

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Baltinglass District Hospital
Centre ID:	OSV-0000485
Centre address:	Baltinglass, Wicklow.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Brena Dempsey
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	59
Number of vacancies on the date of inspection:	1

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:
09 February 2015 10:00	09 February 2015 18:30
10 February 2015 09:30	10 February 2015 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate.

As part of the registration renewal process, interviews were carried out with person in charge, the Assistant Director of Nursing, and the manager of services for older people. The person authorised to act on behalf of the provider was unavailable at the time of inspection but a telephone interview was carried out the previous week.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, 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.

The safety of residents was promoted. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. There was evidence of safe recruitment practices.

The renovations and refurbishment of the premises was near completion and met the needs of the residents in a comfortable and homely way. Questionnaires reviewed were very positive in their comments about the premises, the service provided and the staff. Many referred to being part of the family there. All praised the staff for their kindness and commitment.

The dining experience was very pleasant, and residents were treated with respect and dignity by staff. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. However further work was required to ensure that intervention to meet resident's assessed needs were set out in individual care plans. This is discussed further in the report and included in the Action Plan at the end of this 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

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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that was provided in the centre. It had been updated to reflect the environmental changes in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

Audits were being completed on several areas such as complaints, falls and the use of restraint. The inspector saw where the results of these were analysed and presented in written reports which were shared with staff.

A recent resident satisfaction survey had been carried out and the person in charge discussed plans to complete this on a yearly basis. The inspector saw where action plans had been put in place to address the recommendations made by residents. For example some residents had asked for additional storage and this had been provided. Additional tea and coffee making facilities had also been recommended and the person in charge stated that she was hoping to provide this as part of the planned renovations to the entrance area.

Data was also collected each week on the number of key quality indicators such as the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

Judgment:

Compliant

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:

The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the Residents' Guide and noted that it met the requirements of the Regulations. It was available to all residents.

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 person in charge is a registered nurse and has the required experience in nursing older people. She had undertaken a post graduate course in psychology and sociology and a Masters in applied Health Care Management.

She continues to attend clinical courses such as nutrition, the management of swallowing difficulties and incontinence care.

During the inspection she demonstrated her knowledge of the Regulations and the Standards and outlined plans in place to further improve the service. The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection.

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 inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

All information requested by the inspector was readily available.

Judgment:

Compliant

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

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the regulatory requirement to notify the Authority should the person in charge be absent for more than 28 days. To date this had not been necessary.

The person in charge is supported in her role by an Assistant Director of Nursing who deputises for her in her absence. The inspector interviewed this person and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards. There was ample evidence of continuous professional development.

Judgment:

Compliant

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 inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Improvements were noted around the use of bedrails. Staff had attended specific training. The inspector noted that appropriate risk assessments had been undertaken.

There was documented evidence that alternatives had been tried prior to the use of restraint as required by the centre's policy. Staff spoken with confirmed the various strategies that had been tried. Additional equipment such as low beds and sensor alarms had also been purchased to reduce the need for bedrails. Staff were currently developing new documentation to record the checking of residents while restraint was in use. The management of behaviours that challenged is discussed under Outcome 11.

Residents' monies continued to be managed in a safe and transparent way, guided by a robust policy. Internal and external audits were carried out to provide additional safeguards.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

The inspector read the risk management policy which had recently been updated. It met the requirements of the Regulations. The risk register was updated on a regular basis as refurbishment continued to the premises. In addition the inspector saw that where issues could not be addressed locally they were brought forward to senior management for action. For example the inspector saw where an issue with surface water on the driveway had been escalated for action and now this was being addressed. A quality and risk group for residential centres in the locality had been established and complex risk assessments were discussed at this.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. Monthly fire door checks were completed including checking the magnets, the door closings and a visual inspection. Weekly checks of the fire extinguishers were also carried out. The fire alarm system was in working order. There was evidence of frequent fire drills taking place and all staff had attended training.

An emergency plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately. Overhead hoists had recently been provided as part of the ongoing refurbishment and the inspector saw that additional training was organised to ensure staff were comfortable with their use.

Judgment:

Compliant

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:

The inspector was satisfied that medication management practices were safe. The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

Secure fridges were provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

The pharmacy staff visited the centre on a weekly basis and were involved in the review of medications and stock control. Support and advice was also provided as necessary.

The inspector saw that some staff had recently attended pain management study days and had brought back the learning to other staff. For example, new guidance was available on the management of analgesia administered via a patch and the inspector saw that these changes had been shared with other staff and implemented on each unit.

Judgment:

Compliant

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:

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. However additional work was required to ensure that residents' assessed needs were set out in individual care plans.

The inspector read a sample of care plans and saw that in some cases the interventions section did not provide sufficient detail to guide staff. For example, a resident had been reviewed by the Speech and Language Therapist and a particular consistency meal and thickened fluids were recommended. The inspector spoke to staff who were aware of

the recommended diet and the inspector saw that this was provided at meal times. However this was not correctly recorded in the relevant care plan.

The inspector also saw that specific details such as possible triggers and interventions were not consistently recorded in the care plans of residents who presented with behaviour that challenged as required by the centre's policy. However staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the psychiatry services.

The inspector reviewed the management of clinical issues such as wound care and the use of restraint and found they were well managed and guided by robust policies. Extensive work had been undertaken on falls prevention and management. The inspector saw that following a fall, the resident was reassessed. A post fall review was undertaken including environmental and medication reviews. In addition each fall was analysed for to identify any possible patterns or trends.

Weight management is discussed in more detail under outcome 15.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. Psychiatry of later life services were available on referral and the CNS in dementia care worked closely with this service. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiroprody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed and this information was used to plan the activity programme along with additional suggestions from the residents' group. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. A programme of events was displayed and included religious ceremonies, music, art, cooking card making and many more.

Residents also told the inspector about the various activities that had taken place over the Christmas period including local choirs and schools and musical groups. Photographs were on display around the centre and residents said how much they had enjoyed these. The inspector met a relative setting out feed for the birds in an enclosed garden area and the residents were watching to see what was happening. One resident told the inspector how much he enjoyed watching the various birds coming to feed there.

Judgment:
Substantially 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. 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):

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

Findings:

Extensive renovation and development work had been undertaken to ensure that the premises met resident's individual and collective needs in a comfortable and homely way.

All residents living in the centre now had access to either single or twin rooms which were of a suitable size. Some had en suite shower and toilet facilities while the remainder had a wash hand basin and staff hand washing facilities. There were some three or four bedded room but these were reserved for residents attending respite services only. Adequate screening was available in the shared rooms.

Additional toilet and shower facilities had also been provided in each unit. There was also a wheelchair accessible visitor's toilet should it be required.

Additional seating areas were provided in each unit to allow for private visits if so required. Fully equipped sluice rooms were available in each area and janitorial rooms had also been provided.

All resident areas were on the ground floor while upstairs was used as offices, storage, meeting rooms and some staff facilities and library. A sleepover room for relatives was available on this floor. Staff facilities were also available downstairs including a separate area for catering staff.

There were several well maintained secure garden areas in addition to extensive grounds surrounding the premises. Adequate parking was available to the front and side of the building.

The person in charge discussed plans to develop the premises further. In particular they are going to renovate the existing entrance area and further develop the grounds. Plans were also afoot to hang additional pictures and curtains to make the areas more homely.

Call bells were provided in all bedrooms and communal areas. The corridors were wide, had grab rails, were clutter free and allowed residents plenty of space to walk around inside.

The design and layout of the dementia specific unit encouraged residents to wander in a safe environment. Corridors were designed to allow residents to walk unimpeded. There was appropriate signage used, such as labelling on bathroom and toilets doors to orientate residents and to promote independence. All bedroom doors were a different colour to provide additional cues.

The inspector found that a high level of cleanliness and hygiene was maintained throughout the building. Staff spoken with were knowledgeable as regards infection control measures and the safe use and storage of cleaning chemicals and disinfectant agents.

Judgment:

Compliant

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:

The complaints policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display throughout the centre. Residents, relatives and staff who spoke with the inspector knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. A complaints' log was maintained and the inspector saw that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome. The number of complaints received was minimal.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. This centre had undertaken extensive improvements as part of the thematic inspection process the previous year and in response to the training provided by the Authority.

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

The inspector saw that ongoing exploratory work was underway as regards the use of appropriate care plan documentation. Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. The inspector saw that in some cases very specific information was documented including choice of undertaker and wishes regarding transfer to the acute services.

The end-of-life policy, reviewed in April 2014, was comprehensive, evidence-based and the inspector was satisfied that it guided practice. The person in charge stated that the centre received support from the local palliative care team. Staff members were knowledgeable about how to initiate contact with the service.

Other initiatives continued in the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. This was on display in the front hall with an explanation of its meaning and stating that this symbol would be on the door to the resident's room if the resident had passed away.

Additional equipment had been purchased to improve the level of respect shown to the deceased. This included a purple drape for the bed and for the trolley used to bring the remains to the mortuary. The mortuary was available in the grounds of the centre and staff confirmed that this facility was frequently used.

There was a procedure in place for the return of possessions. A specific bag was set aside for this and relatives were given adequate time to return to the centre to gather any belongings they wished to keep. A policy was in place to guide the return of personal belongings.

Judgment:

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(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

The centre continued with the work undertaken last year as regards improvements in meals and mealtimes. A survey had been undertaken and the inspector saw that suggestions made by residents had been taken on board. For example some residents had expressed difficulties with using salt and pepper sachets and the inspector saw that some salt and pepper cellars had been purchased.

The inspector also saw that protected mealtimes had been further developed. To ensure adequate assistance was available and that meals were served at conventional times, staff had changed their own roster and mealtimes. Although not always popular with visitors, no visiting was allowed at meal times to afford residents the opportunity to enjoy their meal undisturbed. Noise levels were kept to a minimum and there was a policy in place to ensure that televisions were turned off prior to the meal.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required. Food diaries were completed for residents who appeared to have reduced appetites and records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector saw that residents had been reviewed by a speech and language therapist if required. The inspector observed practices and saw that staff were using appropriate feeding techniques as recommended.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff discussed on-going improvements in the choice and presentation of meals that required altered

consistencies. Some staff had attended additional training to improve the presentation of the meals. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them.

The inspector saw that the dining experience was pleasant. Table were nicely laid and meals were appetisingly presented.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

The inspector saw staff knocking on toilet and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available. Mass and Church of Ireland services took place on a weekly basis. The provider and person in charge said that residents from all religious denominations were supported to practice their religious beliefs. A chapel area was set aside for residents and staff who wished to use it.

There was a residents' group in place. Residents were encouraged and facilitated to be involved in the running of the centre. The inspector read the minutes and saw where recommendations had been made and were implemented. For example, the inspector saw that residents had made suggestions regarding the Slí na Sláinte walkway. Gazebos had been put in at various stages along the walkway to provide seating and shelter if it was required.

There was an extensive range of activities available within the centre. The inspector spoke to the two activity coordinators who outlined how the programme was planned with the residents and how group sessions were carried out. Staff spoken with confirmed that the programme was based on their assessed needs and capabilities.

Residents spoken with confirmed how much they enjoyed the activities in particular the bingo, music sessions and the crafts. One to one sessions were also provided.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents could have their laundry processed in the centre. The inspector visited the laundry which was organised and well equipped. The staff member spoken with was knowledgeable about the different processes for different categories of laundry. To provide additional safeguards for residents' clothes, plans were afoot to introduce a more robust marking system.

There was a reasonable amount of space for residents' possessions including a lockable space. The inspector saw that some residents had requested additional storage space and this was being provided.

Residents and relatives spoken with confirmed that they were happy with the service provided.

Judgment:

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. 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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. All staff and volunteers were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Extensive work had been undertaken to ensure that all staff files contained the required information. The inspector examined a sample of staff files and found that all were complete. Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that they had been vetted appropriate to their role and had their roles and responsibilities set out in a written agreement as required by the Regulations.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training on wound care, pressure area care and dementia care including the management of behaviours that challenge. There was a comprehensive training plan in place for the coming year which included additional training on nutritional care and swallowing difficulties, falls prevention and infection control.

The inspector also saw where continual professional development reviews were being introduced starting with management roles.

Judgment:

Compliant

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:

Sheila Doyle
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 report¹

Centre name:	Baltinglass District Hospital
Centre ID:	OSV-0000485
Date of inspection:	09/02/2015
Date of response:	24/02/2015

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 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:

Residents' assessed needs and planned interventions were not consistently set out in some individual care plans.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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

that resident's admission to the designated centre.

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

1) Residents' care plans will be audited to identify areas where assessed needs are not being consistently met with planned interventions.

2) Following care plan audit a time limited action plan will be formulated to address the issues arising from the audit. Work on addressing deficits will be undertaken to ensure that planned interventions will be consistently described in sufficient detail to guide staff in relation to on-going care. For residents who present with behaviours that challenge, specific details such as possible triggers and interventions will be consistently recorded in the care plans. Consideration will be given to the introduction of additional documentation to ensure that such information is collated and recorded consistently.

3) Specific training will be provided around care planning and recording of pertinent information in line in policy.

Proposed Timescale:

Care Plan review : 30th April 2015

Action Plan Completion: 31st May 2015

Education programme delivery: 31st October 2015