

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ballinamore Community Nursing Unit
<b>Centre ID:</b>	OSV-0005290
<b>Centre address:</b>	Tully, Ballinamore, Leitrim.
<b>Telephone number:</b>	071 964 4682
<b>Email address:</b>	karen.hoare@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Frank Morrison
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	20

## **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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 23 September 2015 10:15 To: 23 September 2015 13:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to register a designated centre.

The provider is seeking to register a newly built centre to accommodate 20 residents. No residents were accommodated at the time of the inspection. The building is specifically designed to meet the needs of dependent older people. It is of a single story construction. The centre comprises of 18 single bedrooms and one twin bedroom. All bedrooms are ensuite.

The inspector met with the provider nominee responsible for the application and the person in charge. The management systems and clinical governance arrangements for the operation of the new centre were reviewed.

The inspector examined all parts of the building the provider has applied to register as a designated centre.

The inspector found the facilities and governance systems were in compliance with the Regulations and suitable to meet the needs of prospective residents.

Two action plans are identified at the end of this report requiring minor improvements to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 accurately described the aims, objectives and ethos of the centre and the service that was provided.

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the proposed centre. There was an organisational structure in place to support the person in charge.

The person notified to the Authority as the person in charge was experienced and qualified.

The provider nominee met with the inspector during the inspection and is knowledgeable of the Regulations and Authority's Standards. The provider discussed the operational plans and his involvement from design brief to its current stage of applying for registration.

The provider discussed the governance and operational overview required by his role. The provider and person in charge have facilitated previous inspection and are known to the inspector. They have the knowledge and experience required to deliver a good quality service ensuing safe care.

Through conversations it was evidenced quality improvement strategies and monitoring of the services are planned. This has commenced through the recruitment and planned induction and training processes for staff being recruited. The person in charge has a number of years of experience in practice development and the implementation of policies.

**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:**  
A residents' guide was developed which contains all the information required by the Regulations.

The inspector found that there were systems in place to maintain complete and accurate records

Written operational policies which were centre specific were developed and place to inform practice and provide guidance to new staff. All the polices required by Schedule 5 of the Regulations were developed and available for review on inspection.

There are system in place to ensure each residents admitted to the service will be provided with a contract of care. The provider has developed contracts of care outlining all the terms and conditions required the Regulations.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

A person in charge has been appointed. The Authority was appropriately notified as required by the Regulations. All the necessary documentation accompanied the notification.

The person appointed fulfils the criteria required by the Regulations in terms of appropriate qualifications and management experience. The person in charge is an experienced nurse. She holds a full-time post.

The person in charge is known to the inspector and facilitated inspections by the Authority in her previous post. In her previous post she had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

It is proposed to recruit a clinical nurse manager grade two to support the person in charge.

**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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The inspector found that there were systems in place to maintain complete and accurate records. Designated space was provided to store records securely.</p> <p>Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff.</p> <p>Appropriate insurance cover is in place with regard to accidents and incidents, outsourced providers and residents' personal property.</p> <p>The person in charge is familiar with the requirements to maintain a directory of residents as required by schedule three of the regulations and ensure it is maintained up to date.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 06: Absence of the Person in charge</i></b> <b><i>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.</i></b></p>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The number of whole time equivalent staff was detailed in the Statement of Purpose. This included a CNM 2. Recruitment is in progress to fill this post.</p> <p>The clinical nurse manager grade two appointed will deputise in the absence of the person in charge. The provider is aware of the appropriate notification forms to complete to notify the Authority of staff participating in management.</p>
<p><b>Judgment:</b> Compliant</p>

***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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a policy on prevention, detection and response to elder abuse. The policy was specific to the centre. Protected disclosure procedures to guide staff in their reporting of a suspicion of abuse were documented in the policy.

There was a policy on restraint management (the use of bedrails and lap belts) in place and the management of behaviours that challenge.

The person in charge has a good knowledge of the features of abusive situations and experience of implementing protective mechanisms to ensure residents are safeguarded. Through experience in previous roles the person in charge has advocated on resident's behalf

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The procedures in place to promote the health and safety of residents, staff and visitors. Access to the centres was secured via a coded key pad.

The risk management policy contained all the procedures required by the Regulations. There was a corporate HSE health and safety policy and an adopted centre specific health and safety statement. The person in charge was in the process of developing a risk register.

Fire safety systems were in place. Fire equipment including the fire alarm, fire extinguishers, emergency lighting and smoke detectors were provided in all parts of the building. The building was divided into separate zones for the purposes of evacuation. All bedroom doors in addition to emergency exit doors were wired to the fire alarm system.

The temperature of dispensing the hot water to all bathrooms was controlled by thermostats to minimise the risk of scalds or burns. Restrictors were fitted to windows.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider and person in charge are knowledgeable on the schedule of matters which require notification to the Authority. There are templates available to record incidents/accidents that may occur in the centre.

The person in charge is familiar with the matters which must be notified on a quarterly basis to the Authority.

**Judgment:**

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):**

This was the centre's first inspection by the Authority.

**Findings:**

The newly built unit is specifically designed to meet the needs of dependent older people. It is of a single story construction. The centre comprises of 18 single bedrooms and one twin bedroom. All bedrooms are ensuite.

Bedrooms are spacious and equipped to assure the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Bedrooms were well equipped with a good range of furniture.

There was suitable light, heat and ventilation provided to all parts of the premises. Light switches were provided on call bells. All ensuite bathrooms were mechanically ventilated. Each bedroom was fitted with a thermostat to allow residents individually adjust the temperature to meet their needs.

There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets are located close to communal day rooms for residents' convenience. All bathroom facilities are adapted to meet the needs of residents. Grab rails are provided alongside toilets and showers. Showers are level with the floor ensuring ease of access. All ensembles are accessible to residents requiring the use of a hoist to meet their moving and handling needs.

There are two communal day rooms, a visitor's room, oratory and hair salon available for residents' use. A large well equipped kitchen is provided to meet residents' catering needs. There is storage space available for hoists and other specialist equipment required for use by residents.

Staff facilities were provided. Separate toilets and showering facilities were provided for care and kitchen staff in the interest of infection control. Locker rooms were provided for the storage of staff belongings.

There is a separate sluice room and cleaning room provided. The laundry is equipped an industrial sized washer and dryer. However, the space available to ensure soiled and clean clothing is maintained separately, clothes are sorted and ironed is limited. A clear system for the management of the laundry to meet resident's needs was not developed.

Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided in each house. The procedures to follow on hearing the alarm and action to take on discovering a fire were displayed beside the fire panel. Records indicated fire fighting equipment was serviced.

The bathroom and ensuite facilities are suitable in size and designed to maximise the independence of residents. Grab rails were fitted alongside toilets and wash hand basins. Showers are level with the floor ensuring ease of access and egress.

Residents have access to an outdoor space which is well landscaped with seating available. However, the garden was not enclosed. The provider explained arrangements

were in place to have this work completed.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge was familiar with the requirements of the complaints procedures as required by the Regulations.

The person in charge explained issues of concern will be addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

A complaints policy was developed and a summary of the complaints procedure was included in the residents' guide.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

A large kitchen is available. This is suitable in size to cater for the needs of all residents to be accommodated. A coffee dock is located at the entrance foyer.

This will provide an informal space for residents to meet with visitors away from the care environment.

As outlined in the Statement of Purpose two whole time chefs are being recruited to meet the catering needs of residents.

The person in charge in consultation with a dietitian will oversee menu planning to ensure the dietary needs of all residents is met.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider indicated new residents would be admitted on a phased, planned basis and any increase in the number of residents would be supported by a continuous review to ensure a suitable staffing level and skill mix is maintained.

The inspector reviewed the proposed staffing plan as outlined in the Statement of Purpose. This outlined the number and skill mix of whole time equivalent staff planned to meet the needs of prospective residents.

The provider indicated recruitment is being progressed and all staff will be trained in line with the centre's policy on recruitment, selection and vetting of staff.

**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:***

PJ Wynne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	Ballinamore Community Nursing Unit
<b>Centre ID:</b>	OSV-0005290
<b>Date of inspection:</b>	23/09/2015
<b>Date of response:</b>	13/10/2015

### 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 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:

A clear system for the management of the laundry to meet resident's needs was not developed.

#### 1. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

<sup>1</sup> 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:**

Residents clothing will be clearly, but discreetly identified.

A clear and safe system of working regarding infection control in relation to laundry will be devised based on recommendations from infection control clinical nurse specialist. This system will be followed when carrying out laundry for the residents.

Person Responsible PIC

**Proposed Timescale:** 15/10/2015

**Theme:**

Effective care and support

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

The garden was not enclosed.

**2. 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:**

Funding has been approved and an enclosed perimeter fence will be installed.

The fence will be installed prior to any resident moving into the unit.

Person Responsible. Nominated Provider / Estates Person.

**Proposed Timescale:** 27/11/2015