



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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Ballynoe
Name of provider:	Carechoice Ballynoe Limited
Address of centre:	Whites Cross, Cork
Type of inspection:	Unannounced
Date of inspection:	02 August 2023
Centre ID:	OSV-0000210
Fieldwork ID:	MON-0039973

About the designated centre

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

Carechoice Ballynoe (known as Ballynoe) is a designated centre which is part of the Carechoice group. It is located in the rural setting of Whites Cross and is a short distance from the suburban areas of Ballyvolane, Blackpool, and Cork city. It is registered to accommodate 46 residents. Ballynoe is a two-storey facility with lift and stairs to the upstairs accommodation. It is set out in three corridors on the ground floor called after local place names of Glen, Shandon and Lee; and Honan on the first floor. Bedroom accommodation comprises single and twin rooms downstairs and 12 single occupancy bedroom upstairs. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise a comfortable sitting room, Morrissey Bistro dining room, large day room and a large quiet room with comfortable seating. The hairdressing salon is located near the main day room. There is a substantial internal courtyard with lovely seating and many residents have patio-door access to this from their bedrooms; there is a second smaller secure courtyard accessible from the quiet room and a further enclosed space accessible from the main day room. At the entrance to the centre there is a mature garden that can be viewed from the sitting room, dining room and some bedrooms. Carechoice Ballynoe provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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
Wednesday 2 August 2023	09:00hrs to 17:00hrs	Robert Hennessy	Lead
Wednesday 2 August 2023	09:00hrs to 17:00hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Overall the registered provider supported residents to have a good quality of life in the designated centre. All residents spoken with on the day of inspection were content and complimentary of the service provided. Inspectors met with most of the residents living in the centre and spoke with ten residents in more detail. One resident said that it was "a lovely place" and another said that "staff are great". Inspectors observed that there were a large number of visitors in and out of the centre during the inspection and they met and spoke with four sets of visitors that were visiting their relatives. Relatives were very complimentary of the care and support their loved ones received and about the friendliness of the staff.

The inspectors met the assistant director of nursing (ADON) on arrival and began a walk around of the centre. The person in charge joined the inspectors near the end of this walk around and a meeting then took place with the person in charge.

There were 36 residents living in the centre at the time of inspection and the centre was registered to cater for a maximum of 46 residents. CareChoice Ballynoe is a two-storey building with resident accommodation on both floors. The main entrance is wheelchair accessible and leads into a reception area where information such as the statement of purpose, residents' guide, inspection reports, health and safety statement were displayed. The statement of purpose was an A3 size booklet that enabled easy reading for residents and their relatives. The nursing home registration and insurance certificate were clearly displayed near the reception.

There was work being undertaken to replace electrical equipment on the day of inspection. Some of the corridor had to be cordoned off in order for the works to be completed, which prevented access to a small sitting room for residents for a period of time. Access to this room was available to the residents before the inspection was completed.

In general, the centre was very clean and good systems of cleaning are in place. Sluice rooms (a room used for the safe disposal of human waste and disinfection of associated equipment) and cleaners rooms were appropriately secured. The housekeeping trolleys had lockable storage for chemicals and had storage compartments for cloths and mop-heads. Cloths were colour-coded and housekeeping staff were knowledgeable regarding their appropriate use. A cleaning supervisor was now in position and they were seen overseeing the cleaning of rooms and checklist completion on the day of inspection. Hand hygiene sinks were still not compliant with best standards in infection control, which was a finding in previous inspections.

It was evident that painting of rooms had been completed in rooms when they were vacated by residents and one room was seen being painted on the day of inspection. It was also evident that new furniture had been purchased, with new beds and dining chairs replacing old furniture in various areas of the centre. The

person in charge informed the inspectors that there was a plan to replace furniture on an ongoing basis. While improvements had been made in various areas of the premises, storage remained an issue. Inspectors viewed items stored unsuitably in bathrooms and laundry trolleys were stored on corridors which would impede movement of residents in the event of the area needing to be evacuated in the case of a fire.

Downstairs, bedrooms were personalised and decorated in accordance with residents wishes. Residents were encouraged to bring in their personal furniture, pictures and memorabilia, and a number of residents had personal items such as photographs, ornaments and books in their rooms. Flat-screen televisions were wall-mounted in bedrooms. Storage for residents' personal possessions comprised double wardrobes, chest of drawers and bedside lockers; some bedrooms were seen to have a second double wardrobe. Bedrooms had comfortable bedside chairs. Privacy screens in shared rooms were effective and ensured residents' privacy. The doors to residents' bedrooms resembled a 'front door' with wrought iron-like number and door knocker, and each was coloured differently as an aid to residents to identify their own 'front door'. There were old photos on display in corridors of the locality. Information leaflets were available for residents and visitors on the corridors along with an easy read version of the centre's complaints policy.

There is stairs and lift access to the upstairs accommodation which is mainly designated for short-stay residents and comprised 12 single occupancy bedrooms with toilet and wash-hand basin en suite facilities. Communal space comprises of a sitting room and separate dining room with kitchenette facilities; both rooms are bright, comfortable and relaxing. Bath and shower facilities are available upstairs. There was an open-plan nurses station. The sluice room is located at the end of the corridor to the right and this is securely maintained.

The inspectors observed that the outdoor area provided a well constructed enclosed garden. This was very well maintained and has ample areas to sit out with comfortable garden furniture. Residents reported to inspectors that they enjoyed using the outdoor during the good weather. In one of the corners of this enclosed garden there was area used for smoking by the residents, fire safety equipment such as fire aprons, fire blankets, a device for extinguishing and discarding cigarette ends and a call bell were available for residents safety. However, there was a plastic bin used that was not appropriate for disposable of cigarette ends. Inspectors were also not assured that the furnishings used in the smoking area were fire safe.

Inspectors observed the lunch time meal of the residents in the dining room. The dining room tables were decorated with table cloths and flowers. Staff interacted well with the residents during this time. There were large, colourful pictorial menus for residents to browse. Staff were seen verbally giving the options for the meal to the residents and also supporting and interacting with residents throughout the meal. One resident asked for a meal that was not on the menu and this was provided to them by the catering staff. Other residents chose to have their meals in their own room. Residents spoken with were very complimentary of the food they were served with two residents stating that it was "very good" and another said it

was excellent.

There was a varied activity schedule available to the residents. There was a dedicated person each day identified to plan and support the residents with activities. On the day of inspection, inspectors observed residents taking part in exercises with balloons, music and laughter yoga in the afternoon. Residents were seen reading their newspaper during the morning which were delivered to their room if the resident wished. Inspectors spoke with a physiotherapist who was in attendance on the day of inspection to assist the residents and staff in their physiotherapy programmes he confirmed a regular service to the residents.

Visitors were seen coming in and out of the centre throughout the day. Residents were seen bringing their family members out on trips. Residents reported that they went out with family members quite regularly to a nearby café. Family members who spoke to the inspectors were gushing in praise of the centre and the staff who provided care to their relatives. One family member said staff couldn't be better and if you had an issue they will sort it out straight away.

There were signs throughout the centre to direct and orientate residents and visitors to their location in the building. These pictorial signs were bright and stood out and along with the colourful doors on their bedroom doors, assisted residents in finding their way around the building. Clinical rooms were securely maintained. Appropriate signage was displayed outside the clinical room advising that oxygen was stored within. Emergency evacuation plans were displayed in the centre; these were large and colour-coded with zones identified with primary evacuation routes identified..

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

Capacity and capability

In general, CareChoice Ballynoe was a well managed centre where residents received good quality care and services. Actions identified from previous inspections had been addressed and actioned.

CareChoice Ballynoe is operated by CareChoice Ballynoe Limited and is registered to accommodate 46 residents. CareChoice Ballynoe is part of the CareChoice group which operates a number of other nursing homes throughout the country. The governance structure of CareChoice comprises of a board of directors with the CEO appointed as the nominated person representing the registered provider. The management team within the centre is supported by a national and regional management team of quality, finance, catering, facilities and human resources (HR). On site, the person in charge was full time in post and she was supported by an

assistant director of nursing (ADON), and clinical nurse manager (CNM).

The person in charge was recently appointed but was well known to both staff and residents. The person in charge had a good knowledge of the residents and their support needs. Staff spoke highly of the person in charge and looked forward to continue to work with her. The person in charge communicated with staff regularly both informally and formally in staff meetings.

There was an ongoing audit system in place to monitor the quality and safety of the service being provided. Action plans were developed from the audits to guide service improvements. Residents' meetings were taking place regularly to give the residents the chance to have their say in the service. A comprehensive annual review of the service had been completed for 2022 and provided guidance on improvements required in 2023.

Staff levels were appropriate to support the residents and a review of recent and future staff rosters demonstrated consistent and appropriate levels of staffing. Staff working in the area had training suitable to their role and the staff training schedule showed that there was on going refresher training for staff throughout the year.

The statement of purpose had recently been updated and included the recent addition to the regulations in relation to the management of complaints. The contracts of care contained the information required in relation to the terms in which a resident shall reside in the centre.

There was a comprehensive record of all accidents and incidents that took place in the centre. Notifications were submitted in a timely manner to the regulator. A complaints log was maintained and the policy had been updated to reflect recent changes to the legislation. The centre's complaints policy was clearly displayed both upstairs and downstairs. There was evidence of investigations being completed and issues resolved in relation to complaints.

Regulation 14: Persons in charge

The person in charge is suitably qualified nurse and experienced manager who meets the requirements of legislation. She is well known to staff, residents and visitors. She demonstrated good knowledge of residents' needs. The person in charge was very active in the governance and operational management of the service.

Judgment: Compliant

Regulation 15: Staffing

The staff roster showed that the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre. Staff working on the day of inspection showed a good knowledge of residents needs and interacted well with the residents. There was a registered nurse on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was completed and refresher training had been scheduled for staff that required this. Improvements had been made in the area of staff development with the management team now available to provide more oversight and supervision of staff.

Judgment: Compliant

Regulation 23: Governance and management

A comprehensive governance and management structure was in place in the centre. The system of audit enabled actions to be identified which ensured effective monitoring of the service provided. Residents' views on the centre were captured in residents meetings that occurred regularly. Management supervision and support of staff had become more extensive with this occurring across all days of the week and both day and nights. A comprehensive annual report had been completed for 2022 to examine the safety and care delivered to the residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that each resident had a written contract of care that detailed the services to be provided and the fees to be charged, including fees for additional services. Some fees were questioned and the provider agreed to review.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that contained all the information set out in Schedule 1 of the regulations. Recent legislation changes in the area of complaints had been included in the latest version of the statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the complaints log and of the accidents and incidents log indicated that all of the notifications required to be submitted to the Chief Inspector were submitted within the specified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place. Actions were taken on complaints and outcome of complaints recorded. Information regarding advocacy services was available to residents in the centre.

Judgment: Compliant

Quality and safety

In general, inspectors found that residents had a good quality of life in the centre with their health, care and well being needs being met by the provider. Systems were in place to protect residents from harm and abuse, and visiting arrangements promoted the well being of residents. For the most part, the premises enhanced the residents' life in the centre. However, some actions were required by the provider to further enhance the care planning process for residents.

Visitors were welcomed to the centre throughout the day of inspection. Visitors spoken with on the day of inspection were complimentary of the care and service being provided to their family members in the centre.

The premises was overall, well maintained with a comfortable and bright outdoor

space for the residents to enjoy. However, there was lack of storage space for linen trolleys.

The inspectors were assured that the residents rights were promoted and protected in the centre. Residents had choice throughout the day as to where they would spend their day, what food they would have and what activities they would undertake. Residents had regular meetings where they could have their concerns addressed and be consulted on the running of the centre. Staff were seen throughout the day of the inspection being courteous and helpful to residents and offering choice. There had been significant work undertaken to reduce the number of bed rails used by residents.

The dining experience had improved for residents since the last inspection. The menu choice was displayed in the dining room in a written and pictorial format. Residents were offered choice of time they would have meals. The environment had been adapted to make the dining experience more enjoyable for the residents noise from trolleys and from clearing of plates was reduced whilst residents enjoyed their meals .

Residents' health care needs were being met with regular access to a GP, who was observed completing his rounds on the day of inspection, and a physiotherapist who also spoke with inspectors on the day of inspection. Residents also had access to an occupational therapist, speech and language therapist, dietitian, tissue viability nurse and a chiropodist. However, care planning by staff in the centre was inconsistent. Some care plans contained all the information necessary to care for the residents, others were incomplete or contained information that was not relevant to the person involved this is further outlined under Regulation: 5 Assessment and Care Planning .

Overall, the inspectors saw that the centre was very clean. Cleaning schedules were in place. A house keeping supervisor was in place to monitor cleaning and the household staff had a good knowledge of precautions for infection control. However, there were some issues identified with regards to infection control, which are detailed under the regulation further in the report.

There were measures in place to protect against the risk of fire. These included regular checks to ensure that equipment was accessible and functioning. Personal emergency evacuation plans were in place for all residents. Fire safety equipment, emergency lighting and the fire alarm had preventive maintenance in accordance with recommended guidance. Nevertheless, the smoking area used by resident had furniture and a waste bin which the inspectors could not be assured were fire safe.

Regulation 11: Visits

Visits were facilitated throughout the day in the centre. Visitors were seen bringing residents out on trips. Visitors spoken with on the day of inspection were very happy

with the care given to their loved ones in the centre.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was very well maintained. Rooms were being painted when the opportunities arose and furniture being replaced. There was adequate outdoor space for the residents to enjoy. However, action was required in the area of storage with trolleys remaining on the corridors throughout the day partially blocking the evacuation areas in the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A social dining experience was provided in the centre, with choice made available to residents for mealtimes. This experience had improved since the previous inspection with the area quieter for residents and more appropriate staff interaction with residents.

Judgment: Compliant

Regulation 27: Infection control

Improvements had been made since the last inspection. Household staff were very knowledgeable of what was required for infection control. However, clinical hand wash sinks had metal outlets and overflows and some did not have hands free mechanism to mitigate the risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to mitigate the risk of fire

On the day of inspection the residents' smoking area had unsuitable furniture with

cushions and a plastic bins which could increase the fire risk.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were managed in line with regulations. Controlled medications were managed appropriately. Crushed medication were given in line with the prescriptions. PRN (as required) medication had the maximum dose stated clearly.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents care records found that while all residents had an individual assessment and care plan in place the quality of the care plans was inconsistent. Some care plans reviewed were detailed and person-centred, while others lacked the detail required to deliver high quality care. For example:

- a number of care plans contained information that was not relevant to the resident's care and were not personalised to the resident
- some care plans did not contain the relevant information to provide individualised care and were not sufficient to guide care for the residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical care and GP services. Residents were reviewed by their GP as required. There was appropriate access to professionals such as physiotherapists, dietitian, speech and language therapists, and chiropractors.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

It was evident that the staff in the centre were working towards a restraint free

environment. Responsive behaviour training was in place for staff. Staff spoke with residents in a kind and reassuring manner throughout the day.

Judgment: Compliant

Regulation 8: Protection

Residents' finances were well managed in the centre. The centre did act as pension agent for some residents, this was managed appropriately and residents received regular statement of accounts.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted on the day of inspection. Residents had access to both group and individual activities during the day, with a dedicated person employed to plan and undertake these. The dining experience in the centre had improved and residents were offered choice in when they had their meals and what meals were provided.

Judgment: 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for CareChoice Ballynoe OSV-0000210

Inspection ID: MON-0039973

Date of inspection: 02/08/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Staff have been reminded that laundry skips are not to remain on the corridor after morning care and are to be cleaned and stored neatly in the laundry when not in use. The blue trolleys containing clean laundry supplies are placed in the area of the corridor which does not prohibit access to the fire doors. These trolleys are movable so therefore can easily be removed from the corridor if required. Staff have been coached, and daily toolbox talks, and safety huddles, take place to ensure staff remove trolleys from corridors promptly and safely.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The audit was benchmarked against several standards including but not limited to the following: ncec-ipc-guideline-2022 infection-control-guiding-principles -for buildings Dept Health-Health building note-Sanitary assemblies</p> <p>The following advice is appropriate for hand hygiene sinks that DO NOT conform to HBN 00-10:</p> <ol style="list-style-type: none"> 1. Label sinks as hand hygiene sinks only. 2. Remove plugs. 3. Ensure there is liquid soap available from a wall mounted dispenser. 4. Ensure wall mounted dispenser for hand towels. 5. Where the taps are not mixer taps or elbow operated, staff may turn the taps off with the paper towel they have used to dry their hands. This will prevent contamination by touching the tap with cleaned hands. <p>Since the Audit additional control measures have been put in place. i.e., 1. Sinks labelled as hand hygiene only 2. Back splashes have been resealed 3. If there any sign of corrosion or damage the sinks are being replaced.</p>	

The recommendations are that with next upgrade replace all sinks, where it is applicable, to conform with HBN 00-10 Part C Sanitary assemblies. This upgrade is expected to take place in early 2024.

Adequate access to alcohol hand rub is in place throughout Ballynoe Nursing Home.

Regulation 28: Fire precautions

Substantially Compliant

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

The unsuitable furniture has been removed from the smoking area and more suitable, comfortable, certified fire-retardant seating is being sourced. In the meantime, fire-retardant metal chairs without cushions are being used. The plastic bin was brought out by a Resident and should not have been there. All staff are checking the smoking area every 2 hours to ensure this is complied with. Maintenance and housekeeping have increased their checks and cleaning schedule to ensure the smoking area is clean, free from debris and that the correct furniture is always in use.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

All Care Plans are currently being reviewed by the Quality Team, the DON and 2 ADON's together with each of the named nurses. Care Plan training is ongoing, and a full day was allocated on August 16th to emphasize the value of care plans and how to correctly link each care plan to the current assessments of each Resident. The focus is on person-centered individual care plans with a simpler approach, simpler wording and only the most relevant up to date information recorded in each plan.

The Nurses are supported daily by the DON and 2 ADONs to improve documentation in Care Plans and to answer concerns and questions. Each Nurse reviews a Care Plan per day, notifies the DON/ADON by Epic mail when the care plan has been reviewed and together, they go through each care plan to ensure information is accurate and current. This is the process going forward to ensure an improvement in the Care Planning for Residents in Ballynoe.

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 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	30/08/2023
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	31/03/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Substantially Compliant	Yellow	02/08/2023

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	01/10/2023