



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:	06 November 2024
Centre ID:	OSV-0000210
Fieldwork ID:	MON-0045298

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:	43
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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 6 November 2024	09:00hrs to 17:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over one day in CareChoice Ballynoe. Overall, there was a pleasant atmosphere and residents were relaxed and comfortable in their surroundings, and residents were supported to have a good quality of life in. Residents spoken with on the day of inspection were happy with the care they received and complimentary of the service provided. The inspector met with many of the residents living in the centre and spoke with 10 residents in more detail to gain insight into their lived experience there. Residents spoke very highly of all the staff, the activities and the food served; residents reported that staff were good fun, kind and considerate.

CareChoice Ballynoe is a designated centre registered to accommodate 46 residents; there were 43 residents living in the centre at the time of inspection. This 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' guides, inspection reports, annual review and the health and safety statement are displayed. The nursing home registration and insurance certificate along with the complaints procedure are displayed near the reception. There was a hand-wash hub at reception with appropriate hand-wash signage.

Bedrooms on the ground floor were very personalised. Residents had decorated their bedrooms in their own style with many personal items on display in their room. 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 front doors of the bedrooms were painted individual colours, with front door knockers and numbered to assist residents in finding their own bedrooms. Communal space downstairs comprised the main day room, smaller comfortable sitting room near the dining room and larger room with kitchenette facilities.

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 a sitting room and separate dining room with kitchenette facilities; both rooms are bright, comfortable and relaxing. Bath and shower facilities were available upstairs. The bathroom beside the day room was secured, and when this restrictive practice was highlighted to the person in charge, the keypad was removed to enable residents freely access the bathroom.

There was a varied and extensive activity schedule available to residents. There were three people identified to manage and facilitate activities for the residents which were available to residents throughout the day. Residents had a group physiotherapy session on the morning of the inspection. Residents were seen to

enjoy 'laughter yoga' in the afternoon. Children from the pre-school alongside the centre visited every Wednesday morning and teenagers from the local secondary school visited every Thursday, where shared reading and story-telling was facilitated. Residents were encouraged to maintain contacts with the local community. Some residents were reading the 'Hollybough' and were enjoying stories of 'Cork in the olden days'. One resident's son was taking their mother to her hairdresser in the next village as part of her routine.

The inspector 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. Residents spoken with were very happy with the food on offer. Residents sitting together at tables were served together in line with normal service and meals were well presented including textured diets.

Mid morning refreshments were offered to residents in the day room and their bedrooms. Residents highlighted that the soup was always delicious and especially the mushroom soup served that morning. Residents were offered soda bread with this and it were seen to enjoy it; residents were also offered tea, coffee or juices. Another resident was having a late breakfast in accordance with his daily choice and staff provided assistance in a social and relaxed manner.

In general, the centre was clean with good systems of cleaning in place. Rooms such as sluice room, clinical rooms and nurses stations were appropriately secured to ensure safety and confidentiality of records for example. 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. While clinical hand-wash sinks remained non complaint with current mandated national standards, the project plan for the premises will commence in January 2025 and this will remedy many of the premises and infection control issues identified such as the worn and stained flooring and paintwork.

The laundry was inspected. There were separate handwash sink and laundry sink, however, there were several items stored here including drinking cups and disposable gloves; these were immediately removed following identification by the inspector.

The main enclosed outdoor garden was very well maintained and had ample space with comfortable garden furniture. The residents' smoking shelter was located to the corner in the enclosed garden and had fire safety equipment such as fire aprons, fire blanket, a device for extinguishing and discarding cigarettes, and a call bell for residents' safety.

Visitors were seen coming in and out of the centre throughout the day and were seen participating in activities as well as assisting with their meals.

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 with colour-coded zones with primary evacuation routes identified.

Directional signage was displayed throughout the centre to help orientate residents and visitors and allay disorientation and possible confusion. Nonetheless, additional signage upstairs would alert residents and visitors to the change in camber of the flooring and possibly mitigate falls risk.

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

Overall, the findings of this inspection were that CareChoice Ballynoe was a well-managed centre where there was a focus on quality improvement to enhance the daily lives of residents. Nonetheless, issues were identified relating to the premises and associated infection control concerns and these are discussed throughout the report.

This was a one day unannounced inspection to monitor the compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

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 a board of directors with the chief executive officer 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, training and human resources (HR). On site, there were clear lines of accountability and responsibility with the person in charge leading the team, and she is supported by two assistant directors of nursing (ADON) and a clinical nurse manager (CNM) and a team of care, catering, maintenance and household staff.

Following a recent infection outbreak, an outbreak review was completed to enable learning and put additional controls in place in line with mandated infection control national policy.

Clinical governance meetings took place in the centre to ensure oversight of care and welfare of residents along with statutory requirements such as incidents and accidents with associated notifications, complaints, and key performance indicators for example. An appropriate governance and management structure was in place in the centre. The audit system enabled effective monitoring of the service to ensure

the safety and well-being of residents. Supervision from the management team spanned across seven days of the week to provide oversight and support to staff. The service demonstrated incremental improvement and management positively engaged with the regulator and were pro-active in their responses to regulatory findings.

Staff duty rostered reviewed demonstrated adequate staffing for the size and layout of the centre. Staff had training suitable to their role and the staff training schedule showed that there was on going refresher training for staff throughout the year. Additional training was provided for staff in accordance with their roles and responsibilities.

Comprehensive documentation of accidents and incidents were recorded. Associated notifications were submitted in a timely manner to the regulator and clarification was given regarding the submission of bi-annual NF40. The centre's complaints procedure was displayed both upstairs and downstairs. A complaints log was maintained and the person in charge ensured oversight of complaints.

Regulation 14: Persons in charge

The person in charge was full-time in post and had the requirements as specified in the regulations. She was pro-actively engaged in the governance and management of the centre and positively engaged with the regulator.

Judgment: Compliant

Regulation 15: Staffing

Staff numbers and skill mix were appropriate to the size and layout of the centre and assessed needs of current residents. On the day of inspection staff were observed to interact in a kind, social, relaxed and respectful manner with residents.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider ensured that staff had access to timely training regarding mandatory and other training. The training manager came on site and providing training relating to manual handling and lifting, safeguarding, restrictive practice for example. The person in charge and two ADONs provided training regarding hand hygiene and other infection control areas. An external fire safety company provided

annual fire safety training. Cardio-pulmonary resuscitation was provided to nurses, and confirmation was provided by the provider representative that this training would be rolled out to other staff.

Judgment: Compliant

Regulation 23: Governance and management

Action was necessary to ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored and to ensure issues were reported in a timely manner:

- immediate actions were issued on the day of inspection as three fire magnets did not engage in accordance with fire safety precautions and had not been reported to maintenance for attention
- there was a lack of oversight of Infection control; while there were infection control leads on site, several of the issues reported under Regulation 27 had not been identified as part of implementation of the mandated National Standards for infection prevention and control in residential care settings.

Judgment: Substantially 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 within the regulatory time-frames, were submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded in line with current legislation. Actions were taken on complaints and outcome of complaints recorded. Information regarding advocacy services was available to residents and displayed throughout the centre. The person in charge had assisted residents to access this service in accordance with their wishes and needs.

Judgment: Compliant

Quality and safety

In general, the inspector found that a human-rights based approach was taken to enable and ensure residents had a good quality of life. Systems were in place that promoted a holistic approach to care delivery. However, action was necessary regarding aspects of the premises, infection prevention and control and residents' care records as discussed under the relevant regulations.

Personal emergency evacuation plans were in place for all residents and were reviewed regularly to ensure the information remained current. Nonetheless, the mechanism associated with three fire doors was ineffective as two of the magnet hinges were partially detached from the wall and a third magnet was not connecting to the holder. An immediate action was given for these to be remedied and this was completed during the inspection to ensure the safety of residents and staff.

Residents' health care needs were being met with regular access to GP services. The GP was on site during the morning of the inspection and reviewed medications as part of the consultation with the resident. Residents also had timely access to a physiotherapist, occupational therapist, speech and language therapist, dietitian, tissue viability nurse and a chiropodist. Care plans for residents were completed using validated tools and while most were comprehensively completed to inform individualised care including their psycho-social histories, others had little or no information and some had duplicate care plans.

While there was no resident receiving end-of-life care at the time of inspection, all nurses were training regarding syringe driver use. The 'end of life' folder had information and guidance for staff regarding advanced care planning, end of life care pathway and a list of anticipatory medications and considerations for their use regarding effects, side effects and diagnoses.

The inspector spoke with two nurses completed medication rounds and both were very knowledgeable regarding medication management. Controlled drugs were maintained in accordance with professional guidelines.

The inspector was 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, and what activities they would part-take. Staff were seen throughout the day of the inspection being courteous and helpful to residents and offering choice.

Regulation 11: Visits

Visitors were seen coming and going throughout the day. They were welcomed by staff and positive engagement was observed between staff and visitors. One visitor

spoken with was very complimentary of the care their relative received. It was apparent he visited very regularly and staff interacted in a normal relaxed and social manner.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had good access to personal storage space which comprised a double wardrobe, chest of drawers and bedside locker with lockable storage space for their personal use to safeguard their belongings.

Judgment: Compliant

Regulation 18: Food and nutrition

Mealtime was observed and residents were seen to have a pleasant dining experience. Residents sitting together at tables were served together and appropriate assistance was provided in accordance with residents' individual needs. Meals were well presented including textured diets. A variety of beverages were offered during meals and snack times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Upon transfer to another care facility, staff ensured that all relevant information about a resident was provided to the receiving centre to enable best outcomes for the resident. Residents care records demonstrated that all relevant information was obtained when a resident was transferred back to the centre to ensure the resident could be care for in accordance with their changed needs and medications where appropriate.

Judgment: Compliant

Regulation 27: Infection control

Action was necessary to ensure compliance with the procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff:

- some clinical hand wash sinks did not comply with current mandated national guidelines
- some carpets and other flooring were stained and worn and effective cleaning could not be assured
- surfaces to walls, doors, architraves were marked and chipped so effective cleaning could not be assured
- the clinical hand wash sink in one sluice room was right beside the sluice hopper which significantly increased the risk of cross infection
- several items were stored on the hand wash sink and laundry sink which increased the risk of cross contamination
- the hand soap dispenser and paper towel dispenser were separate from the hand wash sink in the nurses station upstairs (the person in charge asked the maintenance person to move these during the inspection to the hand wash sink location, and this was completed)
- the base of one store room did not have appropriate flooring and had items stored on it [these items were removed during the inspection, but an appropriate floor surface was required to enable items to be stored off the floor here].

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector attended medication rounds with two nurses who were very knowledgeable regarding administration, prescriptions including crushing medications. As this system was electronic, all medications requiring to be crushed were individually prescribed in line with professional best practice guidelines.

Controlled drugs were maintained in line with professional guidelines. A sample of controlled drugs was examined and the drug count was correct. Controlled drugs were checked twice daily at change of nurse shift.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents care records found that while validated assessment tools were used, occasionally these were incomplete or blank; some

care plans were not updated in accordance with the changed needs of the resident and some were duplicate records.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical care and GP services and their GP was on site every week. GPs had their own log-in code and medical records were seen to be comprehensively maintained in the system. An on-call medical service system was also available to the centre. There was appropriate timely access to professionals such as physiotherapists, dietitian, speech and language therapists, and chiropodists. Fit-for-life external company provided physiotherapy expertise and were on site every week; the occupational therapist was on-site once a month. An ophthalmologist and dentist were on site annually. The chiropodist attended the centre every six weeks.

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 people employed to plan and undertake these. Good fun and interaction was noted throughout the day during all activities. Residents were seen to have choice in their daily routine such as when to get up, meal times, whether to participate in group activities and choices at meal times.

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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for CareChoice Ballynoe OSV-0000210

Inspection ID: MON-0045298

Date of inspection: 06/11/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The screws on the metal plate at the back of 3 doors had loosened which maintenance promptly attended to on the day of inspection and ensured that they were tightly secured. Safety checks and the maintenance book will be inspected daily by the ADONs and the CNM and documented accordingly. This has been actioned at the clinical governance meeting to ensure that all repairs, concerns and faults are reported and documented by every staff member and the maintenance person will report to the PIC when works are carried out and will sign off on completion on each job. • ADONs who are also IPC Link Nurses and CNM are to carry out a weekly IPC checks and document same every Monday. They must report any IPC concerns which cannot be immediately rectified to the DON, who will refer to the facilities manager if specialist work or repairs are required. Documented checks are in place to ensure housekeeping staff adhere to the correct IPC measures in the laundry. Hand Hygiene audits and PPE Donning and Doffing audits are carried out monthly, a Quality IPC audit is carried out yearly and a comprehensive Biannual IPC audit is carried out in February and August. These audits are completed in the recommended timeframe as per CareChoice policy, with actions and sign off discussed at each quarterly clinical governance meeting. A comprehensive refurbishment plan is finalised and will include painting and updating the entire ground floor, flooring in the sitting room and quiet room, curtains, fixtures and new blinds, redesign of the sluice room and installation of 2 new clinical handwash sinks. We expect to commence all this work on January 6th. Our contractors and suppliers are confirmed. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Action was necessary to ensure compliance with the procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.</p> <ul style="list-style-type: none"> • New sinks will be installed in the treatment room and staff canteen The 2 clinical hand sinks that comply with the national guidelines (HBN 00-10 Part C) are due for installation and commissioning in Quarter 1, 2025. The areas for installation have been assessed and measured and confirmation of the exact installation date will follow. Hand sanitizer units are located and maintained at the Point of Care and throughout the center. • Carpets and damaged flooring will be replaced during the refurbishment set to commence in January 2025 • The entire ground floor will be repainted with doors and architraves sanded and varnished. The painter and decorators will commence work on January 6th 2025. • The Facilities Manager has assured the inspector on the day of inspection that the sluice room will be redesigned to ensure the risk of cross infection will be significantly reduced with the clinical hand wash sink at the appropriate distance from the sluice hopper. This work will be carried out during the refurbishment in January 2025. • Laundry staff have been instructed by the housekeeping supervisor, the DON and ADONs that no items are to be stored near the laundry sink. A cupboard has been cleared to ensure correct storage of all items and thereby prevent contamination of same. This is inspected daily by the DON or ADONs who both are IPC Link Nurses to ensure compliance. All staff have received training on the proper storage of items in compliance with health and safety and infection prevention procedures. • The hand soap dispenser and paper towel dispenser were separate from the hand wash sink in the nurses station upstairs and this was rectified on the day of inspection. • The base of one store room did not have appropriate flooring and had items stored on it -these items were removed during the inspection and the flooring will be upgraded during the refurbishment in January. In the interim no items will be stored on the floor. This area is checked daily by DON or ADONs who are IPC Link Nurses to ensure compliance. • A comprehensive refurbishment plan is finalised and will include painting and updating the entire ground floor, flooring in the sitting room and quiet room, curtains, fixtures and new blinds, redesign of the sluice room and installation of 2 new clinical handwash sinks. We expect to commence all this work on January 6th. Our contractors and suppliers are confirmed. 	
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:

- Validated risk assessments are regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. A comprehensive assessment was completed for residents within 48 hours of admission, in line with the regulation.
- Assessments and care plans are updated when residents' condition changes or every four months, as per regulatory requirements. 1 care plan showed some duplicate steps and 1 Resident had both a communication care plan and a dementia care plan. This was rectified on the day of inspection.
- Nurses have been instructed and trained on how to complete person centred care plans accurately and that non-applicable information is to be removed. The training and supervision is ongoing with newer nurses mentored by more experienced staff and supervised by the CNM and ADONs.
- Assessment and care plan audits are carried out monthly as per CareChoice policy and findings are actioned and discussed with each nurse individually and as a group. We will continue to strive for improvement in documentation.

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2024
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	31/03/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an	Substantially Compliant	Yellow	30/11/2024

	appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(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	30/11/2024