



**Health  
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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:	Ballinamore Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Tully, Ballinamore, Leitrim
Type of inspection:	Unannounced
Date of inspection:	18 October 2024
Centre ID:	OSV-0005290
Fieldwork ID:	MON-0045157

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	20
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 18 October 2024	10:00hrs to 15:45hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

Overall, residents' feedback confirmed that they were satisfied with the service they received and their quality of life in Ballinamore Nursing Unit. There was a relaxed and calm atmosphere in the centre and residents were content in their lived environment. The premises was spacious and bright. Various items of memorabilia were displayed to decorate the centre and outdoor garden and this helped to create a homely, familiar and comfortable environment for the residents.

While walking around the centre, the inspector observed that the designated centre was clean and overall was well maintained. Residents' assistive equipment was clean and regularly serviced. Hand gel stations were located throughout the centre and were appropriately used by staff. Clinical hand washing sinks were available in each resident's bedroom for staff use close to the point of care delivery. However, the inspector observed that the clinical sink in one twin bedroom was located in front of a resident's wardrobe. This meant that when this sink was being used, access to their wardrobe was hindered for the resident. An additional wardrobe was placed by this resident's bed to support their access to their clothing.

Residents' bedroom accommodation was arranged on ground floor level in 18 single and one twin bedroom. All bedrooms had full en suite facilities with showers. Extendable width doors were fitted on residents' en suite facilities which ensured that doors were wide enough for passage of larger assistive equipment such as large wheelchairs used by residents. With the exception of the twin bedroom, residents' bedrooms provided them with adequate space to safely move around their bed spaces as they wished. However the layout of the twin bedroom did not adequately meet the needs of two residents accommodated in this room. There were two residents with high dependency needs accommodated in this bedroom on the day of the inspection, one of whom needed assistance of up to three staff to meet their needs. The layout and space available available did not ensure that one resident's mobility needs could be met and that they could carry out personal activities in private.

The inspector observed that a number of the residents chose and were supported by staff and their families to personalise their bedrooms with their photographs and other personal items that were important to them. The communal sitting room and the communal dining/sitting room on the opposite side of the building were used by residents throughout the day of the inspection. An adapted table that facilitated residents in assistive chairs to sit close in to the table was available in the sitting room. This table allowed those residents to sit comfortably at the table for their meals and social activities. An oratory, hair dressing salon and visitors' room were also available for residents' use.

Residents could meet with their visitors privately outside their bedrooms or spend time in a quieter area in the visitors' room or in a seated area at the end of one of

the corridors as they wished.

The inspector observed that the schedule of planned social activities were displayed on a large white board on the corridor and in the sitting room. All but four residents spent most of the day in the sitting and dining rooms. While most residents rested in the sitting room, the dining room also served as a sitting area for a small number of the more dependant residents. This area provided a quieter less stimulating environment in line with these residents' needs and preferences. On the day of the inspection the residents were observed enjoying participating in one-to-one social activities facilitated by care staff. Care staff were also observed regularly checking in on those residents who preferred to spend much of their time in their bedrooms. Staff were observed chatting with these residents and ensuring they had their preferred television and radio programmes available to them. Elsewhere in the centre the inspector observed that the atmosphere in the sitting room was lively and the residents were enjoying the social activities being facilitated by the activity coordinator on the day.

A small number of residents were walking in the garden which they accessed by pressing a large pressure pad sensor to open the doors automatically. Some of the residents had an interest in gardening and had helped with planting flowers and shrubs in the planting beds. One resident had planted roses from their own garden in the flower bed outside their bedroom window and enjoyed tending to them and being able to see them from their bedroom window. Raised planting beds, garden tools and bags of peat were available in the garden for residents' use. Volunteers from the local community had painted a colourful mural on the fence at the end of the garden. Residents' bedrooms were located along both sides of the outdoor garden and each of these bedrooms had direct access to the garden through a door in their bedrooms. A large automatically operated awning provided shelter for the outdoor seating area for residents' comfort.

Residents told the inspector that they were 'very well cared for' and 'wanted for nothing', were 'happy' and 'life was good' in the centre. Residents spoke about their families with the inspector and how they looked forward to visits from them. Residents said staff were very kind and caring towards them and that they felt very safe and secure in the centre. This was validated by the inspector's observations on the day of respectful, kind and caring staff interactions with residents. Residents referred to members of the staff as their 'friends' and were obviously very comfortable in the company of the staff caring for them. One resident said that the staff 'always cared for them with a smile' and another resident told the inspector that the staff were the reason they 'enjoyed living' in the centre. The centre's chef served residents' food at meal times and was observed circulating amongst the residents during the meal to check that each resident was satisfied with their meal choices.

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

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

## Capacity and capability

This unannounced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider is the Health Service Executive (HSE) and in line with their regulatory responsibilities the provider had submitted an application to renew the registration of the designated centre. The application was reviewed as part of this inspection.

This inspection found that some improvements had been implemented since the last inspection in June 2024. However, the inspection findings evidenced failure by the provider to maintain adequate oversight of the service and as a consequence of this, a number of actions committed to by the provider in their compliance plan from the last inspection in June 2024 had not been completed.

On the day, the person in charge was on planned leave. In their absence, the centre's assistant director of nursing was on-call for staff but was not working in the designated centre. This arrangement did not ensure adequate management oversight and support for staff and residents and was not in line with the provider's arrangements for deputising when the person in charge is not available in the centre. The Health Service Executive (HSE) assigned a service manager to represent them and oversee the operation of the designated centre on the day of the inspection.

Ballinamore Nursing Unit benefits from access to and support from the Health Service Executive's centralised departments such as human resources, information technology, staff training and finance. The person in charge led a staff team consisting of nurses, carers, housekeeping, catering and an administrator. Day to day maintenance of the premises was the responsibility of a centralised maintenance department. The catering department also provided a lunchtime meal for an adjacent day service operated by the provider on three days each week.

The provider worked well with the local community and the residents benefited from a range of supports including a community worker who facilitated residents' social activities four days each week. However when the community worker was not available the provider did not ensure that alternative staff were available and some group activities/entertainments were provided by the core staff on duty those days. This arrangement did not ensure that the residents who chose or were not able to attend some of the group sessions provided on these days had access to meaningful activities in line with their preferences and abilities.

There were vacancies for one staff nurse, two care staff and one chef on the day of

the inspection. These vacancies were being covered by the centre's own staff and by agency staff to cover up to 141 hours each week. This was not a sustainable staffing model as it did not ensure continuity of care for residents and failed to ensure staffing levels were in line with the centre's statement of purpose. This is further discussed under Regulation 23: Governance and Management.

The person in charge had a system in place to monitor staff training and all staff were facilitated to complete mandatory and professional development training. Staff training was well managed and all staff were up to date with training requirements.

Many of the staff were working in the centre for a number of years and they worked hard to ensure that residents' needs were met and their experience of living in the centre was positive.

The provider had systems in place to monitor the quality and safety of the service and the inspector found that the majority of deficits identified in audits were addressed

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. There was good oversight of incidents and accidents which ensured that any learning from the incident was shared with the appropriate staff.

Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent on behalf of four residents. Centralised and transparent procedures were in place to ensure this process protected residents at all times.

There was good oversight of records which helped to ensure that records were well maintained and available in the centre as required under the regulations and that records were held securely.

Residents' views were valued and records showed that residents were facilitated and encouraged to feedback on all aspects of the service they received. This feedback was used to inform improvements in the service and the annual review of the quality and safety of the service delivered to residents in 2023.

## Regulation 14: Persons in charge

The person in charge commenced in this role in June 2024. The person in charge is a registered nurse and has clinical and management experience and qualifications as required by the regulations.

Judgment: Compliant



## Regulation 15: Staffing

The inspector found, that the provider did not ensure that on three days each week there was enough staff available to provide meaningful activities in line with each resident's preferences and abilities to participate. Although care staff were allocated to provide activities on these days this allocation was taken out of the core staffing levels for the provision of care to residents. This finding is repeated from the last inspection.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training on fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge monitored staff training needs and ensured that all staff working in the centre were facilitated to attend professional development training, as necessary, to update their skills and knowledge to competently meet residents' needs.

Staff were appropriately supervised according to their individual roles.

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 securely stored and a policy on retention of records was available and in line with regulatory requirements.

Judgment: Compliant

## Regulation 23: Governance and management

Management and oversight of the service was not effective in maintaining compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013 (as amended) and ensuring the service was delivered in line with the centre's statement of purpose.

For example:

- The current staffing model did not promote person centred care as continued use of agency staff to replace staff vacancies did not ensure continuity of care and staff for residents.

Furthermore, the inspector was not assured that the management and oversight of fire safety precautions were effective.

- The provider had failed to ensure that the known fire safety risks in the centre were addressed in a timely manner. For example, the deficits in a number of the fire doors identified in the provider's own Fire Safety Report of May 2024 had not been completed at the time of this inspection and there was no explanation for the delay or a date for when these doors would be made fit for purpose.

Judgment: Not compliant

### Regulation 30: Volunteers

The roles and responsibilities of volunteers involved with providing services to residents were set out in writing. Volunteers were vetted in accordance with the National Vetting Bureau Act 2012 and were supervised in their role.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations.

Judgment: Compliant

### Quality and safety

Overall, residents' nursing needs were met to a good standard, however, the current high use of agency staff to replace nursing and care staff and the use of a volunteer to take responsibility for residents' activities did not ensure continuity of care and

services for the residents.

Residents had access to medical and allied healthcare professionals as needed. Although in-person dietetic advice was not available at the time of the inspection the provider took appropriate actions following the inspection to secure access for residents to a dietitian when required so that they could discuss their assessments and care plans with the dietitian if they wished to do so.

Overall residents' rights were respected and residents were involved in decisions about their care and services. Residents were offered choices in care and daily routines and these were respected by staff. Staff were respectful towards residents and protected their privacy and dignity in care. However the layout of the twin bedroom did not ensure that residents in this room could carry out personal activities in private.

The premises was purpose built and the layout and design of residents' bedroom and communal rooms mostly met residents' individual and collective needs to a good standard. The centre was well maintained and the residents' communal areas were bright and spacious and were well used by residents on the day. However storage remained an issue in the centre. The provider advised the inspector of their plans to address the lack of storage by re-purposing the current laundry to a large storage room as the laundry service was outsourced to an external laundering service. However there were no clear dates available for when this would happen.

Residents' needs were comprehensively assessed and risk assessment tools were used by staff to assist them with identifying residents' needs and developing their care plans. Good standards of nursing care were provided to residents and this was well demonstrated in residents' continuing wellbeing.

Residents' care documentation had improved since the last inspection, however one resident's care plan reviewed in the sample taken on this inspection was not up-to-date. Although the majority of staff knew residents well and were knowledgeable regarding their individual care needs, the provider employed agency staff who may not have the same level of knowledge regarding each resident's care needs.

Residents' needs and preferences for social engagement and meaningful occupation were assessed and their individual interests and capacities were used to inform a varied and interesting social activity programme. Visits by a number of community groups and students from the local secondary school contributed to the residents' social activity programme. Although residents enjoyed a meaningful social activity programme on four days each week with the support of the social activity coordinator, assurances were not available that residents had adequate support to enjoy meaningful social activities to meet their needs on the other three days each week when the activity coordinator was not available in the centre. This is a repeated finding from previous inspections.

The provider had completed the actions from the last inspection to ensure residents were protected by safe medicines management procedures. The inspector was assured that residents received their correct medications and the pharmacist supplying residents' medicines was adequately supported to meet their obligations

as required.

The day-to-day management of fire safety precautions was effective. Regular fire safety checking procedures and servicing of fire safety equipment were in place to ensure residents' safety. As part of the provider's fire safety precautions the building is divided into four compartments. There was evidence that this action reduced times taken to complete simulated evacuation drills. However, the evacuation times varied and the evacuation strategy practiced did not take account of calling the emergency services and supervision of residents post evacuation. Notwithstanding the fire safety improvement works that were ongoing at the time of the inspection, the deficits with the fire doors had been made known to the provider in May 2024. These risks were still present in the centre five months later with no clear date for completion of these works was available.

## Regulation 12: Personal possessions

One resident had been provided with additional storage and was using two wardrobes to store their clothing. Access to one of these wardrobes was partially obstructed by the location of the hand wash basin located in front of one wardrobe and a large bedside locker with folding overbed table hindered access to their second wardrobe. The size and amount of furniture in this bedroom meant that the circulation space around the resident's bed was not sufficient for the resident to mobilise safely around their personal space to access their personal belongings easily.

Judgment: Substantially compliant

## Regulation 17: Premises

The layout of one twin bedroom did not ensure the personal space available for each resident met their needs and is a repeated finding from the last inspection. The inspector observed that;

- the limited circulation space in the twin bedroom did not ensure that the resident in the bed closest to the en-suite bathroom was not disturbed when the other resident in the room was accessing the bathroom with the assistance of staff.
- the limited space around this resident's bed also did not ensure they could safely mobilise around their bed space. Both residents accommodated in the twin bedroom used assistive equipment and the room did not meet their needs for privacy and dignity)or facilitate safe manoeuvring assistive equipment to meet their needs.

Some areas of the premises did not conform to the requirements set out in Schedule

6 of the regulations as follows;

- there was not enough designated storage space available for the storage of a hoist which meant that a hoist was stored in a laundry room. This posed a risk of cross contamination as the inspector observed that used linen was also stored in this room.
- the floor covering in bedroom 16 was damaged and could not be effectively cleaned.

Judgment: Not compliant

## Regulation 28: Fire precautions

Actions are required by the provider to ensure adequate precautions were in place to protect residents and others from the risk of fire and compliance with Regulation 28, Fire precautions as follows;

- A number of fire doors that had been identified as needing repair were not addressed and did not ensure effective containment of fire and smoke. Identified necessary repairs included missing or damaged smoke seals and door hinges not fitted correctly creating gaps around the perimeter of the door. These deficits increased the risk of the spread of fire and smoke in the event of a fire emergency.

Assurances regarding residents' safe evacuation in the event of a fire in the centre were not adequate as the fire evacuation drill records did not give assurances that the following procedures and risks were addressed;

- the most recent simulated emergency evacuation drill record dated 04 October 2024 referenced prolonged evacuation times and it was not unclear that how this was addressed. Furthermore, assurances were not adequate regarding
  - the compartment being evacuated as the most recent simulated night-time evacuation drill referenced that the procedure simulated evacuation of 10 residents, however, the largest fire compartment provided bedroom accommodation for nine residents.
  - calling the emergency services was not consistently referenced as being part of the procedure completed
  - assurances regarding residents' supervision by staff post their evacuation was not assured. The majority of the residents' personal emergency evacuation plans identified that they needed supervision by staff to maintain their safety post evacuation.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices that were in line with professional guidance and standards. Residents' medicine prescriptions were signed by their general practitioners and residents' medicines were administered by nursing staff as prescribed. A pharmacist supplying residents' medicines was available to meet with residents and completed regular audits in line with their obligations.

Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily. Balances of a sample of controlled drugs checked by the inspector were correct. Medicines requiring temperature controlled storage were stored in a refrigerator and the refrigerator temperatures was checked daily by staff.

All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded. Procedures were in place for recording and return of unused or out-of-date medicines to the dispensing pharmacy.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

While, each residents' needs were regularly assessed, actions continued to be necessary to ensure that residents' care plans were up-to-date and that the care interventions that staff must complete to meet residents' assessed needs are clearly described. This was evidenced by the following findings;

- one resident's nutrition care plan was recently updated but did not reference the interventions recommended by the dietician. This posed a risk that this pertinent information would not be communicated to all staff caring for this resident. This is repeated from the previous inspection.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents with unintentional weight loss did not have adequate access to a dietician at the time of this inspection. Following the inspection, the provider confirmed that a dietician service who will review and meet with residents in the centre had been made available.

Judgment: Substantially compliant

### Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. All staff were facilitated to attend training on safeguarding residents from abuse. The person in charge ensured that staff were aware of the reporting procedures and of their responsibility to report any concerns regarding residents' safety. Residents confirmed to the inspector that they felt safe and secure in the centre and would be comfortable with speaking with members of the staff if they had concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Not all residents had access to meaningful activities in line with their preferences and capacities. For example, while, music sessions and other events facilitated by people external to the centre were organised over the three days that there was no additional staff to provide activities in the centre, the inspector was not assured that those residents who spent most of their times in their bedrooms or who were not able to enjoy large group activities/entertainments without support had access to appropriate activities to meet their needs on these days. This was validated by a review of the records of the social activities attended by these residents which showed that on those three days the residents' activities were limited and were mostly self-led such as watching television and listening to the radio. This is a repeated finding from a previous inspection.

The location of the beds and the bed screen curtains in the twin bedroom did not allow for ease of access by staff to both sides of the beds to carry out care and transfer procedures without negatively impacting on residents' privacy and dignity and disturbing the resident in the other bed in these rooms. As a result the residents could not carry out personal activities in private.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Ballinamore Nursing Unit OSV-0005290

Inspection ID: MON-0045157

Date of inspection: 18/10/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To ensure compliance with Regulation 15 Staffing the Registered Provider and Person In Charge will:</p> <ul style="list-style-type: none"> <li>• The Registered Provider and Person in Charge have formally reviewed staffing on the 21/10/2024 to ensure that the staffing levels adequately support the assessed needs of each resident.</li> <li>• Following this review, it has been determined that there are adequate numbers of staff to meet the assessed needs of the residents this includes supporting the residents social needs.</li> <li>• Staffing will at all times be kept under review by the Registered Provider to ensure the staffing levels meet the assessed needs of all residents.</li> <li>• Staffing will be reviewed as part of the ongoing governance and management and will be reviewed at provider meetings, OPS governance meetings and provider compliance visits and inspections.</li> <li>• For any vacant positions, they are currently backfilled with agency staff and all HSE HR and recruitment processes have been followed.</li> <li>• If at any time the Person in Charge requires additional staffing resources this will be supported without delay.</li> <li>• There is a scheduled activities Programme 7 days a week in place as well as additional outings and trips and residents are encouraged to participate in local activities.</li> <li>• An activities staff member is on duty Monday to Friday to support residents with activities, outside of this arrangement staff are allocated to support residents with activities including the evenings and weekends.</li> <li>• The activities schedule will be kept under review and will change in line with the residents will and preference.</li> <li>• Seasonal activities also form part of the activities Programme.</li> <li>• A current intergenerational programme is also running with local schools which is supporting residents to remain connected to their local community.</li> <li>• All residents have access to the landscaped courtyard and are supported by staff to use this space which has been refurbished in 2024.</li> </ul>	

- A review of the resident's surveys that was completed for 2024 did not indicate that residents were dissatisfied with activities provided. However, the Person in charge will continue to engage with residents on an individual basis to ensure that the activities schedule meets the resident's wishes.
- A bespoke activities questionnaire has been completed in September 2024 its findings found that residents were satisfied with the programme of activities in place.
- The Person in Charge will continue to review dependency levels on each resident and their social activity needs to ensure that an adequate number and skill mix of staff is in place to meet the assessed needs of each resident.
- A risk assessment tool (Care Pal Tool) for meaningful activities was introduced in June 2024 to ensure that staff discuss individually with each Resident their preferred activities and identify the supports that are required to engage in same.
- This risk assessment will inform the development of a person centered meaningful activities care plan that is tailored to reflect the abilities and interests/ preferences of each resident.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

To ensure Compliance with Regulation 23(a) Governance and Management 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.

To ensure Compliance with Regulation 23(c) Governance and Management the Registered Provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Compliance will be met by:

- The Registered Provider has reviewed the governance arrangements in place in the designated centre on 21/10/2024.
- All vacant positions within the designated centre are being kept under review by the Registered provider in line with HSE HR procedures.
- Any vacant staff positions are currently being backfilled by regular agency staff. The agency staff have been consistently and regularly working in Ballinamore Nursing Unit. They are familiar to the residents and this promotes person centred care to ensure continuity of care for the residents.
- The Registered Provider continues to review staffing as part of the ongoing governance and management and will be reviewed at provider meetings, OPS governance meetings and provider compliance visits and inspections.
- The Registered Provider and Person in Charge have reviewed the Fire safety management system within the designated center on 21/10/2024
- Following this review any outstanding fire safety works to the fire doors which had

commenced on 26/07/2024 have been completed on 10/12/2024.

- Following the fire safety review, additional fire door checks are carried out during weekly fire checks and records are maintained in the Fire Register.
- An annual Fire safety training Programme is in place to ensure all staff attend Fire safety training on an annual basis. 100% of staff have completed their fire training.
- The Registered Provider and Person In Charge have reviewed the Monthly Simulated Fire Drills template on 21/11/2024 and a new template has been introduced to accurately reflect the simulated drills and ensure accuracy of information.
- Simulated fire drills are carried out in the designated centre on a monthly basis to support staff with knowledge and skills to safely evacuate the residents. Shared learning takes place on the unit after these simulations to improve staff knowledge and competence in evacuation techniques.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

To ensure Compliance with Regulation 12(a): Personal Possessions: The Person In Charge shall, in so far as is reasonably practical, ensures 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.

Compliance will be met by:

- The Registered Provider and Person in Charge have reviewed the resident's access to personal possessions in the twin bedroom on the 7th October 2024 this review included the layout within the twin bedroom, access to the resident's personal possessions and their lockers and access to both the bathroom and the hand wash sink.
- Following this review the twin bedroom has been rearranged to ensure that each resident in the twin bedroom will be able to access their personal possessions without restriction. This has now ensured that residents who share the twin bedroom are able to sit at their bedside without any obstruction to their bedside locker.
- New bedside lockers and tables have been purchased for the twin bedroom and are in place from 05/10/2024. This will ensure that each resident who shares the twin room will have mobile access to both their bedside table and locker.
- For each resident who shares this space, a bespoke questionnaire has been developed to assess their thoughts and preferences on the space and what if any changes they would like. This will be completed for all residents who use the twin bedroom to determine if any further changes are required.
- All new Residents being considered for Room 15 will have a comprehensive pre-assessment completed by the Person in Charge or deputy.
- The pre-assessment will determine if the residents needs can be met in the designated centre and in particular room 15. All residents and families are invited to visit the Unit prior to admission.

- All prospective residents who are considering Long term Care will be advised in advance of making the decision whether the room is shared or single.
- The Registered Provider and Person In Charge will ensure that residents who share this room will at all times be supported by staff to ensure that they have access to all aspects of this room.
- The Registered Provider and HSE maintenance have reviewed the layout of the twin bedroom in conjunction with Infection prevention and Control (IPC) and the location of the hand wash sink. There is no other suitable alternative position in the bedroom for the sinks relocation due to Infection and prevention risk assessment and recommendation as off 01/10/2024.
- All residents will continue to be supported by staff who share this room to ensure that they have the necessary help to access and maintain their personal possessions.
- This will be kept under review and will be monitored by both the registered provider and Person In Charge.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 To ensure compliance with Regulation 17(2): Premises: 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

Compliance will be met by:

- The Person in Charge and Registered Provider have completed a review of the layout of the resident multi occupancy twin bedroom to ensure all residents have access to their personal possessions and lockers on the 07/10/2024.
- Following this review the layout of the multi occupancy twin bedroom has been rearranged on 09/10/2024 to ensure that each resident in the twin bedroom will be able to access their personal possessions without restriction and able to sit at their bedside without any obstruction to their bedroom and access the ensuite without restriction.
- New bedside lockers and tables have been installed in the twin bedroom. This will ensure that each resident who shares the twin room will have mobile access to both their bedside table and locker.
- The Registered Provider and HSE maintenance have reviewed the layout of the twin bedroom and the location of the hand wash sink in conjunction with Infection prevention and control CNS on 01/10/2024. There is no alternative position in the bedroom that is suitable for its relocation due to Infection prevention and control.
- All residents will continue to be supported by staff who share this room to ensure that they have the necessary help to access and maintain their personal possessions.
- The Registered Provider and Person in Charge will ensure that residents who share this room will at all times be supported by staff to ensure that they have access to all areas of their bedroom.
- Customized Wardrobes with lockable lockers were installed in the twin bedroom on 15/10/2024 to support residents to access a wardrobe at their bedside.

- All prospective new residents have an opportunity to view the accommodation prior to accepting a bed in the designated centre.
- The Registered Provider has reviewed the room formerly used as a laundry facility on 21/11/2024.
- Following this review this room has now been decommissioned and all laundry equipment has been removed on 28/11/2024.
- This room is now an additional store area. The statement of purpose has been updated to reflect this on 28/11/2024 Version 6.
- The Bedroom floor in Room 16 will be repaired by 31/12/2024.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

To ensure compliance with Regulation 28(1)(c)(iii)  
 The registered provider shall make adequate arrangements for testing fire equipment.

To ensure compliance with Regulation 28(1)(c)(ii)  
 The registered provider shall make adequate arrangements for reviewing fire precautions.

To ensure compliance with Regulation 28(2)(i)  
 The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.

To ensure compliance with Regulation 28(3)  
 The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated center.

Compliance will be met by :

- The Registered Provider and Person in Charge have reviewed the Fire safety management system within the designated center on 21/10/2024.
- Following this review, any outstanding fire safety works to the fire doors that had commenced in July 2024 and have been completed by 10/12/2024.
- Following the fire safety review, additional fire door checks are carried out during weekly fire checks and records are maintained in the Fire Register.
- An annual Fire safety training Programme is in place to ensure all staff attend Fire safety training on an annual basis. 100% of staff have completed their fire training
- Monthly Simulated Fire Drills for day and night are carried out in the designated center to support staff with knowledge and skills to safely evacuate the residents. Shared learning takes place on all units after these simulations.
- The Registered Provider has reviewed the fire evacuation records with the Person In Charge and a new template has been introduced on 21/11/2024 to document all fire drills. This will incorporate the time the location of the evacuation, the time the evacuation took, and the part the emergency services has in the drill as well as shared learning for all staff.
- All Residents emergency evacuation plans have been reviewed and updated by the Person in charge on 22/11/2024

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

To ensure compliance with Regulation 5 (1) The registered provider shall, in so far as reasonably practical 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

Compliance will be met by the following:

- The Registered provider and Person in Charge have formally reviewed the care plans of residents within the designated centre on the 22/10/2024.
- Following this review all residents Care Plans have been updated and all recommendations from the MDT are added to the Care plans.
- The Person In Charge reviews all care plans on an ongoing basis.
- A number of staff have completed short Dementia programmes in Dementia and Responsive Behaviors. Care pals tool and reminisce therapy tools have been added to the care plans to assist residents in achieving better quality of life outcomes.
- A Dietician for the service is in place from 09/12/2024.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

To ensure compliance with Regulation 6 (2) (c): Healthcare:  
 The Person in Charge shall in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment

- The registered provider has reviewed the dietetic service that was provided to residents following this a Dietician for the service has been secured and has commenced on 09/12/2024.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Compliance will be met by the following:</p> <ul style="list-style-type: none"> <li>• The registered provider and Person in Charge have completed a review of all social activities currently provided on the 22/10/2024, to include the findings of the Residents Satisfaction Surveys with regard to activities.</li> <li>• Following this review it has been determined that the activities provided do meet with residents satisfaction and that residents are happy with the activity programme in place.</li> <li>• There is an activity programme Monday to Sunday within the centre .Staff have also been assigned to support residents with activities to support the current programme.</li> <li>• The Person In Charge has also spoken with each resident to ensure that all preferred activities are made available to include individual and group activities both inside and outside the centre.</li> <li>• The Person In Charge has reviewed the records for social activities on 11/11/2024. The records will now be updated daily to reflect actual activities participated in. This will be kept under review by the Person In Charge to ensure ongoing compliance.</li> <li>• The activities schedule and programme will be an ongoing agenda item at the resident's forum meetings to determine what additions to the programme can be added or included to ensure all resident needs are being met.</li> <li>• The Person In Charge has introduced Memory books and Audio books from 12/11/2024 for those residents with dementia and those who wish to use them. This will support staff in engaging with residents in a meaningful way to support the lived experience of all residents in the center.</li> <li>• Integration of our Residents in the community is facilitated on an individual basis and is very much encouraged.</li> <li>• An intergenerational project is in place with the local school which is supporting residents to remain connected to their local community.</li> <li>• The Person in Charge will continue to review the dependency levels on each Resident and their social activity needs to ensure the adequate number of staff with the required skill mix is in place to meet the needs of each Resident.</li> </ul>	



## 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.	Substantially Compliant	Yellow	30/11/2024
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	21/10/2024
Regulation 17(1)	The registered provider shall	Not Compliant	Orange	26/11/2024

	ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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	30/11/2024
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	30/11/2024
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.	Not Compliant	Orange	30/11/2024
Regulation 28(2)(i)	The registered	Not Compliant	Orange	10/12/2024

	provider shall make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Not Compliant	Orange	30/11/2024
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.	Not Compliant	Orange	10/12/2024
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.	Substantially Compliant	Yellow	22/10/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or	Substantially Compliant	Yellow	30/12/2024

	other health care service requires additional professional expertise, access to such treatment.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/11/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/11/2024