made up of 14 single and five twin rooms and two three bedded rooms which are used for 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:	30
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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 21 September 2023	09:00hrs to 17:00hrs	Lorraine Wall	Lead

What residents told us and what inspectors observed

Overall, residents were generally content living in the centre and their needs were met for the most part.

While feedback from residents was mostly positive regarding their quality of life and the standards of care provided, focus was required in areas that had the potential to impact on residents' quality of life, such as ensuring that there was sufficient staffing available to meet the needs of all residents. The inspector also found some improvements were required in relation to the centre's assessment and care planning processes. These findings are discussed in more detail under Regulations 15 and 5.

This was an unannounced inspection and on arrival to the centre, the inspector met with a member of the administration staff. On the day of the inspection the person in charge was on annual leave.

The inspector completed a walkabout of the centre which gave the inspector an opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. There was a relaxed and calm atmosphere in the centre. Residents were being assisted to get up from bed and were being supported by staff to transfer to the dining room for breakfast or to the communal areas.

Ballymote Community Nursing Unit provides long term care for both male and female adults with a range of dependencies and needs. The designated centre is a purpose built nursing home that can accommodate a maximum of 32 residents in single bedrooms. The centre is located on the outskirts of Ballymote, Co. Sligo.

The majority of residents told the inspector that they are "happy enough" and that the food was nice, however, residents told the inspector that there is no choice at breakfast time, stating "they just come with the porridge, they don't really ask". Most residents told the inspector that the "staff are nice" and "they're doing their best."

The inspector observed a religious service taking place with a three person choir on the morning of the inspection. Following the service the priest visited residents in their bedrooms to offer holy communion. The mass was streamed into residents' bedrooms if their preference was to watch it on live stream.

However this was the only activity provided on the day of the inspection and the inspector found that the residents had no other opportunity for meaningful occupation. At various points throughout the day, the inspector observed some staff members sitting in the communal day room with residents, however during these periods there was no effort made by the staff to engage with residents in

meaningful activities or to ensure that their social care needs were met in accordance with their interests and capacities.

Residents told the inspector that they were bored and when asked what they do during the day, a large number of residents said "nothing". However the inspector did see that during the afternoon some residents being brought for walks by one member of staff.

These observations were validated by resident feedback with a number of residents telling the inspector that they would like if there was more to do on a daily basis and that they would really like to be able to go for days out of the centre.

The inspector was not assured that there were enough staff available to meet the needs of the residents. this was validated by a number of observations and feedback from some of the residents on the day. For example the inspector observed one resident who was waiting for assistance to the bathroom having to ask a member of the maintenance team who was passing by, to call a member of care staff to come to them. When the inspector spoke with the resident, they said that they sometimes have to wait a long time for assistance. Following this, a male staff attended to the resident however the resident had to wait again as she required the assistance of a female staff member.

When asked about they would make a complaint or raise a concern, the residents the inspector spoke with were unaware who they could make a complaint to, with one resident stating "there is nobody in charge here".

A number of residents told the inspector that they were missing clothes. One resident told the inspector that they were missing a number of new items of clothing received as presents and had brought this to the attention of staff but they had not received any update on how their complaint was being investigated.

Visitors were observed being welcomed into the centre throughout the inspection.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. There were two cleaners working in the centre on the day of the inspection, however the inspector observed that infection prevention and control practices required review to ensure that residents were protected from the risk of contracting a health care associated infection.

The next two sections of the report, capacity and capability and quality and safety, will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This inspection found that management and oversight of this service was not effective, as evidenced by the findings of this report in relation to residents rights, staffing, records, governance and management, complaints, personal possessions, care planning and notification of incidents.

This was an unannounced inspection carried out by inspectors of social services to review compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013, as amended .

The provider had not ensured that there was a clearly defined management structure in place within the centre. On the day of the inspection, the inspector was informed that the person in charge was on annual leave. The provider had not ensured that there were appropriate deputising arrangements in place to ensure effective oversight of the service. The clinical nurse manager post had been vacant for a number of months due to sick leave and the most senior person working in the centre on the day of the inspection was one of the two staff nurses on duty.

The remainder of the in-house staff include a team of nurses, health care assistants, housekeeping, catering and administrative staff. There were insufficient staff resources in place on the day of the inspection to provide effective and quality care for all residents in the centre which were impacting on the quality of care provided for the residents. This is discussed further under Regulation 15: Staffing.

The quality assurance systems in place failed to ensure effective oversight of the centre. The inspector reviewed the audit schedule and found that the audit system was not being utilised in line with the centre's own policy.

The inspector reviewed minutes of management meetings and found that the most recent in house management meeting took place in March 2023. A review of nursing staff and health care assistant meetings found that the most recent meeting took place in January 2023. The most recent residents' meeting available for review took place in July 2023. Records of this meeting stated that a residents meeting would be held fortnightly, however; there were no records of any residents' meetings since 3 July 2023. These findings are discussed further under Regulation 23: Governance and Management.

A review of training records identified gaps in fire safety and safeguarding training for staff. This is discussed under Regulation 16: Training and Staff Development.

The inspector reviewed rosters and found that the hours the person in charge works were not set out on the weekly roster, which was not in line with the requirements of Regulation 21: Records.

A sample of residents' contracts were reviewed and the inspector found that they did not meet the requirements of Regulation 24.

The centre's statement of purpose was not accurate and did not reflect the current person in charge or accurately reflect the management team that were in place in

the centre including the clinical nurse manager vacancy. Furthermore the statement of purpose did not set out the arrangements that were in place to deputise for the person in charge when she was not available in the centre.

The provider had not ensured that the use of all restrictive practices in the centre had been reported to the Chief Inspector as per the requirements of Regulation 31: Notification of Incidents. These included the use of bedrails and chair sensor alarms.

The inspector reviewed the complaints log and found that complaints were not recorded and investigated in line with the requirements of Regulation 34; Complaints. Furthermore a number of residents told the inspector that they did not know who was in charge or what the procedure for making a complaint was.

Regulation 14: Persons in charge

The person in charge is a qualified nurse and meets the requirements of Regulation 14.

Judgment: Compliant

Regulation 15: Staffing

The provider had not ensured that the number and skill mix of staff was appropriate to meet the assessed needs of all residents. This was evidenced by:

- On the Millbrook unit of the centre, there was a high number of residents who required the assistance of 2 health care assistants to assist with their personal care. On the day of the inspection there were only two health care assistants allocated to this unit. This meant that if the two care staff were working together to provide care and support for these residents the other residents on the unit were required to wait for staff to become available to come to them. This was validated by the inspectors observations on the day. A review of rosters confirmed that two health care assistants are assigned to this unit daily.
- On the morning of the inspection, a number of residents remained in bed until after 11am and two of these residents told the inspector that they would like to get up earlier but that they needed to wait for staff to become available.
- The inspector was not assured that the staff were deployed in a way that effectively met the needs of residents on this unit. For example, if two female staff were assigned to this unit; this increased the number of residents' who required the assistance of two staff members.

- The provider had not ensured that there was adequate arrangements in place to cover the clinical nurse manager vacancy.
- There was not enough staff on duty to provide meaningful activities to residents throughout the day of the inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector found that some staff were overdue or had no record of training in the following areas:

- Fire safety training: 3 staff had not completed their refresher training.
- Safeguarding of Vulnerable Adults: 4 staff had no record of having completed safeguarding training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents met the requirements of Regulation 19.

Judgment: Compliant

Regulation 21: Records

The rosters available for review on the day of the inspection were not accurate as the hours that the person in charge works in the centre were not on the roster.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were a number of actions identified on this inspection that the registered provider needed to take, in order to ensure that the services provided to residents are safe, appropriate, consistent and effectively monitored. For example:

- There was no appropriate deputising arrangements in place to cover annual leave and other planned absences for person in charge of the centre.
- A review of staffing resources and allocation is required as there were not enough staff on duty to meet the assessed needs of the residents in a timely manner.
- There were inadequate systems in place to ensure that the service provided is safe and effectively monitored. For example, there were no recent audits of care plans, infection prevention and control practices, or medication management available for review since March 2023. Furthermore there was no fire safety, complaints or housekeeping audit. The most recent audits had been completed in March 2023.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts and found that they did not meet the requirements of Regulation 24. Some contracts did not include the residents' room number or the occupancy of the room.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

While the statement of purpose had been updated in August 2023, it did not accurately reflect the staffing in the centre on the day of the inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

- the use of chair sensor alarms and bedrails for residents who required these.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

While the complaints policy had been updated with changes in regulations, the inspector was not assured that complaints were appropriately managed by the person in charge. This was evidenced by:

- Verbal complaints were not recorded in the complaints log.
- The outcome of complaints was not consistently recorded in the complaints log.
- Feedback from residents was that they were unaware who they could make a complaint to

Judgment: Not compliant

Quality and safety

The inspector found that the provider needed to take further actions to ensure that residents received care and support in line with their assessed needs and that residents were supported to lead a full and meaningful life in line with their capacities and preferences. In particular, significant improvements were required in relation to residents rights; including the provision of meaningful activities for all residents, the management of personal possessions and assessment and care planning.

In addition, more focus and effort was required to bring the designated centre into compliance with Regulation 27: Infection prevention and control, Regulation 17: Premises and Regulation 18: Food and Nutrition.

The inspector found that residents did not have their social activity needs met, in line with their assessed needs. The majority of residents spent most of their day in the communal room watching or listening to music on the television. The inspector observed that although staff were available to supervise residents in the communal rooms for the majority of the day, there was little to no meaningful interaction between residents and staff with staff making no effort to provide any activities or occupation for these residents. Furthermore, staff contact and interaction with residents who spent a lot of time in their bedrooms was predominantly focused on care tasks and interventions with little to no meaningful interaction with these residents.

The inspectors observations were validated by the resident's records reviewed on inspection. Residents' daily care records showed residents had not had access to any meaningful activities for the previous week to ten days.

The inspector reviewed minutes of residents' meetings and found that where resident had provided feedback there was no record of how residents' concerns and requests had been acted upon.

There were arrangements in place to ensure residents were facilitated to practice their religious beliefs. There was a small oratory available for residents' use and residents who spent time in their bedrooms could watch the services from the oratory on their television.

Residents were observed meeting with their visitors and there were no restrictions on visiting in the centre.

The inspector found that improvements were needed to ensure residents' assessment and care documentation was of a standard that comprehensively informed each resident's care and support needs. In addition when the inspectors reviewed a sample of resident files they found that some residents had not had a comprehensive assessment of their needs completed within 48 hours of being admitted to the designated centre as required under Regulation 5 and to ensure the resident's assessed needs are addressed. Furthermore, residents' care plans were not updated in line with residents' changing needs and did not contain sufficient information to effectively guide care delivery.

Behavioural support care plans reviewed did not contain sufficient detail to guide staff on the interventions required to minimise responsive behaviours.

Inspectors found that residents had timely access to their general practitioners (GP's) and other allied health professionals such as speech and language therapy and dietetics.

The person in charge had not ensured that residents had appropriate access to and retained control over their personal property. For example, some residents reported that their clothes had gone missing but this had not been followed up by management. This is discussed further under Regulation 12: Personal Possessions.

The inspector observed residents being supported at mealtime in a respectful and unhurried manner. However, the inspector was not assured that residents were offered sufficient choice at breakfast time.

Overall, the centre was clean and well laid out for the residents. The communal rooms were spacious and corridors were wide and contained rails fixed to the walls to assist residents with their mobility. While the premises met the needs of the residents, a review of storage was required to bring the centre into full compliance with Regulation 17: Premises.

The inspector observed practices that were not in line with infection prevention and control guidance. These findings are set out under Regulation 27: Infection prevention and control.

Regulation 11: Visits

Inspectors observed visits taking place in line National guidelines. The centre had suitable areas for visiting to take place in private.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had not ensured that residents retained control over their clothes. This was evidenced by:

- Three residents had some of their clothes stored in wardrobes in the corridor outside of their room. On the day of the inspection, the keys of these wardrobes were in the doors and they were unlocked. The reason for this type of storage was unclear as there was adequate space available in the residents' bedrooms for a bigger wardrobe.
- Some residents reported that their clothes had gone missing and had not been found, although these incidents had been reported to staff, the residents had not been informed of the outcome of the complaint and their clothes had not been returned to them or replaced.
- Clothes of long term residents were labelled by the centre but the inspector observed that they were not consistently labelled. This meant that there was potential for the residents' clothes to get mixed up in the laundry.

Judgment: Not compliant

Regulation 17: Premises

The premises did not conform to all of the requirements of Schedule 6 of Regulation 17 which requires that there is appropriate storage available in the designated centre. This was evidenced by:

Residents' assistive equipment was being stored in the hairdresser's room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had not ensured that residents were offered appropriate choice at breakfast time. Some residents were unaware that a choice was available.

Judgment: Substantially compliant

Regulation 27: Infection control

Although there were some good practices in place, consistent with the standards for the prevention and control of health care associated infections, there were some areas which required improvement to ensure the safety of all residents: For example:

- A mop and bucket was being used in the centre, which is not in line with infection prevention and control guidelines.
- The water in the mop bucket was not being changed between residents' bedrooms, which increased the risk of transmission of a health care - associated infection.
- There was only one cleaning trolley available for the whole centre. The two staff on duty were sharing the trolley on the day of the inspection and the same trolley was used on both units. This did not ensure that the housekeeping staff had the equipment they needed to maintain good infection prevention and control standards and further increased the risk of transmission of infection in the centre

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector was not assured that all residents had an assessment completed prior to admission to the centre.

For example,

- The inspector reviewed a skin and wound prevention assessment for one resident who had a significant pressure ulcer and found that although the

resident had been admitted two weeks prior, the skin assessment had only been completed on the day of the inspection.

- Wound assessments were not completed for all residents at each change of dressing. The inspector reviewed gaps of five days without a record being logged in one resident's progress notes. This made it difficult to ascertain if the current wound dressing plan was successful or required further review.
- A respite resident who had been admitted two days prior to the inspection did not have an assessment of their needs completed.

The inspector was not assured that care plans were updated in response to residents' changing needs. This was evidenced by:

- Some care plans reviewed did not accurately reflect residents' needs or outline the support required to guide care delivery.
- Some plans reviewed showed that care plans were not updated in line with residents' changing needs - for example, a resident with known responsive behaviours had no reference to this in his care plan
Behavioural support care plans were not detailed and did not include strategies to minimise responsive behaviour.
- A resident who requires the assistance of two staff members due to the requirements of their safeguarding plan, did not have this included in their care plan.
- The inspector reviewed a care plan which indicated an intervention for a resident which involved being brought outside by staff. The progress notes for this resident did not indicate that this intervention was being implemented and the resident told the inspector they rarely go outside.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) who visited residents regularly. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, where required.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had failed to ensure that all residents were provided with opportunities to participate in meaningful social activities that met their interests and capacities. This was evidenced by:

- The inspectors observed a large number of residents sitting in communal day room on the day of the inspection and residents who spent their day in their bedroom, who did not have any access to social activities or meaningful interaction. Inspectors observed that residents who chose to spend the majority of the day in their bedrooms had little interaction with staff aside from when care tasks were being carried out or their meals were brought to them.
- The inspector reviewed rosters for three weeks and found that on only one of those days, a health care assistant was assigned to activities. On all other days there were no staff assigned to provide activities for the residents.
- The last recorded activities with any residents was recorded on 14th September 2023. This meant that residents had no opportunity for meaningful engagement for one week prior to the inspection.

The provider had not ensured that residents were consulted about and could participate in the organisation of the designated centre. This was evidenced by:

- The last residents meeting took place in July 2023. Minutes of this meeting stated that residents' meeting would be held fortnightly, however; there were no further meetings available for review.
- The inspector reviewed residents' meetings reviewed and found that there was no evidence that residents concerns or suggestions were acted upon following a meeting.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially 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	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ballymote Community Nursing Unit OSV-0000330

Inspection ID: MON-0040935

Date of inspection: 21/09/2023

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> <ol style="list-style-type: none"> 1. Recruitment of Activity Coordinator achieved 2. CNM returned from sick leave. 3. DON has returned from sick leave. 4. A block on respite beds is now in place which has decreased dependency levels on Millbrook unit 5. Agency staff are supporting with maintaining staffing level, the familiar agency staff member is block booked 6. This is reflected on the off duty and allocations are completed daily by staff nurse ensuring adequate support to meet the needs of each resident in a timely manner 7. DON/CNM provide supervision ensuring adequate support is available. 8. HR is supporting with recruitment of HCA's, Staff Nurses & CNM, Vacant posts are advertised. 9. Three HCA's – 2 Full time and 1 part time have been recruited. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. Fire Training – staff attended training at Nazareth House in Sligo town. 2. Safeguarding vulnerable adults online training completed – next training in this domain will be face to face. 3. Face to Face safeguarding training is planned for 29.11.2023 & 05.12.2023 with mop up session planned for 12.12.2023 	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"> 1. The roster was amended immediately 2. The roster reflects Director of Nursing working hours 3. The roster reflects CNM working hours 4. The roster reflects on-call arrangements & contact details 5. The roster reflects person in charge in the absence of DON 6. Rosters are pre-approved by CNM & DON prior to release 7. The roster reflects student nurses allocated hours 8. The roster reflects student nurses preceptor 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. DON & CNM do not take annual leave at the same time. 2. DON & CNM do not have planned days off at the same time. 3. Roster to provide Management cover during the week and on weekends. 4. On call arrangements are reflected on the roster 5. Nurse in charge is reflected on the roster daily 6. Support always available if needed from sister nursing home in Sligo town. 7. A temporary block on respite beds is now in place which has decreased dependency levels on Millbrook unit 8. DON/CNM provide supervision ensuring adequate support is available 9. CSARs for respite/HSE beds will be completed with every new admission. 10. Dependency level of proposed admissions will be taken into consideration and staffing levels reviewed before admission is agreed 11. Comprehensive review of care plans completed 22.11.2023 and action plan provided. 12. 1:1 Care plan training commencing 28.11.2023 13. IPC Audit completed 25.11.2023 and action plan in place, scheduled monthly 14. IPC point of contact audits completed 23.11.2023 & scheduled monthly 15. Medication management audit is scheduled for 28.11.2023. 16. Auditing schedule is maintained 17. Housekeeping audits completed 07.11.2023 and scheduled monthly 18. Complaints audit completed 08.11.2023, updated when complaints received and audited monthly 	

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> <ol style="list-style-type: none"> 1. All residents' contracts have been reviewed and amended which now reflect resident's room number 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ol style="list-style-type: none"> 1. The Statement of Purpose was amended to highlight the temporary management arrangement. 2. The statement of purpose has been amended to reflect return of DON 3. Agency staff member is block booked to compliment Staffing FTE. 	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> 1. The over sight will be amended on the next quarterly report 2. Oversight is also identified on the risk register 3. Restraint register updated daily provides support with notification information which includes environmental restraints, sensor alarms and bedrails. 	
Regulation 34: Complaints procedure	Not Compliant

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

1. Staff training in capturing verbal complaints
2. Complaint procedure is made available in all bedrooms
3. Standing item added to residents meeting agenda
4. New Easi-read complaints procedure synopsis has been developed and placed prominently in the foyer and in each resident's bedroom
5. All complaints are recorded currently in the complaints log, discussed at Management meetings with CEO fortnightly and discussed with staff at weekly debriefs
6. Records of meetings maintained to reflect complaint updates
7. Do you know how to make a complaint? Has been included now in the residents' satisfaction survey which is audited monthly

Regulation 12: Personal possessions	Not Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

1. Residents rooms have been refurbished to ensure sufficient wardrobe space is now available.
2. All residents' personal possessions are maintained within their bedroom.
3. Residents clothing photo album is in operation.
4. Weekly team meeting is attended by laundry staff where issues are discussed
5. Complaints log is maintained to reflect any issues relating to clothing and audited monthly
6. Respite residents who do not want clothes labelled are provided with an individual name wash basket, these clothes are washed separately to Long term care resident's clothes
7. Personal possessions is a standing item on agenda at residents meeting.
8. Each resident has a named keyworker who checks to ensure clothing is labelled and oversight of this is maintained by CNM and DON.

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

1. The hairdressers' room is now locked when not in use.
2. Residents assistive equipment is stored in designated areas'
3. This is reviewed during management daily rounds
4. This is discussed at safety pause meetings at 11.50 hrs daily

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ol style="list-style-type: none"> 1. There is a food trolley with a wide variety of choice, staff have been reminded to inform residents of the choices available. 2. Catering manager ensures variety of choice is provided 3. Pictorial menus are currently been developed and due to be in use by 27.11.2023 4. Menu options is a standing item on agenda for residents meeting 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. New system is now in operation, use of mops and mop buckets is discontinued 2. Cleaning pads are changed after cleaning of each room 3. A second cleaning trolley has been ordered. 4. Housekeeping is included in daily updates relating to relevant resident's needs. 	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ol style="list-style-type: none"> 1. Every admission is accompanied by a new CSAR. 2. Admission checklist is reviewed by DON/CNM and identifies if skin check was completed. This is to be completed within the first 6 hours of admission. 3. Comprehensive audit of all resident's assessments completed 21.11.2023, all staff were updated regarding results via team meetings 22.11.2023 by DON/CNM 4. Comprehensive audit of all resident's care plans completed 22.11.2023 5. Safety pause has been updated to reflect prompting nurses to address meeting resident's needs, reviewed by DON/CNM daily while attending safety pause meeting. 6. DON/CNM have now in place a daily review audit template to identify if care plans or assessments were not completed and this is actioned immediately. 	

7. Nursing handover now includes informing colleagues of outstanding care plans or assessments to be completed. DON/CNM maintain oversight of this daily during safety pause, by reviewing V-care records and reviewing admissions checklist.

8. DON/CNM provide clinical support & supervision.

9. Monthly audits continue

10. V-care, Care plans and assessments training and support is provided 2 days per week by regional support team until DON is assured compliance with regulation 5 is maintained

11. On admission pre-existing wounds will be identified and resident commenced on SSKin bundle, DON/CNM maintain oversight daily

12. Wound updates are provided at Safety pause and daily handover, attended by DON/CNM

13. Activity Co-Ordinator has commenced in post and is now supporting residents with outside activities.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. Residents are encouraged to participate in activities, visited by activity coordinator in their bedrooms.
2. Staff support with activities in residents' bedrooms.
3. Residents are provided with internet access tablet for face time video calls, accessing spiritual needs.
4. Activity Co-Ordinator has commenced in post.
5. Residents meetings are held regularly and the next meeting is scheduled for Monday 27.11.2023.
6. Minutes are provided following meeting and actions are updated 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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	01/10/2023
Regulation 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly	Substantially Compliant	Yellow	01/11/2023

	and returned to that resident.			
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	01/10/2023
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	09/10/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/10/2023
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	Substantially Compliant	Yellow	22/09/2023

	the matters set out in Schedule 6.			
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	01/11/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	25/09/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	02/10/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	01/11/2023
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Orange	01/11/2023

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	05/10/2023
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	01/10/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to	Substantially Compliant	Yellow	28/09/2023

	the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/12/2023
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Not Compliant	Orange	15/10/2023
Regulation 34(5)(a)(i)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to understand the complaints process.	Not Compliant	Orange	01/11/2023
Regulation 34(5)(a)(ii)	The registered provider shall offer or otherwise	Not Compliant	Orange	01/11/2023

	<p>arrange for such practical assistance to a complainant, as is necessary, for the complainant to (ii) make a complaint in accordance with the designated centre's complaints procedure.</p>			
Regulation 34(6)(a)	<p>The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.</p>	Not Compliant	Orange	01/11/2023
Regulation 5(1)	<p>The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).</p>	Not Compliant	Orange	01/11/2023
Regulation 5(2)	<p>The person in charge shall arrange a comprehensive assessment, by an</p>	Not Compliant	Orange	15/10/2023

	appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	15/10/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	01/11/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	15/10/2023

Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	01/11/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	01/11/2023