<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ballygar Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000319</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballygar, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 662 4818</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:tomthomas26@gmail.com">tomthomas26@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Ballygar Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Tom Thomas</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Tom Thomas</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O’Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>10</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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</thead>
<tbody>
<tr>
<td>24 June 2014 10:10</td>
<td>24 June 2014 17:20</td>
</tr>
<tr>
<td>25 June 2014 09:50</td>
<td>25 June 2014 16:40</td>
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</table>

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tr>
<td>Outcome 02: Contract for the Provision of Services</td>
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<tr>
<td>Outcome 03: Suitable Person in Charge</td>
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<tr>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 05: Absence of the person in charge</td>
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<tr>
<td>Outcome 06: Safeguarding and Safety</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Medication Management</td>
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<tr>
<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
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<tr>
<td>Outcome 17: Residents clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

The inspector met with residents and staff members, observed practices, and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

There was evidence of nursing staff maintaining their continuous professional development in the areas of nutritional risk assessment, end of life care, dementia and wound care. Staff working in the centre indicated they enjoyed working there and the turnover of staff was low. Residents had access to allied health professional care such as physiotherapy, dietician and speech and language therapy.
Residents enjoyed an unhurried, dignified mealtime experience in the centre. Food was nutritious and well presented for both regular and modified consistency meals.

Volunteers visited and worked in the centre. Residents also had access to an advocate. The inspector noted that staff interacted with residents in a respectful and courteous way. Residents spoken with were very happy with the care they received in the centre.

The centre had a small, pleasant and well maintained enclosed garden area, with a larger garden space that could be accessed under supervision by staff. Residents were supported to attend family events such as weddings, take trips abroad and also to access their local community for example.

Non-compliance was found in relation to outcome 12, safe and suitable premises. This related to the lack of an assisted bath, inadequate storage space in some resident’s bedrooms and lack of personalisation of resident’s bedrooms. Other non-compliances were found in relation to the use of wedges to keep doors open in the centre. The person in charge took immediate action in response to the inspector request for wedges to be removed and in the days following the inspection purchased fire compliant units to hold doors open in the centre for ease of movement for residents and staff.

The inspectors’ findings are detailed in the body of the report and the areas for improvement are set out in the Action Plan at the end of the report.
### Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The statement of purpose accurately described the services provided with minor changes required to bring it into compliance, for example it did not specify day care facility arrangements.

The provider subsequently submitted a revised and updated statement of purpose to the Chief Inspector, which complied with the regulations.

**Judgement:**
Compliant

### Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Each resident had a written contract of care which included details of the services. The contract set out fees being charged to the residents however, occupational therapy and speech and language therapy service fees were not specified. The provider updated the contracts during the course of inspection and planned to have residents and their representatives sign these in the days after the inspection.
Judgement: Compliant

**Outcome 03: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The person in charge of the centre was also the provider. The centre had a clearly defined governance structure. The person in charge was a registered general and psychiatric nurse and had worked in the capacity of person in charge of the centre since 1997.

The person in charge worked full-time and often on weekends. He was on-call out of hours in the event of an emergency or for staff support. The inspector observed positive, pleasant interactions between family, staff and residents with the person in charge/provider during the inspection.

The person in charge had enrolled in a course in gerontology for September 2014. In the meantime he had continued his professional development by undertaking training in restraint management, December 2013, end of life care planning, January 2014, pressure ulcer prevention and management, February 2014 and food and nutrition, May 2014.

**Judgement:** Compliant

**Outcome 04: Records and documentation to be kept at a designated centre**
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Theme:**
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Records maintained in the centre were kept secure but easily retrievable. The designated centre had written operational policies and procedures meeting the requirements of Schedule 5 of the Regulations.

The residents’ guide also met the requirements set down in the Regulations. It included the most up to date summary of the statement of purpose and was accessible to all residents. A visitor’s sign in book was maintained in the centre.

Insurance cover was in place against loss or damage to the assets and delivery of the service it was up to date. The directory of residents was available to the inspector and kept in accordance with specifications outlined in Schedule 3 of the Regulations.

A sample of staff files were checked against schedule 2 of the regulations, which were found to be in compliance with the regulations.

The centre had made provisions for the documentation of complaints, notifications, resident's meetings and restraint.

A record of medical, nursing and allied health professional investigations and treatment was maintained in the centre. The person in charge was knowledgeable of their responsibility in the maintenance of records for a period of not less than seven years.

Judgement:
Compliant

Outcome 05: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The person in charge had not been absent from the designated centre for more than 28 days. Both the person in charge and person participating in management were aware of their duty to notify the Chief Inspector of expected absence of more than 28 days.

Staffing rosters indicated that the person in charge and person participating in
management often worked weekends and evenings in the centre. The staff nurse rostered to work 9:00 am - 9:00pm shift deputised as person in charge of the designated centre when senior management were not on duty.

Judgement:
Compliant

**Outcome 06: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

Theme:
Safe Care and Support

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Measures were in place to safeguard and protect residents from abuse. There had been no allegations of abuse since the last inspection. Staff had received training in elder abuse in 2011 with refresher training September 2013.

Improvements had been made to the policy in response to the action given on the last inspection. However, the inspector noted that some further improvements were required in relation to response to an allegation of abuse against a person in management. The person in charge made additions to the policy before the end of the inspection to include this guidance.

Systems were in place to manage resident's money. Receipts were kept for payment of services for example, chiropody or hairdressing. The provider/person in charge was not managing any resident's finances at the time of inspection. A system was in place for safeguarding of resident's valuables. While there were policies, procedures and practices in place to safeguard residents' money, some gaps were evident in the maintenance of the documentation, for example, resident's receipts were not maintained in individual logs.

Judgement:
Non Compliant - Minor

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

Theme:
Safe Care and Support
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There were adequate risk management systems in place and health and safety of residents, visitors and staff were promoted and protected. However, some improvements were required in relation to fire safety.

Risk management systems in place included policies, safety statements and a risk register. There was evidence of review and ongoing assessments since the last inspection. Specific risks were documented. These included precautions in relation to residents absent without leave, assault, accidental injury to residents or staff, aggression and violence and self harm.

The health and safety statement for the centre was dated April 2014. Risks were identified in a risk register.

Hand rails were provided in circulation areas. The centre had safe floor covering provided. Corridors, bedrooms and dining rooms had a good source of natural and artificial light. There was evidence of moving and handling practices and training programmes in place. All staff working in the centre had completed manual handling training January 2014. Hoists had been serviced May 2014

The emergency plan was up to date with guidelines for staff to follow in the event of an emergency. The person participating in management undertook to add more to the plan in order to guide staff in relation to incidents of water loss, loss of electricity and contaminated water supply.

Infection control measures in the centre were adequate. Hand gels were supplied throughout with adequate hand washing facilities. Staff had completed infection control training in 2011. There had been no notification of outbreak of infectious diseases since the last inspection.

The designated centre had a clearly marked assembly point. A fire register was maintained in the centre. There was evidence of regular checks of fire related matters for example fire exits were checked daily. Fire fighting equipment had been serviced in July 2013. Emergency lighting for the centre had been regularly serviced with the most recent being May 2014. The fire alarm had been serviced on a quarterly basis with the most recent inspection in April 2014.

Selectors had recently been fitted to doors in the centre as a fire compliance measure so that doors shut automatically after they were opened. However, some doors were kept open using wedges rendering them ineffective as fire doors. The inspector requested all wedges to be removed which the person in charge removed immediately.

During the course of the inspection the person in charge made provisions to address this issue by contacting fire equipment companies for more fire compliant solutions and the week after the inspection the provider sent confirmation that fire compliant units for the doors had been purchased.
The inspector found that all staff working in the centre did not have keys to open the exit doors posing a fire evacuation risk. The provider/person in charge purchased keys for all staff before the close of inspection.

Training in fire safety had occurred in April 2014 with all staff attending. There was evidence to show that fire training had occurred annually. However, fire drills had not occurred outside of this training and therefore had not occurred with enough regularity to ensure staff and as far as was reasonably practicable, residents understood what to do in the event of a fire.

**Judgement:**
Non Compliant - Moderate

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**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Resident were protected by safe medication management policies and procedures in the centre.

The inspector reviewed medication administration policies for the centre. These had been updated since the last inspection. The drug trolley was kept in the nurse's office and locked at all times. Medications for residents were supplied from the pharmacy in blister packs.

Residents with swallowing difficulties had liquid medications prescribed and indicated on their prescription charts. No residents were prescribed crushed medications at the time of inspection.

Prescription charts reviewed by the inspector were detailed and medication error risks had been reduced. For example, resident's names and photo identification and GP's name were documented. They also indicated resident's known drug allergies. Review of PRN (as required) medications indicated maximum dosage in 24 hours.

The inspector observed a drug round and found administration practices to be safe. Nurses spoken with indicated their understanding of the centre's medication policy and safe practice in the disposal of soiled or rejected tablets.

No residents required controlled medications, the centre did have safe facilities for their...
documentation and storage. The medication fridge was stored in a locked room. No residents required refrigerated medications at the time of inspection.

No resident self administered medication at the time of inspection.

Judgement:  
Compliant

<table>
<thead>
<tr>
<th>Outcome 09: Notification of Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</td>
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</tbody>
</table>

Theme:  
Safe Care and Support

Outstanding requirement(s) from previous inspection:  
No actions were required from the previous inspection.

Findings:  
While there was a log of all accidents and incidents maintained in the centre, quarterly notifications were not reported to the Authority within the specified time frame. The person participating in management sent the outstanding notifications to the Chief Inspector on the day of inspection.

The person in charge/provider gave assurances that the required notifications would be submitted in the future.

Judgement:  
Compliant

<table>
<thead>
<tr>
<th>Outcome 10: Reviewing and improving the quality and safety of care</th>
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</thead>
<tbody>
<tr>
<td>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</td>
</tr>
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</table>

Theme:  
Effective Care and Support

Outstanding requirement(s) from previous inspection:  
No actions were required from the previous inspection.

Findings:  
Resident’s and family satisfaction questionnaires indicated complementary responses about the service they received. They were also complementary of the staff, the person in charge/provider and person participating in management.
Audits had been carried out in areas such as care planning for example to review if residents had been consulted and their signature indicated. Incontinence care and management, nutritional risk assessments, resident’s weights, falls assessments and pressure ulcer risk were also examples of areas of care that were assessed.

Judgement:
Compliant

### Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

#### Theme:
Effective Care and Support

### Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

#### Findings:

Resident’s wellbeing and welfare was maintained to a high standard in the centre. Evidence-based nursing care was provided across a wide range of areas in the centre.

A sample of resident's care plans were reviewed as part of the inspection. Care plans were signed by residents showing evidence of residents being consulted. If residents were unable to sign their care plan a representative signed it, such as a relative.

Residents had access to their own GPs and were reviewed regularly. Referrals were made as necessary to allied health services such as speech and language therapy, dietician, chiropodist and physiotherapy. Residents also had access to occupational therapy for seating assessments when specific seating requirements had occurred and had been supplied with appropriate seating.

A range of assessments were implemented in relation to falls, weight loss/gain management, dependency levels, continence care, pressure ulcer risk, risk of absconding and restraint. Nursing note entries were documented daily and up to date on the day of inspection.

Measures were in place for the prevention and management of falls. The inspector reviewed care plans of residents who were a risk of falls. Residents who had sustained falls received neurological observations and were reviewed by the GP and physiotherapist if required.
There were low incidents of residents falling in the centre. A centre specific policy was in place since the last inspection with procedures indicating prevention and care strategies post falls.

Residents at risk of developing pressure ulcers were reviewed and had associated pressure ulcer prevention strategies in place, such as pressure relieving mattresses. No residents had pressure ulcers at the time of inspection.

The person in charge had implemented the ‘national strategy policy on the use of physical restraints in designated residential care units for older people’. There were no restraints used in the nursing home at the time of inspection. Residents received assessment in relation to restraint and risk of falling. Residents at risk had low-low beds and wedges or crash mats in place.

Residents at risk of absconding had been assessed and measures were in place to reduce risk of absconding. Residents had up to date missing person identification profiles in place.

Residents were assessed for nutritional risk. Where risk was identified, referral to speech and language therapist and dietician occurred. Staff working in the centre had recently received training in use of nutritional risk assessments. Residents were prescribed nutritional supplementation if required. No resident in the centre at the time of inspection were identified at nutritional risk.

Meaningful activity assessments in the care plans had been completed by nursing staff, for example, ‘a key to me’ amongst other assessments identified key areas of interest, capabilities and strengths for residents living in the centre. Residents had access to card games, bingo, skittles, basketball, DVD evenings, Exercises/’Gentle Movement’ classes, Radio, TV, newspapers, magazines, Sing-along music sessions, Intergenerational Projects with Secondary School Students, Choir singing by National School Students. Staff working in the centre had training in delivering sensory therapies for people with dementia, indicating a commitment to enhancing activity provision to meet the needs of all residents.

While care plans were detailed, reviewed regularly and individualised to the resident's current needs, some care plans with discontinued interventions remained in resident’s care plans, these had not been filed away. Training in care planning was set for the 18th of July. This was evidence of the person in charge and person participating in management’s commitment to strive towards optimum nursing care provision for residents in the centre.

**Judgement:**
Non Compliant - Minor
### Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Care and Support

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Since the last inspection the provider had completed one of the actions in relation to anti-scald thermostatic controls. These had been fitted in May 2014. There were also records of electrical inspection reports for June 2014, the boiler had been serviced May 2014, and hoists, beds and wheelchairs had also been serviced in May 2014.

The centre was a purpose built single storey building. Rooms in the centre were single or twin rooms. The premises were clean and comfortable throughout. The dining room was a bright and spacious area. The communal day room was a pleasant well lit space with comfortable pleasant decoration and features.

The grounds were well maintained with a large space for residents to use if they wished with the accompaniment of a member of staff or relative. The premises also had a safe, enclosed garden space accessed on request as the doors were locked for precautionary measures. However, although the rooms were clean and well maintained resident's bedrooms were not personalised.

Wardrobe space in some bedrooms was limited. The provider had begun to improve this with the introduction of new wardrobes and bedside lockers in some resident's bedrooms which the inspector noted improved the homely atmosphere in the rooms they were supplied in, however, there was inadequate space to store resident's clothes and incontinence wear in the older style wardrobes.

At a previous inspection the provider had submitted to the Authority plans for building work that would meet the requirements for designated centres by June 2015. These plans included the creation of a wheelchair accessible toilet for visitors and an assisted bathroom. At the time of inspection this building work had not commenced.

**Judgement:**
Non Compliant - Major
**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**  
No actions were required from the previous inspection.

**Findings:**  
No complaints had been received in the centre since the last inspection.

The complaints procedure was prominently displayed in the centre. It was reviewed by the inspector and found to be in compliance. Residents spoken with expressed their satisfaction with the centre and indicated to the inspector they would speak to the person in charge, person participating in management or a staff member if they had a complaint.

**Judgement:**  
Compliant

**Outcome 14: End of Life Care**  
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**  
No actions were required from the previous inspection.

**Findings:**  
The inspector reviewed the end of life policy, which was up to date and guided staff in end of life care practice and procedures for the centre. There was evidence of recent training in relation to end of life care in the centre. All staff had attended a training session on 'Final Journeys' a training day related to end of life. Some nursing staff working in the centre had also completed palliative care training in 2011.

No resident in the centre was at end of life at the time of inspection. The inspector reviewed care plans that indicated that all residents in the centre had end of life care plans some of which had more detail than others depending on resident's willingness to engage in discussion about end of life care. Care plans were updated as necessary and reviewed frequently to reflect residents' wishes and decisions.

The inspector reviewed the minutes of a meeting with residents that outlined the new
end of life policy for the centre indicating that residents had an opportunity to input into this care plan their wishes and decisions.

**Judgement:**
Compliant

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**Outcome 15: Food and Nutrition**
*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspector found individual nutritional and dietary needs for residents were well met in the centre.

Resident’s weights were checked and assessments were carried out regularly to monitor resident’s risk of malnutrition. Residents identified as nutritionally at risk were prescribed supplements.

There was a plentiful supply of ingredients in the centre to make nutritious wholesome meals. Meat was bought fresh each day and the inspector noted there was a supply of fresh and frozen vegetables. Staff working in the kitchen preparing meals had food hygiene and preparation training. Colour coded chopping boards were in use and infection control and food hygiene measures were in place to ensure food was prepared in a safe hygienic environment.

Residents wishing to eat their meals outside of designated mealtimes were facilitated to do so. Residents were offered drinks at intervals throughout the day. All staff working in the centre had received training in nutrition risk assessment and food and nutrition in May 2014.

Residents had access to speech and language therapy and dietician as required. Modified consistency foods and drinks were prescribed for residents identified at risk. The inspector reviewed speech and language therapist and dietician assessments for residents with modified diets. There was evidence of a choice of food available for residents at mealtimes. There was some improvement needed in choices of evening meals for residents with modified diets to ensure they were as varied as non modified meal choices.

**Judgement:**
Non Compliant - Minor
### Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The Inspector was satisfied that residents living in the centre were afforded privacy, dignity and consultation. During the inspection staff in the centre interacted with residents in a respectful and caring manner.

The inspector reviewed the minutes of resident’s meetings. Topics ranged from meal and activity choices to changes in care planning for end of life. Residents had access to an independent advocate that visited the centre.

Excursions from the centre were supported. Residents also had access to a hairdresser in the centre when they wished.

The person in charge informed inspectors that all religious denominations were catered for in the centre. A polling station was set up in the centre for residents to access during election times.

Shared occupancy rooms had screening to ensure privacy for personal care, although the inspector noted these may need updating to enhance the décor of the rooms.

**Judgement:**
Compliant

### Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.
**Findings:**
Resident's clothing and personal property were generally well looked after in the centre however, there were some improvements required.

Resident's clothing was labelled to ensure they did not go missing. There had been no complaints of resident's belongings going missing. There were good infection control practices in relation to laundering of items. The centre also had a system to ensure resident's valuables were stored safely if a resident or their family so wished.

There was also a system in place to document resident's personal belongings on an individual log. This was completed on admission however, it was not updated sufficiently in that not all new items were entered and some logs did not have dates indicating when they were completed.

Storage space for resident's clothing also required improvement. There was not enough room in the wardrobes of some residents' bedrooms to ensure adequate storage of clothing and incontinence wear in some cases.

**Judgement:**
Non Compliant - Minor

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**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
On the two days of inspection there were adequate numbers and skill mix of staff appropriate to resident's dependency levels, the size and layout of the centre.

The inspector reviewed the staffing rosters which indicated there was a nurse on duty at all times. Resident's dependency levels were assessed using a validated assessment tool and staffing rosters were adjusted accordingly to meet resident's need requirements. The person in charge gave verbal confirmation during the course of the inspection that staffing ratios in the centre would increase should the number of resident's residing in the centre increase.

Staff training was available to staff on an ongoing basis, the person participating in management had completed a FETAC Level 6, train the trainer course. Through this
they updated staff on a regular basis in areas such as end of life, restraint management and dementia care. All nursing staff had up to date nurse registration.

The person in charge had robust recruitment processes in place. Staff files reviewed indicated all staff had Garda vetting. Ongoing supervision of staff and staff appraisals were evident in staff files. Volunteers were vetted also, the person in charge had a verbal agreement with volunteers as to their roles and responsibilities. During the course of inspection these roles and responsibilities were written down and volunteers signed them. The inspector reviewed these contracts and found them to be in compliance.

Staff spoken with indicated they enjoyed working in the centre. There was a low turnover of staff within the centre and most staff had worked there for a number of years.

Judgement:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Ballygar Nursing Home
Centre ID: ORG-0000319
Date of inspection: 24/06/2014
Date of response: 18/08/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 06: Safeguarding and Safety

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some gaps were evident in the maintenance of the documentation, for example, resident’s receipts were not maintained separately for each resident.

Action Required:
Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

Please state the actions you have taken or are planning to take:
All staff have been made aware of new revised policy and procedure regarding documentation of resident’s accounts. An individual accounts log has been established with all transactions recorded. This includes a log of exchange of payment for services

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received by residents and receipts are issued for same and co signed by staff nurse in charge and resident or next of kin.

Completed

**Proposed Timescale:** 30/06/2014

### Outcome 07: Health and Safety and Risk Management

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Fire drills had not been carried out with enough regularity to ensure all staff and residents were aware of the procedure to be followed in the case of fire.

**Action Required:**
Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

**Please state the actions you have taken or are planning to take:**
Fire drills including evacuation now take place every 6 months and our next one is scheduled for October 2014. All staff will receive instruction and training with regard to their responsibilities in the event of an emergency. This will be recorded and kept in fire register. Evacuation procedure will be conducted and resident’s updated in same in so far as is practicable. An individual Evacuation procedure plan is now included in each residents care plan.

**Proposed Timescale:** 04/07/2014

### Outcome 11: Health and Social Care Needs

**Theme:**
Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Care plans were not always reflective of resident's current health care needs, discontinued nursing interventions were still in resident's files.

**Action Required:**
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.
Please state the actions you have taken or are planning to take:
Our PPIM has recently (18 /07 2014) undergone training with a recognised appropriately qualified instructor to update methods of documentation which will reflect best practice. This includes individualised assessing, person centred care planning which is comprehensive in nature, and adequate evaluating which will reflect the centre's delivery of care.
We are reorganising the residents care plans so they are contemporaneous and reflective of their present health status. Only up to date and relative care plans, nursing assessments and interventions will be maintained in this file, while all other non contemporaneous documentation will be filed away.

**Proposed Timescale:** 22/08/2014

<table>
<thead>
<tr>
<th><strong>Outcome 12: Safe and Suitable Premises</strong></th>
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<tr>
<td><strong>Theme:</strong></td>
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<td>Effective Care and Support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre did not have an assisted bath.

**Action Required:**
Under Regulation 19 (7) (d) part 2 you are required to: Provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.

**Please state the actions you have taken or are planning to take:**
Plans for an assistive bathroom and a disabled visitor’s toilet have been submitted to the HIQA Regulation Directorate to ensure that the premises meet the requirements by June 2015. Work will commence in March 2015 with costing specified.

**Proposed Timescale:** 30/06/2015

| **Theme:**  |
| Effective Care and Support  |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Resident’s rooms were not personalised.

**Action Required:**
Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
Residents are encouraged to personalise his/her room and have been advised that they may choose to provide their own furnishings. In the case of cognitively impaired Residents, next of kin or other family members will be reminded that they are encouraged to personalise bedrooms by bringing in family photos, pictures, soft furnishings or other mementos which will add to the personalisation of the Residents bedroom.

**Proposed Timescale:** 30/08/2014

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some wardrobes in the centre required updating to ensure resident's had adequate storage space for clothes and incontinence wear.

**Action Required:**
Under Regulation 19 (3) (m) you are required to: Provide suitable storage facilities for the use of each resident.

**Please state the actions you have taken or are planning to take:**
Updating of wardrobes providing adequate storage space for resident's clothes, equipment and assistive devices and will take place on an ongoing basis in bedrooms.

**Proposed Timescale:** 30/01/2015

**Outcome 15: Food and Nutrition**

**Theme:**
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement in the choice of evening meals for residents prescribed modified consistency meals was required.

**Action Required:**
Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

**Please state the actions you have taken or are planning to take:**
Improvements have been made to provide choice and variation to those requiring modified diets ensuring nutritional needs are met and served in adequate quantities. This has been reflected in the two weekly menus.
Completed.
** Outcome 17: Residents clothing and personal property and possessions  

** Theme:**  
Person-centred care and support  

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Resident's property logs were not up to date and some did not have a date for when they were completed.  

** Action Required:**  
Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.  

Please state the actions you have taken or are planning to take:  
All resident’s property logs have been updated and transferred to the resident’s files where they will be reviewed 3 monthly. Any new clothing /property acquired by the resident will be added to the log and co signed by a resident and/or family member and where appropriate and a staff nurse.  

** Proposed Timescale:** 18/08/2014