



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ballinderry Nursing Home
Name of provider:	Ballinderry Nursing Home Limited
Address of centre:	Ballinderry, Kilconnell, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	02 October 2024
Centre ID:	OSV-0000318
Fieldwork ID:	MON-0045015

About the designated centre

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

Ballinderry Nursing Home is located in a rural setting, a short drive from the village of Kilconnell and 13 kilometres from the town of Ballinasloe. It is a single storey over basement purpose built premises that is registered to accommodate 44 residents. The centre provides continuing care, convalescent and respite care to residents primarily over 65 years who may have low to maximum care needs. Residents have a choice of areas where they can spend time during the day. There are several sitting rooms, a dining room and outdoor garden space available for use by residents. Bedroom accommodation consists of 14 single and 15 double rooms. The centre aims to provide a quality of life for residents that is appropriate to their care needs and is stimulating and meaningful.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
--	----

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 October 2024	08:20hrs to 14:40hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector spoke with seven residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided.

There was a calm and relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

There was a varied activities schedule in place and the inspector noted that residents were engaged in activities throughout the day. Residents who did not wish to participate in activities were observed to be relaxing in communal areas or their bedrooms watching television or reading newspapers.

There was a low level of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and staff were familiar with what might trigger a resident's responsive behaviours and how best to support those residents when they became anxious or agitated.

Personal care was being delivered in many of the residents' bedrooms on the morning of the inspection and observation showed that this was provided in a kind and respectful manner.

Ballinderry Nursing Home is a purpose built facility, located in the rural village of Kilconnell, Co. Galway. The designated centre is registered to provide long term and respite care to a maximum of 42 residents. There were 40 residents living in the centre on the day of inspection.

There was a treatment room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings and a sluice room for the disposal of urinals and bedpans. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. However, dust and debris was observed on the floor and the sink in the laundry was rusty.

The main kitchen was clean and of adequate in size to cater for resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff.

Overall the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. There were a variety of communal areas, including two sitting rooms, a conservatory, a dining room and an oratory which were brightly decorated, with suitable furnishings. The outdoor space was readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

The general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. Through walking around the centre, inspector observed that the majority of residents had personalised their bedrooms and had their photographs and personal items displayed.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, some surfaces and finishes including wall paintwork, wood finishes and flooring were worn and as such did not facilitate effective cleaning. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing painting, which was in progress on the day of the inspection.

Barriers to effective hand hygiene were observed during the inspection. For example, there were a limited number of dedicated clinical hand wash sinks in the centre. Sinks within residents toilets were dual purpose used by both residents and staff. There was no risk assessment with appropriate controls in place to support this practice. Alcohol-based product dispensers were not available at point of care to facilitate staff compliance with hand hygiene requirements.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the care and welfare of residents in designated centres for older people, regulations 2013. This inspection focused on the infection prevention and control related aspects of Regulation 5: individualised assessment and care planning, Regulation 6: healthcare, Regulation 9: residents rights, Regulation 11: visits, Regulation 15: staffing, Regulation 16: training and staff development, Regulation 17: premises, Regulation 23: governance and management, Regulation 25: temporary absence and discharge, Regulation 27: infection control and Regulation 31: notification of incidence.

Overall, this is a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The inspector found that the provider generally met the requirements of Regulation 5: individual assessment and care planning, Regulation 23: governance and management and Regulation 17: premises. However, further action is required to be fully compliant.

The provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Findings will be discussed in more detail under the respective regulations.

The inspector followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection and found that they were endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance. However, a number of outstanding issues including the lack of appropriate housekeeping facilities, unclean laundry facilities and absence of a robust infection prevention and control auditing process had not been addressed following the last inspection. Findings in this regard are presented under Regulations 17, 23 and 27.

Ballinderry Nursing Home Limited was the registered provider of this family owned and operated centre. The registered provider representative attended the centre on a daily basis and a director of the company also participated in the day-to-day management of the centre. The person in charge was supported by an assistant director of nursing (ADoN), who was deputising in their absence on the day of the inspection. They were supported by a clinical nurse manager and a team of registered nurses, health care assistants, activities, housekeeping, catering and maintenance staff.

There were clear lines of accountability and responsibility in relation to governance and management of prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge. The ADoN had taken up the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

A schedule of infection prevention and control audits was also in place. High levels of compliance had been achieved in recent audits. However, some disparities between the findings of local infection prevention and control audits and the observations on the day of the inspection indicated that more robust auditing practices were required to ensure compliance with the National Standards for infection prevention and control in community services. Details of issues identified are set out under regulation 23.

There were sufficient numbers of housekeeping staff to meet the needs of the centre. An additional member of staff had recently been recruited to the housekeeping team. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning

specifications and checklists and colour coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day and the inspector was informed that every bedroom was deep cleaned each month.

However, surveillance of multi-drug resistant organism (MDRO) colonisation including Carbapenemase-Producing Enterobacterales (CPE), Vancomycin-resistant Enterococci (VRE) and Extended Spectrum Beta-Lactamase (ESBL) was not routinely undertaken and recorded. Findings in this regard are presented under regulation 23.

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Discussions with staff on the day revealed they were familiar with the precautions that were in force to reduce and mitigate against the risk of transmission of infection spread in the centre.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Residents said that there were enough staff to provide the care they wanted at the time they wished. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs.

Judgment: Compliant

Regulation 16: Training and staff development

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A blended training approach using face to face training and e-learning was used. A review of training records indicated that the majority of staff were up to date with mandatory infection prevention and control training.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. However, further action is required to be fully compliant. This was evidenced by:

- Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services. For example, local audits had not identified the inappropriate use of the sluice room for preparing housekeeping trolleys or the absence of alcohol hand rub at point of care. This was a repeat finding.
- Surveillance of MDRO colonisation was not undertaken. Staff and management were unaware that a significant number of residents were colonised with MDROs including VRE and ESBL. This impacted appropriate antibiotic treatments and the early identification and control of MDROs within the centre.
- While some *Legionella* controls were in place, water samples were not routinely taken to assess the effectiveness of local *Legionella* control programme.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. The provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them.

Staff had recently managed a outbreak of COVID-19. A total of 10 residents and two staff had tested positive. While it may be impossible to prevent all outbreaks, the low level of staff transmission and short duration of the outbreak indicated that the early identification and effective management of this outbreak had contained and limited the spread of infection.

There were no visiting restrictions in place on the day of the inspection. Visits and social outings were encouraged with practical precautions were in place to manage any associated risks. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

Resident care plans were accessible on a computer based system. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. Care plans viewed by the inspectors were generally personalised, and sufficiently detailed to direct care with some exceptions. For example, accurate infection prevention and control information was not recorded in resident care plans to effectively guide and direct the care residents that were colonised with an MDRO. Details of issues identified are set out under Regulation 5.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP) practices, specialist services such as, tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chiropody.

However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. While the provider had access to diagnostic microbiology laboratory services, a review of resident files found that a limited number of clinical samples for culture and sensitivity were sent for laboratory analysis. There was an over reliance on the use of dipstick urinalysis in the diagnosis of urinary tract infections (UTIs). This can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including adverse effects, drug interactions and antimicrobial resistance.

There was a low level of prophylactic antibiotic use within the centre. However, prophylactic prescriptions were not routinely audited by nursing staff and there was no evidence that all prophylactic prescriptions were reviewed after 3-6 months with a view to stopping them.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. When residents were transferred back from hospital the National Transfer Document for Patients Returning to Residential Care Facilities was used. These documents contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. Nursing staff had contacted a specialist infection prevention and control nurse for further guidance when a resident with an MDRO was transferred from hospital to ensure appropriate control measures were in place.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. While the centre

generally provided a homely environment for residents, improvements were required in respect of the ongoing maintenance and upkeep. For example, minor wear and tear was observed in some bedrooms. Findings in this regard are presented under Regulation 17; premises.

The inspector identified some examples of good practice in the prevention and control of infection. For example, used laundry and linen was segregated in line with local guidelines at point of care. Appropriate use of personal protective equipment (PPE) was observed during the course of the inspection. However improvements were required in sharps safety, clinical waste management and housekeeping and hand hygiene facilities. Findings in this regard are presented under Regulation 27; infection control.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider generally provided premises which were appropriate to the number and needs of the residents living there. The premises were well maintained and conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

The décor in some parts of the centre was showing signs of minor wear and tear. Surfaces, finishes and flooring in some resident rooms and around resident wash hand basins were worn and as such did not facilitate effective cleaning. The laundry facility had not been effectively cleaned and maintained.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Co-ordination and continuity of health care for residents was maintained for residents being transferred between services. The standardised National Transfer Documents were used when residents were transferred to and from acute care. These documents contained details of health-care associated infections and

colonisation to support sharing of and access to information within and between services.

The centre's pre admission assessment form had also been updated to include a comprehensive assessment of infection and MDRO colonisation status.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by the Authority, were implemented. For example;

- There was no housekeeping room for the storage and preparation of cleaning trolleys. The inspector was informed that buckets were prepared within sluice rooms. This practice increased the risk of environmental contamination and cross infection of MDRO's. This was a repeat finding.
- The housekeeping trolley and flat mop handle required more detailed cleaning in crevices. Effective cleaning is compromised if equipment is not clean.
- Hand hygiene facilities were not in line with best practice. For example there were a limited number of hand hygiene sinks available and alcohol hand gel was not available at point of care. This may impact the effectiveness of hand hygiene and is a risk in the context of the high burden of MDRO colonisation within the centre.
- Clinical waste was disposed of within the treatment room. This increased the risk of contamination of the environment and clean and sterile supplies.
- The provider had not substituted traditional hollow bore needles with a safety engineered sharps devices to minimise the risk of needlestick injury. Furthermore, the inspector saw evidence that retractable subcutaneous infusion needles were not retracted after use. This practice increased the risk of needle stick injury.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, however further action is required to be fully compliant. For example:

- Accurate information regarding MDRO colonisation status was not recorded in seven resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.
- One urinary catheter (a flexible tube inserted to allow urine to drain from the bladder for collection) care plan did not include sufficient detail to effectively guide care

Judgment: Substantially compliant

Regulation 6: Health care

While antibiotic usage was recorded and tracked, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship guidelines, training, audits or quality improvement initiatives.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found that residents' rights to privacy and dignity were respected. Resident told the inspector that they could choose when to get up and how to spend their day.

The inspector was told that measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, residents that tested positive for COVID-19 were cared for with transmission based precautions. One resident said that staff facilitated them to safely go outside to smoke while they were isolating during the recent outbreak. The provider also told the inspector that visits, where requested, could be facilitated in the conservatory which had direct access from outside.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballinderry Nursing Home OSV-0000318

Inspection ID: MON-0045015

Date of inspection: 02/10/2024

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

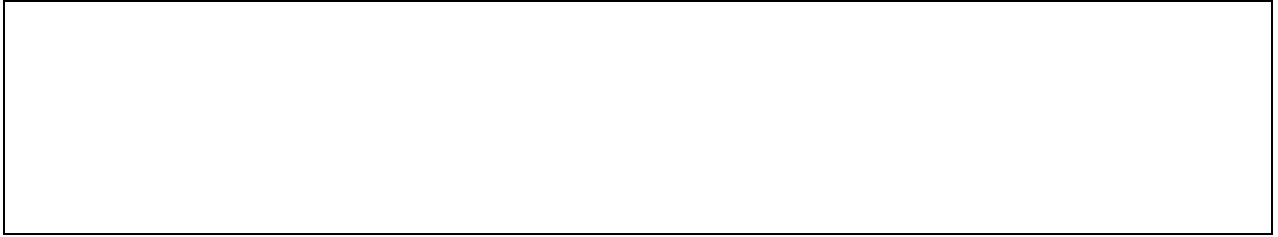
The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To become compliant with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• Management will implement audits that include taking action to ensure practices align with National Standards. This will improve environmental outcomes and the quality of care for residents. The audits will highlight areas that are working well and identify areas that need improvement. Based on the findings, an action plan will be developed. The auditing tool has been updated by management to identify the need for improvement focusing on areas such as housekeeping and hand hygiene facilities. Audits will also be conducted on prophylactic antibiotic use and findings will be discussed with our GP.• Management will ensure that auditing will be done quarterly, and action plans followed up in a timely manner. Infection prevention and control data on infections such as CPE, MRSA, VRE and EBSL will be collected and monitored by our Person in Charge (PIC). An overview of these finding will be discussed on a regular basis with the management team. This will provide assurance that infections and antimicrobial resistance related risks are identified and addressed in a timely manner. This data and information will be used for action, to develop policies and continued strategies in Ballinderry Nursing Home.• Nursing staff are now aware of all multidrug resistance organisms (MDRO's) within the Nursing Home. Staff training sessions will be conducted on the importance of MDRO surveillance, appropriate infection control measures and precautions for residents colonised with MDRO's. These sessions will take place on a Wednesday each week conducted by our Assistant Director of Nursing (ADON) or our Clinical Nurse Manager 2 (CNM2).• A comprehensive Legionella control programme will be implemented, this plan will include Legionella risk assessment, tank and pipe sterilisation and regular Legionella sampling and analysis. Tanksalot has been contacted and will come out to assess the premises on the 11th of November 2024 and a further date to complete a risk assessment and legionella sampling will be confirmed. This risk assessment will be reviewed on an annual basis and independently reviewed every two years as per National	

Guidelines. (Compliant by 31/1/2025).	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A thorough inspection of all resident rooms has been carried out and all necessary repairs will be completed by the 31/1/2025. The Maintenance Technician will also repair damaged hand wash basins in resident's rooms. The sink in the laundry room will be replaced on the 01/12/2024. A comprehensive cleaning schedule for laundry facilities has been developed and the laundry facility will be inspected. Checklists will be implemented and review accordingly Responsibilities will be assigned to specific staff members to oversee maintenance and cleaning tasks. Management will conduct regular inspections to ensure ongoing compliance with cleanliness and repair standards. All repairs will continue to be documented in the maintenance book and reviewed by the Maintenance Technician. (Compliant by 31/1/2025).</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: To become compliant with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • A new cleaning store order has been placed, for the storage and preparation of cleaning trolleys. Cleaning buckets will be prepared in this new cleaning store to prevent the risk of environmental contamination and cross infections of MDRO's. This cleaning store was ordered on the 20th September 2024. • Training sessions for housekeeping will be implemented on cleaning protocols, and a cleaning plan will be developed for the cleaning trolley and flat mop handles (Compliant by 30/11/2024). • The Person in Charge and the Registered Provider will conduct a review and risk assessment of hand hygiene sinks. This review will detail plans on installing hand hygiene sinks on each corridor. (Compliant by 28/02/2025). All-staff members will receive clip-on hand gel dispensers for easy access at point of care. This initiative aims to enhance hand hygiene practices throughout the Nursing Home. (Compliant by 31/12/2024). • Clinical waste will now be disposed of in the clinical waste bin that has been moved to the sluice room. 	

<ul style="list-style-type: none"> The use of traditional hollow bore needles will be replaced with safety device needles to prevent needle stick injuries. The pharmacy/supplier has been contacted and is sourcing a medical company that provide safety device needles. A risk assessment will be conducted to develop further control measures to reduce the risk of needle stick injuries. The following measures will include substituting unprotected medical sharps with safer sharp devices, keeping handling of sharps to a minimum and ensuring that subcutaneous infusion needles are retracted after use and are placed in a sharps bin immediately after use. <p>(Compliant by 31/12/2024).</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>To become compliant with Regulation 5: Individual assessment and care plan.</p> <ul style="list-style-type: none"> Information regarding MDRO colonisation status and standard precautions have been updated in seven resident's care plans. A new MDRO section has been created as part of a holistic care plan. Antimicrobial stewardship measures will be discussed with the Nursing Home's GP and added into their care plan. All residents with a urinary catheter have now a section in their holistic care plan with details such as patient assessment, maintenance guidelines and infection control measures. This section also includes GP/CIT input regarding catheter care. <p>(Compliant by 30/11/2024).</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>To become compliant with Regulation 6: Health care:</p> <ul style="list-style-type: none"> Clinical reviews with point of care interventions developed alongside our GP, antimicrobial prescribing surveillance, audits, quality improvement initiatives and a management discussion will be held once a month to evaluate the efficiency of the program.. A committee will be formed, and this program will be in place by 31/1/2025 A scheduled review for prophylactic prescriptions will be incorporated into regular nursing assessments. Findings will be discussed with the GP in Ballinderry Nursing Home. This review will take place every 3 months. <p>(Compliant by 31/1/2025).</p>	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2025
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	31/01/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	28/02/2025

	associated infections published by the Authority are implemented by staff.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/11/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/01/2025