



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

Issued by the Chief Inspector

Name of designated centre:	Ballymote Community Nursing Unit
Name of provider:	Nazareth House Management
Address of centre:	Carrownanty, Ballymote, Sligo
Type of inspection:	Unannounced
Date of inspection:	12 October 2021
Centre ID:	OSV-0000330
Fieldwork ID:	MON-0033798

About the designated centre

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

Ballymote Community Nursing Unit is registered to accommodate 32 residents who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. The centre is located in a residential area a short walk from the town of Ballymote. The building is single storey and is decorated in a homely way. A large extension was added in 2019 and a refurbishment programme of the original building was completed in 2020. Accommodation is made up of 14 single and five twin rooms and two three bedded rooms which are used for short stay residents. Residents' bedroom areas are personalised and there is appropriate screening in shared bedrooms. Signage and points of interest are located throughout the building to guide residents around the centre. The centre has safe garden areas that are centrally located and cultivated with raised beds and shrubs to make them interesting for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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
Tuesday 12 October 2021	09:30hrs to 17:30hrs	Noel Sheehan	Lead

What residents told us and what inspectors observed

The overall feedback from residents was one of satisfaction with the care and service provided. Some residents stated that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. Residents were very positive about their experience of living in Ballymote Community Nursing Unit. Respectful and person-centred care was provided by a team of experienced staff in a homely environment. The inspector observed practices, met with many residents during the inspection and spoke at length with seven residents to gain an insight of the lived experience in the centre.

Residents or staff in the centre had not experienced a COVID-19 outbreak up to the date of this inspection. On arrival the inspector was guided through the centre's infection control procedures before entering the building. Personal protective equipment (PPE) and alcohol hand gels were provided in the entrance hall to ensure good hand hygiene was practiced by anyone entering the centre. Additional alcohol hand gels were available throughout the centre to promote good hand hygiene practices. The centre was warm throughout and there was a relaxed, homely and friendly atmosphere.

Following an opening meeting the inspector was accompanied on a tour of the premises, where the inspector also met and spoke with residents in their bedrooms and in communal areas. The building had undergone significant refurbishment since the previous inspection with the addition of a new extension that was added in October 2019 and a refurbishment of the older part of the building completed in December 2020. It was evident that the centre was well built and was designed and laid out to a high standard. It is a single storey facility and comprises one building. The design and layout met the individual and communal needs of residents. The centre is registered to accommodate 32 residents. Accommodation comprised 14 single and five twin rooms, and two multi occupancy three bedded rooms used for short stay. All of the bedrooms are en suite with shower, toilet, and wash hand basin. The inspector noted that the premises was nicely decorated. All parts of the centre were seen to be clean throughout. Many of the resident's bedrooms were personalised with memorabilia, photographs, pictures and ornaments.

Overall, the premises was bright, clean and communal areas were pleasantly decorated. The atmosphere was calm and relaxed. Personal care was being delivered in many of the bedrooms and observation showed that this was delivered in a kind and respectful manner. There were jugs of fresh water on the lockers in residents' rooms. The inspector observed many examples of kind and respectful care and interactions throughout the day. Residents were highly complimentary of the staff and the services they received. Residents said they trusted the staff and the management team to keep them safe through the COVID-19 pandemic and fully informed of any changes in the centre. They told the inspector that staff were always available to assist them. Some residents were disappointed that the group activities had ceased and they found they had little to do during the day, except watch

television in their bedroom. Many residents were provided with daily newspapers and reading material in their rooms. Some residents had mobile phones and chatted with family and friends during the day.

The environment was well maintained and exceptionally clean. The corridors were sufficiently wide to accommodate walking aids and handrails were installed in all circulating areas. The layout and the signage in the centre helped to orientate residents and facilitate them to move around the building independently. The inspector observed that the corridors were beautifully decorated with pictures. The bedrooms were homely and very personalised. Some residents had brought in their personal furniture and memorabilia. Many residents had pictures of their families framed in their rooms.

On the morning of inspection, some residents were up and about, some were reading the daily newspapers, some were still in bed while others were relaxing in their bedrooms. Some residents spoken with told the inspector that they preferred to remain in their bedrooms. Residents reported that the food was very good and that they were happy with the choice and variety of food offered. Some residents commented that they got something different every day.

Throughout the day the inspector observed a limited number of residents partaking in organised or individual activities. There was no dedicated activities staff on duty and care staff members were allocated to facilitate activities for residents in addition to care delivery duties. The activities schedule was displayed and included a limited variety of activities for the day such as walks outside, newspapers, hand massage, nail care, radio and TV news, music, DVD. The majority of residents were seen to spend the day alone in their bedrooms. During both the morning and afternoon a small number of residents were observed in the two main day areas. Most residents had lunch and tea in the main dining area.

Residents had access to enclosed garden areas, the doors to the garden areas were open and they were easily accessible. The garden areas were attractive with landscaped beds, hanging baskets and outdoor furniture provided for residents use. Some residents told the inspector how they enjoyed being able to get outside, go for a walk and get some fresh air.

During the walkabout, residents were observed to be relaxed and familiar with the person in charge and other staff and freely conversed with them. Observations on inspection showed that staff had good insight into responding to and managing residents' communication needs and provided support in a respectful professional manner.

Overall, the Inspector found that the centre was a well managed with a strong focus on resident's welfare. Management and staff worked hard to ensure that care was person centred and that residents and their families were supported during a difficult time. There was a relaxed, welcoming atmosphere in the centre and it was evident that residents felt safe and comfortable.

The next two sections of the report present the findings of the inspection on capacity and capability. It also describes how the governance arrangements in the

centre affect the quality and safety of the service.

Capacity and capability

There were effective management systems in this centre, ensuring high quality person centred care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from on the previous inspection had been addressed and rectified. A few improvements were required on this inspection in relation to staffing, staff induction and the provision of meaningful activities to residents.

The building is owned by the HSE and is operated under lease by the registered provider, Nazareth House Management. There was a clearly defined management structure in place. Care is directed through the person in charge who reports to the to the organisation's Chief Nursing Officer who in turn reports to the Registered Provider Representative (RPR) who is a director and CEO of Nazareth House Management. The person in charge said that she also meets with the RPR on a regular basis and meeting records seen by the inspector showed comprehensive discussion of issues including the response to the on-going COVID-19 pandemic, feedback of audit results and review of incidents in the centre such as falls and other significant events. Staffing ,admissions, discharges and all financial issues are also discussed and appropriate actions taken as required. The governance system was effective in terms of communication and both the person in charge and the RPR. The person in charge is supported in her role by a team of nursing, care, and catering staff.

The inspector saw evidence of the monitoring the quality and safety of care provided to residents. Audits had been completed in a number of key areas including, care plan audits, the use of restrictive practices, weight management and hand hygiene audits. Audit findings relating to the provision of care were communicated to the care staff Quality management meetings were undertaken where all aspects of safety quality and risk are discussed and actioned. The inspector saw that an annual review of the quality and safety of care and support in the designated centre had been undertaken by the management team in accordance with the standards. There was limited evidence of consultation with residents and relatives through residents meetings, and the person in charge stated that these had ceased in response to the COVID-19 pandemic and had not been reinstated to date. The inspector noted that generally issues raised by residents were brought to the attention of the person in charge and appropriate action was taken in response. Residents reported that they had been kept up to date with all matters relating to the COVID-19 national pandemic. At the time of inspection all residents had been vaccinated.

The service was appropriately resourced, however, staffing levels were not fully in

line with that described in the statement of purpose as two key appointments of clinical nurse manager and activities co-ordinator had been vacant for some time and were not filled at the time of inspection. A sample of rosters were reviewed and staff and residents confirmed that there were adequate staff on duty at all times. The person in charge worked Monday to Friday during the day and a rota of nurses worked at the weekends and in the absence of the person in charge. A registered nurse also worked in the centre every night to administer the night time medications and provide any nursing support required. Care staff and household staff provided all other additional support. Staff reported it to be a very good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations were available and accessible by staff. Maintenance records were in place for equipment such as fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also readily available and effectively maintained.

The human resource policy was centre-specific and included details for the recruitment, selection and vetting of staff. A review of staff records showed that staff were recruited and inducted in accordance with best practice. A sample of staff files was reviewed and those examined were compliant with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for all nurses.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed. The RPR, person in charge and staff demonstrated a commitment to on-going improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service resulting in continuous improvements in the quality of life and quality of care for the residents.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required managerial and nursing experience in keeping with statutory requirements. She was actively engaged in the governance, operational management and administration of the service. The person in charge demonstrated a strong commitment to the development of initiatives and quality management systems to ensure the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the inspector was informed of the following vacancies when compared against the Statement of Purpose the centre is registered against in that one Clinical nurse manager (0.8 WTE) was vacant. The activities co-ordinator post was also vacant

As a result of the staffing shortages, the negative impact was that nursing management team were at times redirected to deliver the care and so were unable to supervise and monitor the service. There was no activities staff allocated to meet the needs of the 26 residents in the centre on the day of inspection. Planned leave had not been replaced.

Judgment: Not compliant

Regulation 16: Training and staff development

Training in infection prevention and control, including hand hygiene and the donning and doffing of PPE was provided through HSE online training. A record was maintained of staff attendance at these mandatory training sessions. The person in charge explained that all on line training was followed up with in house information sessions. A training matrix was in place showing all the mandatory and relevant courses completed by the majority of staff.

Induction arrangements for new staff could not be assured as there was no documentary evidence to support this in the sample of records reviewed by the inspector. The person in charge indicated that induction and probation review of newly appointed staff was not completed because of the lack of management support available.

Judgment: Substantially compliant

Regulation 21: Records

Records were stored securely and readily accessible. A review of a sample of personnel records indicated that the requirements of Schedule 2 of the regulations were met.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities. The RPR, person in charge and staff demonstrated a commitment to on-going improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service. There was an across-the-board system of audit in place, capturing many areas, to review and monitor the quality and safety of care and the quality of life of residents. An annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead.

Judgment: Compliant

Regulation 3: Statement of purpose

Statement of purpose contained all required information as per the schedule 1 of Health act 2007, Regulations 2013. Registered provider ensured that the statement of purpose was reviewed and revised at intervals not less than one year.

Judgment: Compliant

Regulation 31: Notification of incidents

There was a comprehensive log of accidents and incidents that took place in the centre. Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) had been reported in accordance with the requirements of the legislation.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure for the management of complaints that identified the complaints officer, the independent appeals process and the person responsible for ensuring that all complaints were recorded and addressed. A review of the complaints log indicated that no complaints were received so far in 2021, however

records for previous years showed that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded. There was no notice on display in a prominent position identifying for residents and relatives the procedure for making complaints.

Judgment: Substantially compliant

Quality and safety

Overall, a good quality of care was provided to residents and measures were in place to ensure their safety. The Inspector observed staff engaging with residents and providing care in dignified and respectful manner. However, improvements were required in relation to the provision of activities for residents. Residents' lives had been impacted by the COVID-19 restrictions. However, inspectors found that the care and support residents received was of a high quality and ensured that they were safe and well-supported.

Residents health care needs were appropriately assessed and comprehensive care plans were in place to address the health and social care needs of the residents. There was evidence of reviews by healthcare professionals such as general practitioners and speech and language therapists. The registered provider ensured that residents in the centre had good access to general practitioners (GPs) and there was evidence of GP access for residents during the COVID-19 restrictions. There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Residents were assessed using standard assessment tools, and care plans were developed to meet the identified needs. Care plans were person centred and periodically reviewed.

The centre continued to maintain infection prevention and control procedures to help prevent and manage an outbreak of COVID-19. The centre had not been subject to an outbreak of COVID-19. A successful vaccination programme was completed in the centre. The provider had systems in place for symptom monitoring of residents and staff for COVID-19, monitoring of visitors being welcomed into the centre. Staff were observed to have good hand hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place and the centre appeared to be clean throughout. The inspectors found that staff displayed good knowledge of the national infection prevention and HPSC guidance. Staff had all received training in standard precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE). The person in charge was aware of the requirements to manage visiting in line with each resident's wishes and the HPSC guidance.

The building had undergone significant refurbishment since the previous inspection with the addition of a new extension that was added in October 2019 and a refurbishment of the older part of the building completed in December 2020. It was

evident that the centre was well built and was designed and laid out to a high standard. It is a single storey facility and comprises one building. The design and layout met the individual and communal needs of residents.

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. There was evidence of daily and weekly fire safety checks. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. The person in charge had recently attended HIQA's fire safety handbook training. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills. Regular fire drills had been completed simulating both day and night time scenarios and all residents accommodated in compartments could be evacuated safely and in a timely manner.

Staff spoken with were knowledgeable regarding residents individual needs in terms of managing and supporting residents with responsive behaviors. Staff continued to promote a restraint free environment guided by national policy. A restrictive practice register was maintained in the centre and residents that requested the use of bedrails had a supporting risk assessment, consent forms and monitoring of safety completed. There were systems in place for the on-going review and monitoring of restraints in use. Seven residents were using bedrails as per the notification submitted to the authority for quarter 2 of 2021. The inspector noted a gradual reduction of bedrails use in the centre as per quarterly notifications submitted to the authority over the past two years.

Residents were informed of changes in the centre such as visiting restrictions and the requirement to social distance. The provision of activities for residents required improvement with no organised activities happening in the centre or dedicated member of staff allocated to the social programme daily. There was a person centred ethos of care in this centre and residents' rights and choice were respected.

Regulation 11: Visits

Residents were supported to maintain personal relationships with family and friends. The centre was facilitating visiting in line with the current COVID-19 Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities.

Both residents and relatives spoken with were delighted that restrictions on visits had been eased in line with public health guidance. Residents confirmed that they could receive visitors in the privacy of their own bedrooms if they wished.

Judgment: Compliant

Regulation 13: End of life

There were no residents on the end of life pathway on the day of the inspection. A review of residents records indicated that discussions had taken place with residents and their families in relation to end of life preferences.

Judgment: Compliant

Regulation 17: Premises

The building had undergone significant refurbishment since the previous inspection with the addition of a new extension that was added in October 2019 and a refurbishment of the older part of the building completed in December 2020. It was evident that the centre was well built and was designed and laid out to a high standard. The design and layout met the individual and communal needs of residents. The centre is registered to accommodate 32 residents. Overall, the premises was bright, clean and communal areas were pleasantly decorated.

Judgment: Compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The local risk register was kept under review by the person in charge. The risk register identified risks and included the additional control measures in place to minimise the risk.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be clean throughout. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

There were two cleaning staff on duty daily, and each one had responsibility for designated areas of the centre. They were knowledgeable about infection control practices and had appropriate equipment for the individual cleaning of rooms and

bathrooms.

The centre had a comprehensive preparedness plan in place should there be an outbreak of COVID-19. Laundry facilities allowed for the segregation of clean and dirty linen.

Judgment: Compliant

Regulation 28: Fire precautions

Systems were in place for monitoring fire safety. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. There were daily checks of means of escape and weekly sounding of the fire alarm. Fire drills were conducted at regular intervals and simulated both day and night time scenarios.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The centre was in the process of changing the electronic care planning system in place. Care plans reviewed on the day of inspection were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Residents were comprehensively assessed using evidence-based assessment tools. Care plans were developed following these assessments and these were seen to be predominantly personalised and provided good guidance on the care to be delivered to each resident.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were met. There was evidence of good access to general practitioners with regular medical reviews.

Residents had access to a range of allied health professionals including speech and language therapy, physiotherapy, dietician, occupational therapy. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Wounds were well-managed with the support of

specialist advice as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate and there was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. Records showed that where restraints were used these were implemented following risk assessments and alternatives were trialled prior to use.

At the time of inspection there was a small number of residents that had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Care plans reviewed were person centered and guided care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents did not have access to meaningful activities in line with their interests. Findings from this inspection found that organised activities were not available and that there no staff member allocated to the provision of activities for the 28 residents present on the day of inspection.

There was limited evidence of consultation with residents and relatives through residents meetings, and the person in charge stated that these had ceased in response to the COVID-19 pandemic and had not been reinstated to date.

While the staff spoken with had good insight and knowledge into the importance of social engagement for residents they informed inspectors that this is not part of their role. In addition, staff stated they do not have time to complete activities with residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ballymote Community Nursing Unit OSV-0000330

Inspection ID: MON-0033798

Date of inspection: 12/10/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The designated centre will come into compliance with Regulation 15 by:</p> <ul style="list-style-type: none"> • Recruiting an Activity Therapist starting on 08/11/2021 • Amending the Statement of Purpose to reflect the correct number of Clinical Nurse Managers employed in the centre. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The designated centre will come into compliance with Regulation 16 by:</p> <ul style="list-style-type: none"> • The completion of induction programmes for newly appointed staff members; and • The completion of all probationary reviews for newly appointed staff members. <p>All newly appointed staff members have been issued induction programmes and have been appointed a Mentor to facilitate and provide oversight of this process.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints	

procedure:

The designated centre has come into compliance with Regulation 34 by:

Displaying the procedure for making complaints in a prominent position for residents and relatives in the reception area and also in locations close to the Nurses station.

This was completed on the 28/10/2021.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Recruited an Activity Therapist to provide meaningful activities in line with the resident's interests; and
- The re-instatement of resident's meetings to obtain feedback on the quality of service provided and improve the experiences of residents.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/11/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2021
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a	Substantially Compliant	Yellow	28/10/2021

	prominent position in the designated centre.			
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	31/12/2021