<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ballinamore House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000317</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballinamore, Kiltimagh, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>094 938 1919</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:ballinamorehouse@hotmail.com">ballinamorehouse@hotmail.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>Raicam Holdings Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Hugh O'Boyle</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Lorraine Egan</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>32</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>10</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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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:
01 October 2014 10:00 01 October 2014 18:20
02 October 2014 09:35 02 October 2014 20:20

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

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<td>Outcome 03: Information for residents</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<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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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
The purpose of this inspection was to monitor the centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to inform a registration renewal decision.

As part of the inspection, the inspector met with residents, staff, the clinical nurse manager, the person in charge and the provider. The inspector observed practices and reviewed documentation such as policies, care plans, medical records, audits, training records and staff files. In addition, the inspector received and reviewed resident and relative questionnaires.
Throughout the inspection, the person in charge demonstrated competency in relation to her role. Both the person in charge and the provider demonstrated knowledge of their responsibilities as required by the Regulations.

The feedback from families was one of satisfaction with and praise for the care provided and residents echoed these sentiments. Residents spoken with said they felt safe, were listened to and enjoyed the activities provided in the centre. In addition, residents were complimentary of the food and of the staff working in the centre.

There was evidence of good practice in all areas. However, the inspector found that improvements were required in relation to nine outcomes. Issues were identified in fire safety, medication management, the completion of care plans, the assessment of residents’ end of life wishes and the premises.

The findings are discussed in the report and actions required and the provider's response are included in the action plan at the end of the report.
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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 01: Statement of Purpose

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre and a clear and accurate reflection of the facilities and service provided for residents.

The services and facilities outlined in the statement of purpose, and the care provided, reflected the different needs of residents.

It contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

It had recently been reviewed and staff were familiar with the statement of purpose.

**Judgment:**
Compliant

### Outcome 02: Governance and Management

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
**Findings:**
There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

The registered provider worked in the centre alongside the person in charge. In addition, the registered provider’s wife worked as a clinical nurse manager in the centre. The provider, person in charge and clinical nurse manager demonstrated responsiveness throughout the inspection by immediately responding to areas for improvement brought to their attention during the inspection.

The person in charge and the registered provider had carried out audits in a number of areas and both the provider and person in charge told an inspector that the centre’s management team reviewed the audits and identified areas for improvement. However, there was no documented annual review of the quality and safety of care delivered to residents in the centre. The person in charge told the inspector that an external auditor had carried out an annual review in recent months and that the findings would be shared with residents and their families.

**Judgment:**
Non Compliant - Minor

### Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:**
Governance, Leadership and Management

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

**Findings:**
A guide outlining the services provided was available to residents. The guide met the requirements of the Regulations.

Each resident had a contract which set out the services provided and the fees charged.

**Judgment:**
Compliant
### Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The centre was managed by a registered nurse with experience in care of the elderly. She had been person in charge of the centre since 2008 and she was knowledgeable of the residents’ needs, clinical care and her statutory responsibilities.

She was engaged in the governance and operational management of the centre alongside the provider. The inspector observed her interacting with the residents and it was clear the residents knew her well. Residents and families spoken with said they would speak with her if they had any concerns.

**Judgment:**
Compliant

### Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The centre had the required policies in place. Some policies required improvement to ensure they were centre specific. For example, the staff roles identified in some policies were not consistent with staff roles in the centre.

The policy on the prevention, detection and response to abuse needed to be amended to ensure staff were clear on their responsibility.
The emergency procedure needed to be improved as the phone numbers of the people to contact in an emergency were not in the procedure.

The policy for fire prevention and management was not centre specific. It referred to practices which were not taking place in the centre. For example, the policy said that the local fire brigade would visit and inspect the centre each year.

There was no procedure to ensure staff had read, understood and agreed to adhere to the policies and procedures. Not all staff spoken with were clear of some procedures in place.

The procedure for staff to follow if a resident was missing did not outline the area referred to as the neighbourhood and the time after which the Gardaí and the resident’s family would be contacted.

Not all staff nurses had signed the signature sheet to denote their initials when signing for administered medication.

The directory of residents did not contain the gender of residents and some entries did not include the address and/or phone number of the resident’s next of kin and the address and/or phone number of the resident’s general practitioner (GP).

The centre was insured against accidents or injury to residents, staff and visitors.

**Judgment:**
Non Compliant - Moderate

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**Outcome 06: Absence of the Person in charge**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider was aware of his responsibility to notify the Authority if the person in charge was absent from the centre for 28 days or more.

The clinical nurse manager takes the role of person in charge of the centre in the absence of the person in charge.

There was an on call system in place if staff needed support in the evenings and at weekends.
### Outcome 07: 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.*

*Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

#### Theme:
Safe care and support

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

#### Findings:
The policy on the prevention, detection and response to abuse needed to be improved. It did not give clear guidance on the measures to be taken if the nurse in charge received an allegation of abuse. The provider and person in charge were clear regarding the measures to be taken if the alleged abuser was a member of staff however, not all staff were aware of this procedure. The policy was not clear regarding timelines of an investigation into an allegation of abuse.

The use of restraint in the centre was documented, signed by the general practitioner (GP) and occupational therapist (OT) where relevant and a register of the duration and release times was maintained. However, the assessment for the use of bedrails required improvement as it did not adequately identify issues of concern regarding the use of bedrails. For example, residents with a cognitive impairment and assessed as at risk of climbing out of bed were using bedrails. There was no assessment of the risk of residents climbing over the bedrails.

Improvement was required to the documentation detailing alternatives as although assessments stated that alternatives had been tried there was no information regarding the alternatives tried and the reason the alternatives were not adequate.

#### Judgment:
Non Compliant - Moderate

### Outcome 08: 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(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre had measures in place to prevent and respond to emergencies. Emergency evacuation plans showed the centre had a plan to safely evacuate the building if necessary. Each resident had a plan for leaving the building in an emergency which showed the level of staff support the resident needed and the exit to be used.

A staff nurse took the role of fire marshal on each working shift. The fire marshal’s role was to take charge in the event of a fire in the centre and make sure fire safety measures, such as checking that all fire doors were working, were in place. The centre had fire doors which gave protection from fire. The plan showed that residents would move to an area with these fire doors if there was a fire. Fire equipment had been serviced on a regular basis.

Fire drill records were viewed by the inspector. Fire drills were taking place on a regular basis. However, there was no record of fire drills taking place in the evening or at night when the centre had less staff on duty.

The self closing springs on some fire doors had been removed from the doors and a potted plant was being used to keep a fire door open. The provider immediately reconnected these springs and removed the potted plant. However, these items had not been identified by the provider, person in charge or fire marshall prior to the inspection.

The procedure for staff to follow if a resident was missing needed to be improved. The guidelines did not outline the area referred to as the neighbourhood and the time after which the Garda Síochána and the resident's family members would be contacted. Not all staff had enough knowledge of this procedure. Resident missing persons profiles were in place however, not all profiles were completed.

There was a risk register in the centre which outlined a range of environmental, clinical and resident specific risk assessments and the measures in place to control or address the risks. However, oxygen cylinders were being stored in the centre and there was no risk assessment of the location and impact of these cylinders in the event of a fire in the centre.

Judgment:
Non Compliant - Major

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

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

Findings:
There was a policy and procedures for prescribing, administering, recording, storing, disposing and self-administration of medication. Medications were stored in the centre's clinical room and the nurse on duty held the keys.

A sample of medication prescription sheets were viewed. Medications were administered in line with the prescription and the prescription sheet was signed by nurses.

A sample of PRN (as required) medications were viewed by the inspector. The nurse on duty was clear regarding the circumstances in which medications to control behaviour would be administered. However, written guidelines were not in place.

The fridge for storing medication which needed refrigeration was viewed. The temperature of the fridge was recorded on a daily basis. The key used to open the fridge remained in the fridge on both days of inspection. The person in charge acknowledged that this was a practice in the centre.

The procedures for storing medication which required specific control measures was viewed. The medication was stored securely and the staff nurse said it was counted by two nurses at the change of each shift. However, records showed that the medication had not been counted on some days.

Medication audits had been carried out by the pharmacy which supplied the centre's medication.

Judgment:
Non Compliant - Moderate

Outcome 10: 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(s):
No actions were required from the previous inspection.

Findings:
Notifications had been submitted to the Authority as required and the person in charge and provider were aware of their responsibilities in relation to notifications.
Judgment:
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. 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(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Residents were supported to access allied health professionals as required and had a choice of remaining with their current GP or the centre would support residents to choose a GP.

The person in charge informed the inspector that a new care plan system had been introduced to the centre in June 2014. A range of assessments had been carried out which informed care plans. Areas such as residents' risk of developing pressure ulcers, risk of falling, moving and handling assessments and oral hygiene assessments had been carried out. However, improvement was required to some assessments and the completion of some care plans.

Some forms were not fully completed, for example photography consent forms, personal calendars of important dates and some aspects of missing persons profiles. There was inadequate detail in some care plans and the information in some care plans was not consistent. For example, information about the cognitive ability of a resident was inconsistent in the plan. In addition, residents' 'key to me' documents were not fully completed or did not contain enough information.

The information contained in some interventions was not adequate. For example, an intervention was detailed as asking a resident about their family. However, there was no detail of the resident's family in the plan.

There was no evidence that residents had been involved in the completion and review of care plans.

A range of activities took place on a daily basis and were based on residents' preferences.
Judgment:
Non Compliant - Moderate

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The centre was a large three storey building. It had been converted and modified for use as an older persons’ centre. There was a pleasant view from the windows across the surrounding countryside. Some residents told the inspector they enjoyed looking at the view.

The provider was in the process of undertaking some decorating work in the centre. Rooms had been modified and residents’ preferences and the character of the building had been considered.

Residents’ bedrooms were located on the ground and first floor of the building with single, twin and multi occupancy rooms in use. There were five multi occupancy rooms which did not comply with the Regulations in regard to the physical environment of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and Standard 25 of the National Quality Standards for Residential Care Settings for Older People 2009.

Bedrooms had call bell facilities and residents had personalised their bedrooms with photographs. The dining room, day rooms and a clinical room were located on the ground floor of the centre. The basement housed the kitchen, laundry and storage.

Car parking for staff was located to the side of the building and there was a seating area for residents at the front of the building. However, parking for visitors was accommodated at the front of the building and this was accessed by residents wishing to sit in the garden.

There were chair lifts to provide access to the first floor of the centre and only residents who are mobile are accommodated on the first floor. The provider had not installed a shaft lift in line with his response to the previous action plan. However, he stated his commitment to installing a lift and showed the inspector where the shaft lift would be
The ventilation in the smoking room required improvement. A strong smell of smoke lingered in the corridor outside the smoking room. Residents’ bedrooms were also located on this corridor.

There were an adequate number of toilets available for residents to use. However, some bathrooms contained two toilets, one in a cubicle and the other in the bathroom. Both toilets could not be used simultaneously unless the privacy and dignity of residents was compromised.

Improvement was required to some equipment. For example, a grab rail in one bathroom was loose, the lock on the door of one bathroom was broken and there was rust evident on some shower curtain poles in the bathrooms.

There was appropriate assistive equipment provided to meet the needs of residents. The inspector viewed the maintenance and servicing contracts and found the records were up to date and confirmed that equipment was in good working order.

**Judgment:**
Non Compliant - Major

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

**Findings:**
There were policies and procedures for the management of complaints in the centre. A synopsis of the complaints procedure was located in various areas of the centre.

Residents spoken with clear regarding who they would speak with if they had a complaint. Families spoken with stated that all queries they had were responded to promptly and they had no reason to make a complaint.

Staff spoken with were clear regarding their role in receiving and responding to complaints.

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

**Findings:**
The centre had a policy and procedures in place for end of life care. Access to palliative care was facilitated and encouraged where appropriate. Residents were supported to receive appropriate religious sacraments such as the Sacrament of the sick for Roman Catholic residents. Residents status for resuscitation was documented and do not attempt resuscitation (DNAR) orders were clearly documented as a clinical decision. However, the arrangements in place for eliciting residents wishes for end of life were not adequate.

Residents end of life care plans had not been completed as per the template in resident care plans. There was no assessment of residents' end of life wishes in regard to care and comfort which would address residents' physical, emotional, social, psychological and spiritual needs.

Residents' religious and cultural needs and wishes for end of life had not been assessed. Residents' wishes regarding friends and families being informed of their condition and being present at their end of life had not been assessed. Residents' preference regarding his or her location at end of death had not been assessed.

**Judgment:**
Non Compliant - Major

### 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(s):**
No actions were required from the previous inspection.
Findings:
There was a policy and procedures in place to ensure residents were supported to experience good nutrition and hydration. Resident care plans showed that residents had been referred for nutritional support where required.

Mealtimes took place in the dining rooms, day rooms or in residents’ bedrooms if the resident preferred. The dining room was warm and suitably decorated. A choice of meals was available and extra portions were offered to residents.

An inspector sampled the food and found it was flavoursome, suitably heated and nicely presented. Residents spoken with stated they enjoyed the food. The menu was based on residents’ preferences and there was evidence residents were accommodated in relation to their food preferences.

Snacks and drinks were available throughout the day and residents’ dietary requirements were catered for. Adequate supplies of fresh and frozen food were evident and food supplies were ordered when required. Information about residents assessed diets was maintained.

Judgment:
Compliant

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
There was evidence that residents were consulted in relation to how the centre was run and that residents’ feedback was sought which informed practice in the centre.

There was a residents’ forum and a relatives’ forum. Both forums were a new addition to the centre. The centre had contacted an independent advocate who was due to visit the centre in the coming weeks and meet with residents.

There was a cordless phone available for residents to make or receive phone calls in private and a room was available for residents to meet with visitors in private. The centre provided local and national newspapers and televisions and radios were available for residents to use.
The inspector observed staff providing assistance and support to residents in a way which respected their dignity. However, the language used in some documentation required improvement. For example, some documentation stated that residents would respond to ‘verbal commands’.

**Judgment:**
Non Compliant - Minor

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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

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

**Findings:**
There was a policy on residents’ personal property and possessions and residents had access to lockable storage in their bedrooms.

The inspector viewed the laundry facilities and the systems in place to ensure residents clothes were returned to them. The laundry facilities were adequate and laundry staff spoken with were knowledgeable of systems to ensure clothing was laundered and measures to be taken in the event a resident had an infectious disease.

**Judgment:**
Compliant

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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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

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

**Findings:**
The inspector viewed the staff rota and observed staffing levels over the two days of the inspection. The person in charge stated that staffing levels and skill mix were reviewed regularly and adjusted in response to residents’ needs.

Training records showed that staff had undertaken training in a variety of areas relevant to their roles including infection control, food hygiene, dementia care, diabetes, wound care, palliative care and challenging behaviour. A training plan outlining areas of training for staff was in place.

Records showed that staff appraisals had taken place.

Staff spoken with were knowledgeable of residents needs, the centre’s policies and procedures and the measures to be taken if they received an allegation of a abuse or a complaint.

**Judgment:**
Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

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

**Report Compiled by:**

Lorraine Egan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Ballinamore House Nursing Home
Centre ID: OSV-0000317
Date of inspection: 01/10/2014
Date of response: 21/11/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A copy of the annual review of the quality and safety of care had not been made available to residents.

Action Required:
Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
A full annual review will be conducted in December of this year and will be provided to the residents.

Proposed Timescale: 30/12/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no procedure to ensure staff had read, understood and agreed to adhere to the policies and procedures. The inspector found that not all staff spoken with were clear regarding some procedures in place.

Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
All new staff are required to read the policies during their induction period and to sign that they have read and understood them. All current staff have been advised to sign when they have read and understood all the policies.

Proposed Timescale: 30/12/2014

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some policies required improvement to ensure they were centre specific. For example, the staff roles identified in some policies were not consistent with staff roles in the centre.

The policy on the prevention, detection and response to abuse required amendment to ensure clarity regarding staff responsibility in event of an allegation of abuse.

The emergency procedure required improvement as the phone numbers of the people to contact in an emergency were not detailed in the procedure.

The policy for fire prevention and management was not centre specific. It referred to practices which were not taking place in the centre. For example, the policy said that the local fire brigade would visit and inspect the centre each year.
The procedure for staff to follow if a resident was missing did not outline the area referred to as the neighbourhood and the time after which the Gardaí and the resident’s family members would be contacted.

**Action Required:**
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
The policies highlighted are presently been reviewed to ensure they are centre specific and amendments will be made. The work completed thus far includes the following. The word ‘Department Supervisor’ has been removed, ‘click for a list of senior case workers and details’ have been removed. The word ‘should’ has been replaced with ‘must’, in relation to prevention, detection and response to abuse. Within the emergency procedure the list of emergency contact numbers have been added. I will have all the policies reviewed by the end of December.

**Proposed Timescale:** 30/12/2014

**Theme:**
Governance, Leadership and Management

The registered provider is failing to comply with a regulatory requirement in the following respect:
The directory of residents did not contain the gender of residents and some entries did not include the address and/or phone number of the resident's next of kin and the address and/or phone number of the resident's general practitioner (GP).

**Action Required:**
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

**Please state the actions you have taken or are planning to take:**
The current register has been reviewed and the information which was missing or incorrect has been amended.

**Proposed Timescale:** 10/10/2014
Theme: Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff nurses had signed the signature sheet to denote their initials when signing for administered medication.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
As highlighted during the feedback meeting, one new registered nurse had not signed the signature sheet which has now been amended.

Proposed Timescale: 10/10/2014

Outcome 07: Safeguarding and Safety

Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Assessments for the use of restraint stated that alternatives had been tried however, there was no information regarding the alternatives tried and the reason the alternatives were not adequate.

Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
We will review the assessment forms used and document the required information.

Proposed Timescale: 22/12/2014

Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on the prevention, detection and response to abuse did not provide clear guidance on the measures to be taken in the event the nurse in charge received an
allegation of abuse against a staff member. Not all staff spoken with were aware of the measures to be taken.

**Action Required:**
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

**Please state the actions you have taken or are planning to take:**
The policy will be amended to provide clear guidance on the measures to be taken by the staff. The use of the word ‘should’ will be replaced with ‘must’.

**Proposed Timescale:** 22/12/2014

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### Outcome 08: 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:**
Oxygen cylinders were being stored in the centre and there was no risk assessment of the location of these cylinders in the event of a fire in the centre.

**Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
A risk assessment has been carried out these cylinders are now located in a central safe location.

**Proposed Timescale:** 10/10/2014

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no record of fire drills taking place in the evening or at night when the centre had less staff on duty.

**Action Required:**
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.
Please state the actions you have taken or are planning to take:
We will carry out drills in the afternoon and night

**Proposed Timescale:** 01/12/2014

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The self closing springs on some fire doors had been removed from the doors and a potted plant was being used to keep a fire door open.

**Action Required:**
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

Please state the actions you have taken or are planning to take:
These issues were attended to on the day of inspection when pointed out by the inspector. The door closers had been removed prior to the doors been painted and had not been re affixed. An automatic closer was fitted to the dayroom door.

**Proposed Timescale:** 02/10/2014

**Outcome 09: Medication Management**

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no written guidelines for the administration of PRN (as required) medications used to control behaviour.

**Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Any resident who has PRN medication written on their chart it is clearly written the maximum doses and the circumstances they are to be used in. If a nurse administers a prn medication she does so using her clinical judgement and assessment of the residents needs prior to administering any medication.
We are also working with the general practitioners to draw up protocols for the administration of prn medication.

**Proposed Timescale:** 01/12/2014

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The key used to open the fridge for storing medication remained in the fridge on both days of inspection. The person in charge acknowledged that this was a practice in the centre.

Medication which required specific control measures had not been counted on some days.

**Action Required:**
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

**Please state the actions you have taken or are planning to take:**
The medication fridge is kept in the clinical room which is locked when not in use by the nurse; the key has been removed and is attached to the nurse’s keys.

The nursing division have been reminded that DDA medications are to be checked daily and recorded. This will be monitored on an ongoing basis and a review of records will be conducted before the end of the year.

**Proposed Timescale:** 29/12/2014

**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:**
Improvement was required to some assessments and the completion of some care plans. Some forms were not fully completed, there was inadequate detail in some care plans, the information in some care plans was not consistent and the information contained in some interventions was not adequate.

**Action Required:**
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of
a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
The consent to photography forms, key to me, calendar of important events, what makes me happy/sad and missing persons forms will be filled in completely and accurately

| Proposed Timescale: 25/01/2015 |

**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 five multi occupancy rooms which did not comply with the Regulations in regard to the physical environment of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and Standard 25 of the National Quality Standards for Residential Care Settings for Older People 2009.

Parking for visitors was accommodated at the front of the building and this was accessed by residents wishing to sit in the garden.

There was no shaft lift in the centre.

The ventilation in the smoking room was not adequate. A strong smell of smoke lingered in the corridor outside the smoking room.

Some bathrooms contained two toilets which could not be used simultaneously unless the privacy and dignity of residents was compromised.

Some equipment needed to be improved. For example, a grab rail in one bathroom was loose, the lock on the door of one bathroom was broken and there was rust evident on some shower curtain poles in the bathrooms.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
The multi occupancy rooms will become twin rooms to comply with the regulations of the 01/07/2015. A lift shaft will also be installed and in operation for no later than 01/07/2015. As stated in my separate letter to the Chief Inspector on the 07/10/2014, I have requested to retain one multi room as a high dependency nursing facility. All other multi rooms will be organised as twin rooms.
The patio area is enclosed by timber trellis and railway sleepers and is very visible to drivers. During the summer months residents using this facility are supervised by a staff member to ensure their safety at all times. It is our intention to erect warning signs on the driveway for motorists in January 2015. It will be spring time 2015 before the patio area will be used by residents.

A new more powerful ventilation fan has been installed in the smoking room on the 04/12/2014. This room is currently also being re painted.

The door lock and grab rail have been replaced.

New shower curtain poles will be installed by the 15/12/2014.

We are reviewing the toilet facilities and intend to remove the curtain surround and replace with a solid structure. By the 15/01/2015.

**Proposed Timescale:**

**Outcome 14: End of Life Care**

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

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no assessment of residents' end of life wishes in regard to care and comfort which would address residents' physical, emotional, social, psychological and spiritual needs.

**Action Required:**
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

**Please state the actions you have taken or are planning to take:**
End of life care is a very difficult subject to discuss whatever the age group but particularly the elderly as it can heighten anxiety and fear levels with some. We are currently working with our current long-term residents and their families to obtain the information required. For any new future resident this information will be obtained on admission or shortly thereafter.

**Proposed Timescale:** 25/01/2015
Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Resident end of life care plans did not detail residents' religious and cultural needs and wishes for their end of life.

Action Required:
Under Regulation 13(1)(b) you are required to: Ensure the religious and cultural needs of the resident approaching end of life are met, in so far as is reasonably practicable.

Please state the actions you have taken or are planning to take:
An assessment of resident’s end of life wishes in regard to their spiritual and cultural wishes will be carried out and incorporated in their end of life wishes.

Proposed Timescale: 25/01/2015

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' wishes regarding friends and families being informed of their condition and being present at their end of life had not been assessed.

Action Required:
Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident’s condition, with the resident’s consent. Permit them to be with the resident and provide suitable facilities for them.

Please state the actions you have taken or are planning to take:
In the resident personal detail section of the integrated resident clinical file it is documented there who they wish to be informed of their condition and whom they wish to have present. Care plans will be reviewed

Proposed Timescale: 25/01/2015

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' preference regarding his or her location at end of death had not been assessed.
**Action Required:**
Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

**Please state the actions you have taken or are planning to take:**
The resident’s location will be documented once they or their families have made that decision. Some have been completed.

**Proposed Timescale:** 25/01/2015

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

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The language used in some documentation required improvement. For example, documentation stated that residents' would respond to 'verbal commands'.

**Action Required:**
Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

**Please state the actions you have taken or are planning to take:**
The grammar has been changed in the manual handling picture care plan and the word ‘command’ will not be used in the residents documentation.

**Proposed Timescale:** 20/10/2014