

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Ballymote Community Nursing Unit
<b>Centre ID:</b>	ORG-0000330
<b>Centre address:</b>	Ballymote, Sligo.
<b>Telephone number:</b>	071 918 3195
<b>Email address:</b>	cearanaz@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Nazareth House Management Limited
<b>Provider Nominee:</b>	Patrick Gaughan
<b>Person in charge:</b>	Linda Hannon
<b>Lead inspector:</b>	Marie Matthews
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	23
<b>Number of vacancies on the date of inspection:</b>	4

## 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**

From:	To:
05 June 2014 11:00	05 June 2014 18:00
06 June 2014 10:00	06 June 2014 19:00

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

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

**Summary of findings from this inspection**

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (the Authority) to renew registration of this centre. The current registration of this centre is due to expire in 14/10/2014. This was the sixth inspection of this centre undertaken by the Authority. As part of the inspection process, the inspector met with residents, relatives and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Systems were in place to ensure a safe environment. There were policies, procedures, systems and practices in place to assess, monitor and analyses potential risks with control measures in place to ensure risk minimisation. The provider

submitted reviewed written evidence, from a suitably qualified person confirming the building meets all the statutory requirements of the Fire and Planning Authority, with regard to the use of the building as a residential centre for older people.

Some residents and relatives completed a pre-inspection questionnaire and the inspector found that residents and relatives were positive about the centre and expressed satisfaction about the facilities and services and care provided. Residents told the inspector they were well cared for and were complimentary about their day to day life, the meals provided and the staff.

An unannounced monitoring inspection had previously been carried out by the Authority, in March 2013. Most of the actions from the previous inspection had been addressed. Issues relating to the premises had not been addressed by the provider and residents continue to be cared for in multiple occupancy bedrooms which didn't provide a home like environment and impacts on their privacy and dignity. The centre is registered to accommodate a maximum of 27 residents. The provider had reduced bed numbers in the multi-occupancy bedrooms from 5 beds to four beds reducing bed numbers from 27 to 24 beds. However further work is needed to comply with the Regulations.

The centre was found to be well run and provide a good standard of care to residents. The centre was in substantial compliance with current legislation. The action plan at the end of this report identifies areas where improvements are required to comply with the 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.

**Section 41(1)(c) of the Health Act 2007 Compliance with the 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 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:**

There was a written statement of purpose which consisted of a statement of the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations. The provider was aware of the need to keep the document under review

and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

**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:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Two samples of the contracts of care were reviewed by the inspector. These had been agreed with the resident and or their representative within one month of their admission to the centre but the fees for services such as chiropody and hairdressing was not documented in the contract.

**Judgement:**

Non Compliant - Minor

***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 PIC, Lorraine Sheridan, was on leave and the Authority had been appropriately notified of this. The deputy PIC, Linda Hannon, facilitated the inspection. She is a registered nurse and has experience of working with older persons. During the inspection she demonstrated that she had knowledge of the Regulations and Standards pertaining to designated centres.

She maintained her professional development and had recently completed a master's degree course in health promotion. In addition she had completed training in dementia care, Tissue Viability, Incontinence Management and in a number of other clinical areas.

The inspector verified that her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) .

**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:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

All of the written operational policies as required by schedule 5 of the legislation were available. The policy on risk management required further revision to comply with the regulations and is dealt with under outcome 7. The inspector reviewed a sample of the schedule 5 policies and 3 personnel files and found that these were satisfactory.

The inspector found that records required by legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The centre's insurance was up to date and provided adequate cover for accidents or injury to residents, staff and visitors.

**Judgement:**

Non Compliant - Minor

***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:**

As stated in outcome 3, the PIC, Lorraine Sheridan is on planned leave and had notified the Authority appropriately of this. Suitable arrangements were in place for the governance of the centre in her absence. Linda Hannon who is a registered nurse is covering her absence.

**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 protect residents from being harmed or suffering abuse. There was a policy which was reviewed in response to an action from the last inspection that gave advice and guidance to staff on managing allegations/ incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences. The A/PIC confirmed that there no allegations currently under investigation. Training records reviewed by the inspector identified that staff had participated in training in the protection of residents from abuse. Staff members spoken with demonstrated their knowledge regarding reporting mechanisms in place and what to do the in the event of an alleged or suspected incident of abuse.

The inspector reviewed the procedures in place for managing finances for the three residents the provider acted as an agent for. Comprehensive records were maintained to provide an audit trail of each resident's finances. A policy and procedure was in place which was reflected in practice. The inspector viewed a copy of the most recent external audit by a registered auditor. Payments for these residents went directly into a residents private property account. Documentation was available showing all transactions. Residents' accounts were audited by an external registered auditor. The inspector was informed by the A/PIC that management of the centre do not store petty cash for any of the current residents. Secure storage is available but none of the current residents had any money been held on their behalf.

The inspector saw that a visitors' record located at the entrance of the centre was signed by visitors entering and leaving the building to ensure the safety and security of residents. The centre was further protected by closed circuit television cameras at entrance and exit points. Residents who completed the pre-inspection questionnaires and those interviewed during the inspection said that they felt safe in the centre.

The inspector found an incident recorded in the centres complaint log relating to an allegation of neglect of a resident. The incident was not identified as an allegation of suspected abuse and consequently was not dealt with in accordance with the centres policy on Adult Protection. The complaint had been investigated appropriately responded to by the PIC and the inspector saw that the complainant was satisfied with the investigation and outcome. The A/PIC has retrospectively forwarded this notification to the Authority and was requested to bring this notification requirement to the attention of staff at the next scheduled training.

**Judgement:**

Non Compliant - Moderate

***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:**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Risk management policies, procedures and systems were in place to assist in the identifying, assessing and taking precautions to control/minimise risks. The risk management policy had been revised in response to an action from the last inspection in March 2013 as it did not address all the areas referenced in the legislation. The inspector found on this inspection that the policy still did not reference these areas. Separate policies on the prevention of absconsion, falls prevention and challenging behaviour ( including assault and self harm) were available but these were not referenced from the main risk policy.

A comprehensive risk register was in place. A safety committee was established which met monthly to review risks. There was evidence that equipment was regularly maintained. The centre itself was well maintained and clutter free with handrails provided along corridors and support rails in shower and toilet areas.

Adequate procedures for fire detection and prevention were in place. The inspector reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were regularly serviced. Daily inspections of fire exits were carried out and the inspector saw that all fire exits were unobstructed. There were training records available which confirmed that all staff had attended training on fire prevention and evacuation. Fire procedures were prominently displayed throughout the centre.

An emergency plan was in place to guide staff in responding to untoward events. The plan outlined the procedure to follow in the event of fire, flooding and other adverse



events. Practical and safe contingency arrangements were in place should it be deemed necessary to evacuate the building with a place of safety for relocation identified.

Good falls prevention and management practices were observed. Records were maintained of all accidents and incidents. Records were comprehensively completed. All residents who sustained a fall were subject to neurological observation to ensure they did not sustain a head injury. There were some low-low beds to reduce the risk and to try and prevent re-occurrence. A physiotherapy service was available in the centre and all residents who had a fall were subsequently reviewed.

Manual handling practice observed by the inspector during the inspection was safe and the Person in Charge confirmed that all staff had completed training in manual handling. This was verified by the inspector against the staff training matrix.

The centre was clean infection controls were in accordance with the good practice guidance. A colour coded cleaning system was in operation, hand sanitising gels were used by staff and cleaning schedules were observed to be in use. Arrangements were in place to ensure the segregation and disposal of waste.

**Judgement:**

Non Compliant - Minor

***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:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The actions from the last inspection were completed and the inspector found that residents were protected by the centre's policies for medication management and that practices were generally adequate.

The route, dosage and time of administration of medication were indicated on the sample of medication administration records reviewed and the maximum dosage to be administered in a 24 hour period for 'as required' (PRN) medication was stated. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The sample of medication sheets reviewed were clear, legible and distinguished between PRN, short-term and regular medication. The signature of the GP was present for each drug prescribed. Medication being crushed for three residents prior to administration due to swallowing difficulty were identified on the medication charts for administration in a crushed form.

Medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were recorded as administered within the prescribed time-frames. The temperature of the medication refrigerator was monitored and temperatures were recorded. There was documentary evidence to show that medication was reviewed every three months or more frequently by the GPs.

**Judgement:**

Compliant

***Outcome 09: Notification of Incidents***

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Care and Support

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

No actions were required from the previous inspection.

**Findings:**

Practice in relation to notifications of incidents was satisfactory. The inspector reviewed a record of all incidents that had occurred in the centre since the previous inspection and cross referenced these with the notifications received from the centre.

The Acting PIC was aware of the legal requirement to notify the Chief regarding incidents and accidents. To date all relevant incidents had been notified to the Authority by the A/PIC.

As discussed under outcome 6 a complaint made by a relative not been recognised as an allegation of suspected abuse. Consequently she had not appropriately notified it to the Authority. The A/PIC has subsequently notified this incident retrospectively.

**Judgement:**

Compliant

***Outcome 10: Reviewing and improving the quality and safety of care***

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

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

No actions were required from the previous inspection.

**Findings:**

There were systems in place to review and monitor the quality and safety of care and the quality of life of residents. There was evidence of consultation with residents through the resident's forum. Audits of clinical care included a monthly review of accidents and incidents, restraint use, pressure area care. Medication management competency assessments were completed and night staff rotated onto day shift to ensure they were included. A weekly environmental audit was carried out and a new audit on mealtimes had been introduced which the A/PIC said would be continued monthly. A hygiene audit was completed using the Health Service Executive's (HSE) national audit tool which incorporated medical equipment such as hoist and nebulisers and further training on infection control was planned as a result.

There was evidence that improvements were brought about as a result of the learning from the monitoring review. For example, the inspector observed that the A/PIC and the catering manager carried out a monthly review of the food provided. The inclusion of fruit smoothies and milkshakes in the menu was an example of a suggestion for improvement arising from this review.

An overall report had not been compiled summarising the findings of all of the audits carried out with copies made available to the residents or their representative as required by the regulations. The A/PIC has been requested to compile this report for the last year and forward to the Authority.

**Judgement:**

Non Compliant - Moderate

**Outcome 11: Health and Social Care Needs**

*Each residents 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 residents 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:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that a good standard of nursing care was provided to residents. Residents reported that they were very well cared for. Residents' needs were assessed

using recognised assessment tools and each resident had a personalised care plan which detailed their needs and choices. Dependency levels, falls risk, the risk of absconding, the risk of developing pressure sores, moving and handling assessments and nutritional care assessments were all completed. The inspector saw evidence that residents were referred to specialist services where necessary and records of referrals were documented. Care plans were regularly reviewed at a minimum of every three months or more frequently should a change in a resident's condition occur. Care plans were generally person centred and the involvement of the resident or their family was evident.

The inspector reviewed the notes of a resident who had developed a grade 4 wound due to an underlying condition. A care plan was in place and dated photographs and measurements were used to help monitor if the wound was healing. The resident was referred to a tissue viability nurse who was directing care. A negative pressure dressing was been used to treat the wound. A care plan was in place which prompted staff to use a pressure relieving mattress and cushions and ensure the resident was turned every two hours. A recognized pain assessment tool was used to evaluate pain and analgesic medication prescribed was administered.

Mouth and swallow assessments were completed and residents identified as having difficulty swallowing were referred to the Speech and Language Therapist.

The incidence of falls was low and there was evidence that falls prevention was appropriately managed. There were no residents with challenging behaviour.

A sample of residents medical records were reviewed which confirmed that the health and medication needs of residents were being monitored frequently and on an ongoing basis. Four General Practitioners attended the centre. An out of hour's service provided medical cover at weekends and bank holidays.

An activity needs analysis tool was developed by the PIC and used to assess what activities residents including those with dementia wish to take part in. A weekly activities plan was based on this analysis and three staff were identified to assist residents to take part. The programme included music, reflexology, and craft sessions. Residents who spoke with the inspector said they enjoyed the activities and could choose not to take part if they didn't wish to.

There were 15 residents using bed rails. Risk assessments were completed for each resident and the A/PIC told the inspector that other options were first considered. The decision to use the bed rail was taken following discussions with the resident or their families and the GP. Four new low-low beds had been purchased. The A/PIC said she was actively trying to further reduce bed rail use and recognised that more work and the purchase of additional low- low beds and sensory mats were necessary to move towards a restraint free environment.

**Judgement:**  
Compliant

**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:**

The building was specifically designed to meet the needs of dependent older people. It was comfortable and warm and there were appropriate assistive equipment provided such as specialised beds, hoists, pressure relieving mattresses, wheelchairs and walking frames provided. Hot water temperatures did not pose a risk of burns or scalds to residents. Bedrooms and communal areas were found to be clean. En suite facilities in bedrooms were provided with grab support rails and an emergency call system. Bedrooms and bathrooms were maintained in a clean condition. There was a call bell system in place at each resident's bed. Additionally residents wore an alarm call bracelet to alert staff when they required assistance.

Cleaners were provided with suitable equipment and training to ensure good infection control. Maintenance records were reviewed and the inspector found that equipment was maintained and serviced regularly. The sluice room was well equipped with stainless steel sinks, a wash hand basin and storage areas for bedpans. A bed pan washer was provided.

Storage facilities had improved since the last inspection and a room previously used for storage of medical goods was now used to store wheelchairs and other assistive aids. The sluice room was well equipped with stainless steel sinks, a wash hand basin and storage areas for bedpans and a bed pan washer was provided.

Issues relating to the premises identified in the action plans from the last number of inspections were still outstanding and the physical environment did not comply fully with the regulations. Residents were mainly accommodated in shared bedrooms (with the exception of two residents who had single rooms.) This does not provide a homelike environment or ensure residents privacy and dignity is maintained. The inspector noted that the provider had reduced occupancy of these units from five beds to four beds. . Some residents did not have sufficient storage space for their clothing and additional wardrobes were located on the corridor opposite the nurses' station.

There was also limited choice of communal area's available to residents as this comprised of a sitting room and dining room only. The décor throughout the centre was showing signs of wear with paint flaking off wall surfaces, door frames and skirting boards. The colour scheme was uniform throughout the centre and signage in general

did provide visual cues for residents with dementia. Some shower seats were observed to be damaged with exposed foam visible which is an infection control risk. There were also signs of rust on some radiators which made them impossible to effectively clean.

There were insufficient bathing facilities to meet residents' needs. Only two assisted bathrooms with showers were available to meet the bathing needs of 27 residents and the location of the shower area close to the sitting room and front entrance did not protect residents' privacy and dignity.

Toilet facilities provided did not meet the needs of residents as they were not accessible to residents using wheelchairs and were not of sufficient size to accommodate those requiring the use of a hoist.

These issues were relayed to the provider and the financial controller at the feedback meeting following the inspection. The provider outlined plans to address issues and comply with the Authorities standards and the Regulations which involved relocating day care and physiotherapy services to a nearby building and refurbishing these areas to provide additional single rooms and more communal space. Action plans to address these issues have been restated in the action plan that accompanies this report.

**Judgement:**

Non Compliant - Moderate

***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:**

The inspector reviewed the complaints policy and procedure and noted it contained all the requirements of the Regulations. The complaints procedure was displayed on the wall inside the main entrance and by the reception desk and was prominently visible as required by the Regulations.

A designated individual was nominated with overall responsibility to investigate complaints. A nominated person who would monitor that the complaints process was followed and recorded was identified. An independent appeals process if the complainant was not satisfied with the outcome of their complaint was outlined. Timescales to investigate and respond to a complainant were included in the procedures reviewed.

The complaints log was reviewed. The log contained recorded all relevant information

about the complaint, investigation made and the outcome to include the resident's satisfaction of the result of their complaint. No complaints were being investigated at the time of inspection.

**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 A/PIC had completed a self assessment questionnaire on the end of life care provided to residents and submitted them to the Authority. She had identified minor non compliances, e.g. she identified the need to ensure end of life care plans fully directed care.

The end-of-life policy had also been recently reviewed and included procedures to be followed to ensure the psychological, spiritual and physical care of the resident at the end of their life.

Three staff nurses had completed link advanced care planning with the local palliative care team through the hospice friendly programme in 2011 which covered pain assessment and this training had been provided to all the remaining nursing care staff.

One resident was receiving end of life care and the inspector reviewed his care plan. There was evidence that discussion took place with the residents' family in relation to issues such as their preferences to be resuscitated and who contact and the residents spiritual wishes were all recorded in the care plan. There was also good evidence of the involvement of the GP and a multidisciplinary team in resident's end of life care.

Religious and cultural practices were facilitated with clergy of all denominations visiting on a regular basis. Mass was celebrated three times a week in the centres oratory. Families of the deceased had the option of using this facility for the funeral services.

**Judgement:**

Compliant

**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 was satisfied that residents received a nutritious and varied diet that offered choice. A dining room was available on each floor on each unit. Mealtimes in the dining room were unhurried and provided opportunities for residents to interact with each other and with staff. Staff provided assistance to some residents. They encouraged the residents to eat independently and were respectful when assisting residents.

The inspector saw that residents were offered a variety of drinks throughout the day and staff members were knowledgeable with regard to monitoring for signs of dehydration. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

The kitchen was maintained in a clean and hygienic condition with good supplies of fresh and frozen food. A documented system was in place to communicate residents' dietary requirements and preferences to catering staff. The inspector found that the catering manager was very aware of and knowledgeable about all residents' preferences, likes and dislikes as well as those requiring modified diets. A list of residents with special dietary preferences was available in the kitchen and the catering manager was aware of those residents who were at risk of poor nutrition. And food was fortified for these residents and supplements were prescribed as appropriate. Residents who required assistance with their meals were aided in a discrete and respectful manner.

**Judgement:**

Compliant



**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents 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:**

There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre. A resident's forum was established and the group met on a monthly basis. Minutes of the meetings were available and the inspector saw that issues raised were brought to the PIC and responded to. A revised activity plan was devised in response to been raised through this forum.

There were notice boards located around the building containing information on the activities planned for the day, the menu options and the complaints procedure. Questionnaires completed by relatives confirmed they were satisfied with information provided to them about their loved ones care. They also confirmed that staff of all grades were freely available should they wish to contact them. The inspector saw that noted in resident files and on accident and incident records that staff informed relatives of residents when an incident occurred which affected their loved one.

Links were established and maintained with the local community through the day care service which operated in the centre. Residents said this allowed them to meet with past neighbours and maintain friendships. The PIC said residents could also participate in the range of activities available through day services. The centre had an open visiting policy.

Residents told the inspector that they could choose what clothes they wished to wear. Bathroom doors were fitted with locks to ensure privacy. Care in progress signs were used by staff while attending to residents' personal care needs.

Privacy curtains were drawn around beds in shared rooms while staff were delivering care. However, as described under outcome 12, the fact that most residents were accommodated in multi-occupancy bedrooms compromised their privacy and dignity.

**Judgement:**

Compliant

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**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:**

There was a policy on the management of residents' personal property and possessions which the inspector noted was consistent with practice. An up to date property list was maintained for each resident which was viewed by the inspector. Residents were dressed well and according to their individual choice.

The inspector visited some residents' bedrooms and spoke with other residents about the care of their personal belongings. There was insufficient storage space in residents' bedrooms for all of the resident's belongings so surplus clothing was stored in wardrobes on the corridor. Residents said their clothing was laundered and returned to them appropriately. A system was in place to ensure clothing was returned to the correct resident.

Each resident also had a locked cupboard in their bedrooms where they could store personal valuables. There was a policy available on the management of residents' personal property. A record of each individual's property was completed on admission and the inspector saw that this was updated at regular intervals on most care plans reviewed.

**Judgement:**

Compliant

**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:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Staffing levels and deployment had been reviewed by the PIC since the last inspection to ensure staffing levels at weekends were consistent with mid week levels . The inspector viewed the staff duty rota. The rota showed the staff complement on duty over each 24-hour period. The planned staff rota matched the staffing levels on duty. The inspector was satisfied that the numbers and skill mix of staff were appropriate to the assessed needs of residents and the size and layout of the centre. Good interactions were observed between staff and residents who chatted with each other in a relaxed manner. Staff spoken with were knowledgeable of residents' individual needs. There were adequate staff supervising the dining room during lunch to ensure that each resident was assisted in a timely fashion.

A sample of four staff files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed. All nursing staff had the required up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland).

A training matrix was available which showed that staff had access to ongoing education and a range of training was provided. All staff had completed mandatory training in Adult protection, Fire Safety and Manual Handling. Annual appraisals were complete by the Acting PIC and these were available of the personnel files. The appraisals were used to help inform the staff training plan. Recent training attended included by staff included tissue viability and incontinence care.

There were 23 residents accommodated on the day of inspection. 11 residents had maximum dependency needs, 5 had high dependency needs. A further 6 residents were assessed as medium dependency and one as low. There were normally 2 nurses and 4 care staff on duty in the mornings in addition to the PIC. This reduced to 2 nurses and 3 care staff in the afternoon. At night, one nurse and 2 care assistants were on duty until 10.30 and then one nurse and one care assistant from 10.30 pm until 8 am. Staff interviewed said they had sufficient time to ensure adequate care to residents. There were low levels of falls recorded. Questionnaires' completed by residents and relatives prior to the inspection indicated satisfaction with staffing levels.

An additional household staff member had been added to the rota in response to an action from the last inspection. This staff member worked opposite the other household staff member and provided cover on days off and periods of leave. The inspector also saw from the rota that staffing levels were consistently allocated during the week including at weekends. This was also an action from the last inspection.

**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:***

Marie Matthews  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Ballymote Community Nursing Unit
<b>Centre ID:</b>	ORG-0000330
<b>Date of inspection:</b>	05/06/2014
<b>Date of response:</b>	12/08/2014

### 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 02: Contract for the Provision of Services

**Theme:**

Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The fees for services such as chiropody and hairdressing were not documented in the sample of contracts reviewed.

**Action Required:**

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

**Please state the actions you have taken or are planning to take:**

Each Contract of Care now includes the fees for additional services such as chiropody and hairdressing services.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Proposed Timescale:** 25/07/2014

#### **Outcome 06: Safeguarding and Safety**

**Theme:**

Safe Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

An allegation of neglect of a resident had not been recognised as an allegation of suspected abuse and was not dealt with in accordance with the centres policy on Adult Protection.

**Action Required:**

Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

**Please state the actions you have taken or are planning to take:**

We accept that this incident was not identified as a suspected allegation of neglect of a Resident and therefore an NF06 had not been submitted to the Authority. However, this incident was fully investigated and responded to appropriately by the PIC. Following this investigation there was no evidence of neglect or abuse to a Resident. The incident had been fully investigated and the complainant was very satisfied with the investigation and the outcome. The PIC has retrospectively forwarded this notification to the Authority. All staff has also been informed of the requirement to notify the Authority of any allegation, suspected or confirmed abuse of a Resident.

**Proposed Timescale:** 25/07/2014

#### **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:**

Although the risk management policy had been revised it did not address all the areas referenced in the legislation including the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

**Action Required:**

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

**Please state the actions you have taken or are planning to take:**

The risk management policy has been reviewed following our inspection and it now

covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

**Proposed Timescale:** 25/07/2014

#### **Outcome 09: Notification of Incidents**

**Theme:**

Safe Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A complaint relating to the alleged neglect of a resident recorded in the centres' complaint log was not notified appropriately to the Authority as either an allegation of abuse or misconduct by staff.

**Action Required:**

Under Regulation 36 (2) (e) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation, suspected or confirmed abuse of any resident.

**Please state the actions you have taken or are planning to take:**

We accept that this incident was not identified as a suspected allegation of neglect of a Resident and therefore an NF06 had not been submitted to the Authority. However, this incident was fully investigated and responded to appropriately by the PIC. Following this investigation there was no evidence of neglect or abuse to a Resident. The incident had been fully investigated and the complainant was very satisfied with the investigation and the outcome. The PIC has retrospectively forwarded this notification to the Authority. All staff has also been informed of the requirement to notify the Authority of any allegation, suspected or confirmed abuse of a Resident.

**Proposed Timescale:** 25/07/2014

#### **Outcome 10: Reviewing and improving the quality and safety of care**

**Theme:**

Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

An overall report had not been compiled summarising the findings of all of the audits carried out with copies made available to the residents or their representative as required by the regulations.

**Action Required:**

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

**Please state the actions you have taken or are planning to take:**

The PIC will develop a report summarising the findings of Audits for the last year and will be forwarded to the Authority and made available for our residents. Following on from this report, a yearly report of all Audits reviewing and improving the quality and safety of care for our Residents will be produced at the end of each year and will be available to the residents and their representatives.

**Proposed Timescale:** 30/09/2014

**Outcome 12: Safe and Suitable Premises****Theme:**

Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There were insufficient bathing facilities to meet residents' needs and toilet facilities provided did not meet the needs of residents as they were not accessible to residents using wheelchairs and were not of sufficient size to accommodate those requiring the use of a hoist.

**Action Required:**

Under Regulation 19 (3) (j) part 1 you are required to: Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

**Please state the actions you have taken or are planning to take:**

An action plan along with the proposed drawings have been submitted to HIQA and we talked through the plans with the inspector at the time of our inspection. NHML run the Ballymote Community Nursing Unit under a license from the HSE who own the building and who are ultimately responsible for its maintenance and compliance with regulations. We are currently awaiting funding approval for the building. On approval NHML will immediately implement the proposed refurbishment work. In the near future we also hope that the Day Centre and the Physiotherapy will be moved to another location to alleviate some of the congestion and allow for more space.

**Proposed Timescale:** 31/12/2015

**Theme:**

Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was insufficient storage space in residents' bedrooms for all of the resident's belongings so surplus clothing was stored in wardrobes on the corridor.



**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:**

An action plan along with the proposed drawings have been submitted to HIQA and we talked through the plans with the inspector at the time of our inspection. NHML run the Ballymote Community Nursing Unit under a license from the HSE who own the building and who are ultimately responsible for its maintenance and compliance with regulations. We are currently awaiting funding approval for the building. On approval NHML will immediately implement the proposed refurbishment work. In the near future we also hope that the Day Centre and the Physiotherapy will be moved to another location to alleviate some of the congestion and allow for more space.

**Proposed Timescale:** 31/12/2015

**Theme:**

Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The majority of residents were still accommodated in multi occupancy rooms which compromised their privacy and dignity

**Action Required:**

Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

**Please state the actions you have taken or are planning to take:**

An action plan along with the proposed drawings have been submitted to HIQA and we talked through the plans with the inspector at the time of our inspection. NHML run the Ballymote Community Nursing Unit under a license from the HSE who own the building and who are ultimately responsible for its maintenance and compliance with regulations. We are currently awaiting funding approval for the building. On approval NHML will immediately implement the proposed refurbishment work. In the near future we also hope that the Day Centre and the Physiotherapy will be moved to another location to alleviate some of the congestion and allow for more space.

**Proposed Timescale:** 31/12/2015