



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

Issued by the Chief Inspector

Name of designated centre:	Ballinamore Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Tully, Ballinamore, Leitrim
Type of inspection:	Unannounced
Date of inspection:	10 December 2021
Centre ID:	OSV-0005290
Fieldwork ID:	MON-0035540

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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
Friday 10 December 2021	09:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead
Friday 10 December 2021	09:00hrs to 17:00hrs	Martin McMahon	Support

What residents told us and what inspectors observed

This inspection took place over one day. During the day, inspectors spent time in communal areas, spoke with most of the residents and a small number of residents' visitors. Overall, residents' feedback was positive regarding their experience with living in Ballinamore Nursing Unit. Residents told the inspectors they were happy living in the centre, were well looked after, that the food was of a good standard and there was plenty of activities available if they wanted to participate during the day. This feedback was echoed by family members who told the inspectors that the staff were very accommodating of residents' needs, particularly during COVID-19 and that staff in the centre were always very helpful and considerate. Many of the residents had lived in the local community prior to moving to live in the centre and they expressed their satisfaction with being given opportunity to continue living close to their families and in a location that they were very familiar with.

In addition to conversing with residents, inspectors spent some time observing residents' daily routines to gain insight into how their needs were met by staff and how residents spent their day in the centre. The inspectors found staff in this centre respected residents' rights, were attentive to residents' needs for assistance and were kind and gentle in their interactions with residents

On arrival to the centre, the person in charge guided the inspectors through the centre's infection prevention and control procedures which included hand hygiene and temperature checking before entering the centre and residents' accommodation. The centre was warm and bright and residents were getting up and preparing for the day. The centre was calm and had a welcoming atmosphere.

Residents were generally supported to have a meaningful life in the centre and were provided with opportunities to participate in a social activity programme facilitated by staff in the centre. The inspectors observed a chair exercise activity which was lively and enjoyed by residents. Staff were observed to gently assist and encourage residents to join in this activity and this approach helped to ensure that those residents with higher levels of need for support were able to participate. However, the inspectors also saw that some residents with high support needs who chose to spend their time sitting in the comfortable lounge were left without a member of staff to supervise their safety and ensure their needs were responded to promptly. These observations did not provide assurances that there was adequate staff available to provide appropriate supervision to vulnerable residents in this communal sitting room during some periods of the day.

It was evident from the inspectors' observations and from residents' feedback that staff knew residents very well and that residents were comfortable in the company of staff. Residents said that staff were 'lovely towards them', 'like my own family' and one resident attributed their happiness in the centre to the staff caring for them. Residents and visitors expressed their satisfaction with the visiting arrangements in the centre and the opportunities they were provided with to chat

by telephone with their loved ones.

Many residents' bedrooms were personalised as they wished with their personal items such as their personal photographs, artwork and ornaments. The majority of the bedrooms in the centre were single occupancy. Residents had sufficient storage space in their bedrooms and the layout of their bedrooms ensured they could easily access all parts of the room including their wardrobes. Each resident's bedroom was identifiable by a painting of a familiar flower and the resident's named nurse and carer were updated on a white board on the wall in each bedroom for their information each day.

Traditional memorabilia familiar to residents in the centre was displayed in the communal rooms and around the centre. A modified table to facilitate residents in assistive chairs to sit together was available in the sitting room. This helped to create a homely environment and ensure that residents with higher level needs were able to socialise together in the sitting room.

Inspectors observed that there was spacious outdoor area that was attractively landscaped with outdoor seating provided along a wide path. However, the access door to the garden was secured with a key coded lock and did not facilitate residents to access this outdoor area independently.

Residents told the inspectors that the food was very good and very tasty and they had a choice of hot meals on the menu each day. Residents said they looked forward to their meals and gave the chef high praise for their culinary skills. One resident said the chef in the centre would cook anything they wanted. Residents' mealtimes were observed to be a social occasion and several residents chatted together while eating. There was adequate staff available to assist residents during mealtimes.

Residents knew the person in charge and confirmed that they were approachable. Residents told the inspectors that they would not hesitate to talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any aspect of the service. These residents expressed confidence that they would be listened to and any issues they raised would be addressed to their satisfaction. Residents said that they felt safe and secure in the centre.

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

Capacity and capability

This was an unannounced risk-based inspection completed by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Inspectors followed up on progress with completion of the compliance plan from the last inspection completed in February 2020 and found that three of the four actions were satisfactorily completed. Non compliance with Regulation 15, was a repeated finding on this inspection.

The registered provider of this designated centre is the Health Service Executive (HSE), and a general manager was assigned to represent the provider and to attend the inspection feedback. As a national provider involved in operating residential services for older people, Ballinamore Nursing Unit benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance. The person in charge and person representing the provider were aware of their regulatory responsibilities.

The person in charge commenced in February 2021 and works full-time in the designated centre. Although the person in charge was supported for two days each week by a practice development coordinator who assisted her with auditing and staff training, the clinical management team was impacted by a vacant clinical nurse manager position since November 2021. This also meant that appropriate deputising arrangements for leave by the person in charge were not in place.

While there was systems in place to monitor the quality and safety of the service, risks to the quality of residents' care and the safety of the service due to inadequate staffing were not identified and effectively mitigated as discussed under Regulations 15, Staffing and 23, Governance and Management. The provider had identified that the COVID-19 staffing contingency plan would not be effective in the event of a COVID-19 outbreak in the centre but had not taken action to address this risk. This inspection found that the provision of staff nurses, carers and laundry staff resources was not adequate to meet the needs of the residents in relation to supervision in communal areas and protection from COVID-19 infection in the event of a suspected or confirmed outbreak. Agency staff were currently employed to fill ongoing vacant staff nurse and care staff vacancies. This did not ensure consistency of the staff team and continuity of care for the residents. Furthermore the current staffing model was not in line with the centre's statement of purpose.

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

Staff were facilitated to attend mandatory and professional development training, including COVID-19 infection prevention and control training to ensure they had the necessary skills to meet residents' needs. Staff who spoke with the inspectors and the inspectors' observations of their practices gave assurances that they were familiar with residents' needs and were competent with carrying out their respective roles.

Records required to be maintained and available in the centre, including residents'

information records were complete and were held securely.

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

Residents' views were valued and they were facilitated and encouraged to feedback on aspects of the service they received. This feedback was used to inform improvements in the service and an annual review of the quality and safety of the service delivered to residents in 2020.

Regulation 14: Persons in charge

The new person in charge commenced in the designated centre in February 2021 and was found to meet the regulatory requirements in terms of experience and qualifications in nursing older persons. The new person is a registered nurse, has worked in senior nursing management roles since 2006 and has a postgraduate management qualification. Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care and quality of life for residents. The person in charge had a period of unplanned leave for greater than 28 days and appropriate deputising arrangements were put in place.

Judgment: Compliant

Regulation 15: Staffing

There was an insufficient numbers and skill mix of staff with the appropriate knowledge and skills having regard to the needs of residents and the size and layout of the centre. For example;

- there was inconsistent staff supervision of vulnerable residents in the communal sitting room, especially during the morning and late afternoon on the day of inspection. This was also a finding from the last inspection in February 2020.
- there was delay with administering residents' morning medications as the only staff nurse on-duty was frequently interrupted to assist with residents needs. As a result the, administration of residents' morning medications commenced at 09:00hrs and was still in progress at 11:40hrs
- four care staff were rostered until 15:30 pm each day and then reduced to three care staff until 20:30hrs. In addition a member of care staff was required to carry out laundry duties in the absence of a designated laundry staff. This further reduced the number of care staff available to provide care for residents and posed a risk of cross infection. This was also a finding from

the last inspection in February 2020.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were supported and facilitated to attend training relevant to their role. All staff working in the centre had received up-to date mandatory training which included fire safety training, safe moving and handling and safeguarding training. Staff training included infection prevention and control.

Judgment: Compliant

Regulation 21: Records

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

Judgment: Compliant

Regulation 23: Governance and management

The management and oversight of the staffing resources in the designated centre did not ensure the effective delivery of care in accordance with the centre's statement of purpose. For example,

- the clinical nurse manager position had been vacant since November 2021 and therefore in the absence of a senior nurse, appropriate deputising arrangements were not in place for leave by the person in charge. This also meant that there was no on-site senior clinical support for the person in charge as described in the centre's statement of purpose.
- the lack of available care staff to adequately supervise and support residents using the communal areas had not been addressed since the last inspection.
- there was an over reliance on agency staff nurses and carers to cover existing vacancies some of which were long term. For example, at the time of the inspection, 3.11 vacant staff nurse posts and 2.28 vacant healthcare posts were staffed by agency staff on an ongoing basis.

In addition inspectors found that the risks posed by inadequate staffing resources

were not identified and appropriately mitigated. For example;

- insufficient staffing levels had been identified as a risk to effective management of a COVID-19 outbreak within the centre's own COVID-19 contingency plan dated 04 November 2021. However no action had been taken to ensure this risk was mitigated and that safe staffing levels were in place in the preparedness for a COVID-19 outbreak in the centre.
- the risk of cross infection when staff worked between care roles and laundry duties had not been identified or addressed.

Judgment: Not compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was assessable and displayed on entry to the centre. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants in accordance with the centre's policy. The person in charge confirmed that there were no open complaints on the day of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

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

Judgment: Compliant

Quality and safety

Overall, residents' clinical care needs and preferences for social engagement and meaningful occupation were met. While, residents privacy and dignity rights were respected, improvement was necessary to facilitate residents to independently access the outdoors in line with their capabilities and wishes. Several examples of good practice were found on this inspection and there was a person-centred culture promoted in the centre.

Residents were protected from risk of fire. The provider had improved measures in place to ensure residents timely emergency evacuation to a place of safety by rostering a third member of staff on night duty. Robust fire safety checking procedures and servicing was in place.

There was an up to date infection prevention and control policy that provided guidance to staff about the standards of practice required to ensure that residents were adequately protected from infection including, COVID-19 infection. Close monitoring of residents and staff for symptoms of infection was completed. Screening procedures in line with public health guidance for visitors were in place to protect residents from risk of infection. While, all areas of the designated centre were visibly clean, records confirming cleaning of frequently touched surfaces needed improvement. Staff responsible for housekeeping were knowledgeable regarding cleaning and decontamination procedures. Hand hygiene facilities were provided throughout the centre and appropriate hand hygiene procedures and use of personal protective equipment was observed. The majority of sinks used for hand-washing met recommended specifications. Inspectors' findings are discussed under regulation 27, Infection control.

Visiting was facilitated for residents in line with public health guidelines and residents were supported with keeping in contact with their families by telephone and other social media. Residents had access to religious services and were supported to practice their religious faiths in the centre.

Staff were familiar with the residents' needs and residents received good standards of clinical care and support. Residents' care plan documentation was comprehensive and clearly guided staff with providing person-centred care in line with residents' individual preferences and wishes. The provider ensured that residents had timely access to their general practitioner (GP), specialist medical and allied health professionals and that they were supported to attend out-patient appointments as scheduled.

Residents were generally supported to participate in meaningful social activities that were in line with their capacity and interests. Care staff facilitated the residents to take part in what was happening on the day of the inspection and inspectors were assured that those residents with higher levels of cognitive and physical needs were able to join in if they wished to do so.

Overall the layout and design of the centre met residents' individual and collective needs. Plans to paint the centre was at an advanced stage to ensure all wall surfaces were intact and could be effectively cleaned.

Residents' accommodation was provided at ground floor level in 18 single and one twin bedrooms, all with full en-suite facilities. Residents had access to communal sitting/dining facilities and an oratory. Adequate storage was provided in residents' bedrooms and residents were facilitated to maintain access to and control of their personal belongings. Lockable storage was provided in each bedroom to enable residents to secure their valuables.

Measures were in place to ensure residents were safeguarded from abuse at all times. While, review of secured doors to the enclosed outdoor garden was necessary, a minimal restraint environment was promoted in the centre.

Residents' meetings were regularly convened and issues raised for areas needing improvement were addressed. Residents had access to local and national newspapers and radios.

Regulation 11: Visits

Visiting arrangements for residents by their families was in line with public health guidance for residential centres. The centre had arrangements in place to ensure that visiting did not pose risks to residents' safety and all visitors continued to have screening for COVID-19 infection completed in addition to completion of infection prevention and control procedures prior to entering the centre.

Arrangements were in place to facilitate residents to meet their visitors in private in an area outside of their bedrooms if they wished.

Judgment: Compliant

Regulation 17: Premises

The arrangements for the upkeep and maintenance of the designated centre were not effective.

While inspectors were told that painting work due to commence, some walls, wooden skirting and door frame surfaces in some of the communal areas, corridors and residents' bedrooms areas of chipped or missing paint and therefore these surfaces could not be effectively cleaned.

The infrastructure and equipment within the laundry did not support functional separation of the clean and dirty phases of the laundering process and as such

posed a risk of cross contamination.

Inspectors found that a number of residents did not have a functioning call bell fitted or within access to their beds. An emergency call bed was not available in a communal sitting room. As a result residents would not be able to call staff if they needed them.

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements were required to ensure that infection control processes were in line with Health Information and Quality Authority National Standards for Infection Prevention and Control Health Care settings (2018). For example;

- A sink for the purpose of hand-washing was not available in the cleaner's room. This finding did not support effective hand hygiene and posed a risk of cross infection.
- Although inspectors were told that cleaning of frequently touched surfaces occurred, records evidencing completion were incomplete.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had not carried out a repeat night time scenario fire drill to ensure that the increase to three night staff was sufficient to evacuate residents in a timely manner in the event of a fire at night. Assurances were provided in a repeat simulated emergency evacuation drill forwarded to inspectors on the day following the inspection.

Although tied back, a full-length curtain fitted over an emergency exit door in a communal sitting room posed a risk to residents' unobstructed exit in the event of an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were undertaken on residents and these were of a good standard and reviewed in line with regulatory requirements. Staff used a

variety of accredited assessment tools to assess each resident's needs, including assessment of their risk of falling, malnutrition, pressure related skin damage and assessment of their safe mobility support needs among others. These assessments informed residents' care plans that described their individual care needs and the care interventions staff must complete to meet their needs. This information was described in person-centred terms to reflect each resident's usual routines and individual care preferences and wishes.

There was no incidents of residents developing pressure related skin wounds in the centre over the past 12 months. There was evidence that two residents fell on more than one occasion which resulted in injury during 2021. Appropriate re-assessment of their falls risk and actions to mitigate further risk were completed.

Residents or their families on their behalf were consulted with regarding changes to and review of care plans.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to a general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Out of hours medical care was easily accessible. Recommendations were detailed in residents' care plans and were followed by staff with positive outcomes for residents ongoing health. Residents were supported to safely attend out-patient and other appointments in line with public health guidance.

Staff were monitoring residents for symptoms of COVID-19 on an ongoing basis including twice daily temperature checks.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors were told that there were no residents in the centre who were predisposed to responsive behaviours due to their diagnosis. The person in charge had procedures in place to ensure that where residents experienced responsive behaviours, they were assessed appropriately and had effective person-centred de-escalation interventions detailed in their behaviour support care plans.

Inspectors found that there was a commitment to a minimal restraint environment in the centre and the national restraint policy guidelines were implemented.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded. Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated with opportunities to participate in meaningful social activities in the centre that met their interests and capabilities. On the day of inspection, inspectors observed residents taking part in various social facilitated by the centre's staff. There were records in place to monitor residents individual participation and engagement levels. This information was part of a review process to ensure residents were being provided with appropriate opportunities in line with their preferences and wishes.

Residents had opportunity to be involved in the running of the centre. Residents views were valued to make improvements to the service as demonstrated in the records of the regular residents' meetings viewed by the inspectors.

Residents privacy and dignity rights were respected and they had access to TV, radio and media in the form of newspapers in the centre.

An electronic pin code lock was fitted on the doors to the enclosed outdoor garden provided for residents. Residents could not choose to go out into the garden as they wished without seeking staff assistance with unlocking these doors for them.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ballinamore Nursing Unit OSV-0005290

Inspection ID: MON-0035540

Date of inspection: 10/12/2021

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: The registered provider will ensure compliance with Regulation 15: Staffing via the following:</p> <ol style="list-style-type: none"> 1. A review of the staffing compliment and the supervision of residents in communal rooms has been completed. This has resulted in a staff member being assigned to the communal areas paying special attention to the mornings and late afternoons. This ensures that resident's supervision is in place. 2. A review of the nursing roster has taken place and will allow for two nurses being rostered per day. A review of medication management practices within the unit has taken place and a blister pack system is being implemented in the unit from the 11/02/2022. These measures will assist in the delivery of morning medications in a timely manner 3. A full review of the roster has taken place for all disciplines. Each staff member is assigned to a specific task per day. This has resulted in a full complement of care staff each day. This also ensures that Infection Prevention and Control measures are in place and thus eliminating the risk of cross infection. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will ensure compliance with Regulation 23: Governance and Management via the following:</p> <ol style="list-style-type: none"> 1. The register provider is working closely with the HR department regarding recruitment for all vacant positions within the unit. The vacant CNM 2 post has been expressed to the 	

active panel. Recruitment of this post has been prioritised by the HR department. This post has been expressed to the panel as of the 07/02/2022. In the absence of the Person in Charge a staff nurse is assigned the management responsibility of the unit. The deputizing arrangements for the unit have been clearly identified in the staffing roster. The deputizing arrangements in the absence of the Person in Charge has also been updated in the Statement of Purpose .

2. A review of the staffing compliment and the supervision of residents in communal rooms has taken place. Following this review a staffing member is assigned to the communal areas paying special attention to the mornings and late afternoons.

3. A full recruitment campaign has taken place for the vacant positions within the unit. Staff nurse interviews took place on the 27/01/2022 and expressions of interests have been forwarded to successful candidates and successful candidate are moving through the recruitment stages. A further two healthcare attendants are currently being recruited and are at contracting stage. The recruitment across all disciplines will result in a reduction of agency usage within the unit.

4. A full review of the roster has taken place for all disciplines. Each staff member is assigned to a specific task per day this will reduce cross infection.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider will ensure compliance with Regulation 17: Premises via the following:

1. A cyclical painting programme has been scheduled by local maintenance. This is currently at the tender stage. This will ensure painting of walls, wooden skirting and door frame surfaces in communal areas, corridors and residents bedrooms. This is to be completed by the 30/04/2022.

2. A review of the laundry room has taken place by local maintenance and infection prevention and control. Arrangements have been put in place in the interim process to outsource the laundry to a local launderette. A review of the existing laundry room is being completed by maintenance. Once this review has been completed plans will be developed and submitted to the estates department and funding secured as appropriate.

3. A review of the call bells has taken place and any calls bell that was not working has been replaced.

A call bell is being installed in the sitting room. This is to be completed by the 18/02/2022. Hand held call bells have also been given to residents so that they can alert staff as required.

Currently a daily review of all call bells within the unit is in place. This identifies in a timely manner any dysfunctional call bell.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The registered provider will ensure compliance with Regulation 27: Infection Control via the following:</p> <ol style="list-style-type: none"> 1. The registered provider has spoken to maintenance and a hand washing sink will be fitted in the housekeeping room. This will be completed by the 28/02/2022. 2. An additional cleaning schedule has been implemented paying particular focus to frequently touched surfaces. These records are available for inspection. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The registered provider will ensure compliance with Regulation 28: Fire Precautions via the following:</p> <ol style="list-style-type: none"> 1. A review of the window dressing on the Fire Emergency Door has taken place and a half curtain rail is now implemented, this will ensure that no obstruction will take place in the event of an emergency. A blind has been ordered for the emergency door which will not obstruct the exit but will maintain the resident's privacy and dignity. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The registered provider will ensure compliance with Regulation 9: Residents Rights via the following:</p> <ol style="list-style-type: none"> 1. A review of the electronic pin code lock has taken place and this will be replaced by a push button system. This is to be fitted on the 14/02/2022. This will ensure that residents can access the garden without seeking assistance from staff. 	

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	31/03/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	31/03/2022

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	09/02/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	09/02/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	14/02/2022

	that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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