

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ballinasloe Community Nursing Unit
<b>Centre ID:</b>	OSV-0005270
<b>Centre address:</b>	Creagh, Ballinasloe, Galway.
<b>Telephone number:</b>	090 963 0120
<b>Email address:</b>	jj.okane@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	JJ O'Kane
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	15
<b>Number of vacancies on the date of inspection:</b>	10

## 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: 21 January 2016 09:00 To: 21 January 2016 16:30

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	Substantially 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	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (the Authority) to register St. Brendan's Community Nursing unit as a designated centre. This is a new development by the Health Service Executive (HSE) and is a purpose built residential centre with 50 places. The provider has applied to initially register 25 beds on the first floor. Currently, there are 15 short day residents living in the centre under the care of the

local acute general hospital. The average length of stay for these residents is two-four weeks. The provider wishes to provide long stay, convalescent and respite care residents. Two residents and two relatives completed a pre-inspection questionnaire. On review of these, the inspectors found that residents and relatives were positive in their feedback and expressed satisfaction about the facilities, services and care provided. Inspectors also met with one relative during the inspection, spoke with one relative on the phone and met with eight residents.

Residents spoken with on the day of inspection told the inspectors that they were 'well cared for and were treated with respect by staff'. Comments included 'The staff are friendly and understanding , the meals are excellent, care and medical attention is very good , I feel safe and comfortable here, staff look after me very well, no better care could be given'.

Inspectors observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files. The inspectors found that overall residents' health care needs were well supported with good access to allied health professionals. Staff were knowledgeable with regard to the care to be provided to residents to meet their needs and described a holistic care regime which was person centred. There was good clinical governance in the centre and management described support structures for staff which included staff training, supervision, an induction period, on call support, regular meetings and a comprehensive review and auditing system. Medication management practices were found to be compliant and mandatory training was up to date for all staff.

Overall, substantial compliance was found in many outcomes. Areas for review are discussed in the body of the report and actions that require to be undertaken by the provider/person in charge are contained in the action plan at the end of the report.

**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):**

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

**Findings:**

There was a written statement of purpose which consisted of a statement of the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents; however it required review to include the name of the person in charge. It contained all of the other information in relation to the matters listed in schedule 1 of the Regulations.

**Judgment:**

Substantially 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:**

Inspectors found there was a clearly defined management structure that identified the lines of authority and accountability. The current provider nominee was available on the day of inspection and while he has recently taken on this role, he has worked in older persons services since 2007. He had a good knowledge of the service and an understanding of the regulations and standards. He has been closely involved in the development of this centre. The person in charge is currently the person in charge in a

sister centre. A new potential person in charge has been recruited and is due to commence working in the centre in the near future. The plan is that the current person in charge will work with and support the newly recruited person in charge for a period of time.

A full time clinical nurse manager with many years experience of working in elderly care is the designated person participating in the management of the centre. Fitness of the provider, person in charge and the clinical nurse manager (person participating in the management of the centre) was determined by discussion and reviewing procedures and documents throughout the inspection. This will continue to be determined by on-going regulatory work, including further inspections of the centre and level of compliance with actions arising from all inspections.

As this is the first registration of this centre an annual review of the quality and safety of care delivered to residents in the designated centre was not available. The provider and person in charge were aware of the requirement to complete this.

The provider, person in charge and clinical nurse manager were informed that a schedule of admissions together with a corresponding staff rota would be required to be submitted as residents are admitted. They agreed to submit same once they obtained their registration certificate and a schedule of admissions was agreed.

**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):**

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

**Findings:**

A comprehensive resident's guide detailing a summary of the service provided was available. However, an easy to read/pictorial guide was not available which would facilitate a better understanding for residents who were cognitively impaired. The Person in Charge gave a verbal commitment to address this.

Inspectors reviewed a template of the proposed residents' contract of care and found that this was clear with regard to services which were included under the contract and services which were to be subject to an additional fee payable by the resident.

**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:**

The person in charge is a registered nurse in the fields of Mental Health and General. She also holds a dual national cert in business studies, a BA (hons) Degree in Health Care Management and a Masters degree in Health Care Management. Inspectors noted had a good rapport with residents and staff working in the centre. Residents spoken with knew the person in charge felt they could approach her or any of the staff the person in charge if they had any concern. During the inspection she demonstrated that she had knowledge of the Regulations and Standards pertaining to designated centres. She is supported in her role by an experienced Clinical Nurse Manager, nursing, care, administration and ancillary staff. Staff were familiar with the organisational structure and confirmed that good communications exist within the staff team. She and the staff team facilitated the inspection process, she had appropriate documentation prepared and easily accessible on arrival for the inspectors.

She had good knowledge of residents' assessed needs, their planned care and conditions. She and her staff team promoted a philosophy of care which was resident focused. Her mandatory training in Adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

**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):**

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

**Findings:**

The centre's insurance was up to date and provided adequate cover for accidents or injury to residents, staff and visitors. All of the written operational policies as required by schedule 5 of the legislation were available. However some were due to be reviewed in January 2016 and had not been reviewed at the time of inspection. Inspectors examined the documents to be held in respect of four persons working at the centre and found that one file did not contain a full employment history, together with a satisfactory history of any gaps in employment.

Inspectors found that other records required by current legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

**Judgment:**

Substantially 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):**

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

**Findings:**

Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. An experienced clinical nurse manager who has experience of working in elderly care and works full-time deputised in the absence of the person in charge.

**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):**

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

**Findings:**

Measures were in place to protect residents from being harmed or suffering abuse.



There was a policy entitled 'Safeguarding vulnerable persons at risk of abuse'. This included information on the various types of abuse, assessment, reporting and investigation of any allegations of abuse. The training records identified that staff had opportunities to participate in training in safeguarding residents from abuse. During discussion with the inspectors some staff members demonstrated their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Arrangements in place with regard to residents' finances were not reviewed on this inspection. All residents in the centre were short stay/convalescence and had control over their finances. There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents confirmed that they felt safe in the centre and contributed this to the presence to the continual presence of staff and the doors being secure at night.

The inspectors discussed the needs of the current residents with staff. Staff informed the inspectors that no current residents displayed behaviour that challenged. Staff confirmed that they had attended training in behaviour that challenges and were aware of the importance of completing a behaviour monitoring log and the need for clear concise behaviour management care plans to be in place to provide direction to staff as to how to manage the behaviour that was exhibited.

There were no restraint practices in place at the time of inspection.

**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 health and safety of residents, visitors and staff was promoted in this centre. There was a centre-specific emergency plan that took into account a variety of emergency situations. Clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments and neurological observations were completed post falls to monitor neurological function.

Inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken with knew what to do in the event of a fire. While fire drills were carried out by staff, there were only undertaken on an annual basis, consequently not all staff were participating in regular fire drills to ensure safe swift evacuation of residents. Additionally, fire drill records did not demonstrate what had occurred or whether there were any obstacles to safe evacuation or the duration of the drill. Fire records showed that fire equipment had

been regularly serviced. The fire alarm had been serviced quarterly. The inspectors found that all internal fire exits were clear and unobstructed during the inspection. At the time of inspection there were no residents who smoked. Inspectors noted that there was no bell in the smoking for staff or residents to alert staff if they required assistance. There were arrangements in place for recording and investigating of untoward incidents and accidents. Template forms were available and the provider representative confirmed that all incidents would be reviewed with the person in charge to ensure an analysis of the incident, assess for trends and decrease the likelihood of re-occurrence. The person in charge confirmed that they would replicate the auditing procedures that they had in place at their sister centre.

The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up to date training in manual handling and in the use of the hoists.

The environment was very pleasant and homely. It was noted to be clean bright and fresh with pictures, flowers and plants available to give it a homely feel. Staff spoken with by the inspectors were knowledgeable in infection control procedures and training had been provided.

**Judgment:**

Substantially 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):**

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

**Findings:**

Nursing staff had completed medication management training. One of the inspectors observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge stated that once registration is obtained on-going audits of medication would be carried out. MDA drugs were not checked on this inspection. The prescription sheets of two of the short stay residents were reviewed by one of the inspectors. These included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum does of PRN (as required medication) was recorded.

**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:**  
As this is this centre is not registered to date there is no responsibility by the person in charge or provider to submit notification of any incidents.  
The provider and person in charge were aware of the legislative requirement to submit relevant notifications to the Chief Inspector.

**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):**  
This was the centre's first inspection by the Authority.

**Findings:**  
Inspectors reviewed three care files of the short stay residents. On admission, a comprehensive nursing assessment and additional risk assessments were carried out. For example, a nutritional assessment tool was used to identify risk of nutritional deficit, a falls risk assessment to risk rate propensity to falling. These assessments were used to develop the care plans.  
Where a medical practitioner requested the nursing staff to monitor an aspect of a residents care for example the weight of a residents, inspectors noted that this resident was being weighed weekly.  
Inspectors noted that where a resident was seen by a specialist service the advice of the specialist was incorporated into the care plan. A narrative record was recorded for

residents each day. These records were generally medical in nature and failed to describe the range of care provided on a daily basis to ensure residents psychological and social well-being.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspectors. There was evidence of good communication with relatives when they visited and via the phone. Access to allied health professionals to include speech and language therapist, dietetic service, physiotherapy and psychiatry was available.

**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 centre is located on the outskirts of Ballinasloe town in Co. Galway. The building is wheelchair accessible. The centre is a two storey build with 25 residential beds available on each floor. The main entrance opens into a reception area. Additionally various offices, consulting rooms, physiotherapy room, laundry, hair dressing, multi denominational prayer room, smoking room, kitchen, dining room and staff facilities also located on the ground floor. Two assisted toilets are located adjacent to the dining room. There are 21 single and two twin bedrooms on each floor, all have ceiling hoists with en suite assisted shower and toilet facilities. Screening was available in the twin rooms to protect the privacy and dignity of residents sharing. A separate assisted bathroom with bath is available on each floor. Each floor has three day rooms and additional toilets are located close to the day areas. A one bedded palliative care suite is available. A nurses' station and clinical room on both floors complete the structural layout. Car parking is available to the front of the building. The centre is suitable for its stated purpose.

**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):**  
This was the centre's first inspection by the Authority.

**Findings:**  
The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. Formal complaint procedures and appeals details were outlined in the HSE complaints policy 'Your Service Your Say', a centre specific complaints policy was available.

Inspectors reviewed the complaints procedure and noted this was displayed. The policy detailed timelines to be adhered to, the requirement to carry out a thorough investigation and to inform the complainant of the outcome of the investigation. An independent appeals process was also detailed so that if the complainant was not satisfied with the outcome of their complaint they could utilise this procedure.

No complaints were detailed to date.

**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):**  
This was the centre's first inspection by the Authority.

**Findings:**  
A palliative care suite was available. Facilities for relatives/significant others for example tea/ coffee making facilities and a microwave was available. This suite included a private place for relatives/significant others to spend time with their loved one. Some staff had undertaken training in end of life care and staff were aware of the local palliative care team which provided a service to the centre. As the residents who were currently in

occupation were availing of convalescence care over a short period of time there were no end of life care plans available to review.

**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:**

Inspectors found that a nutritious and varied diet was offered to residents that incorporated choice at mealtimes and staff offered assistance to residents in an appropriate and sensitive way. Residents were offered snacks and refreshments at various times throughout the day. Residents spoken with during the inspection and were complimentary of the food and this was also the views expressed by relatives and residents in their completed questionnaires.

Residents' food likes and dislikes were recorded and meals served in accordance with their preferences and dietary restrictions. There was a choice for all residents to include those on pureed diet. No resident required monitoring of their nutritional and hydration needs at the time of this inspection.

**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):**

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

**Findings:**

There was evidence of a good communication amongst residents, the staff team and relatives.

Staff were observed to protect the privacy and dignity by knocking on bedroom doors before entering and ensuring that curtains were drawn around the beds. During the day, residents were able to move around the centre freely. Residents could practice their religious beliefs. Mass took place on a weekly basis.

A daily newspaper was available to residents. An independent advocate was available if required. An activity plan was in place. Residents chose what activities they wished to attend and some residents told the inspectors the activity they liked the best was chatting to staff and to other residents. Staff were aware that once long term residents were accommodated the activity programme would require review to include specialist resources for activity provision.

There was evidence that residents had choice in regard to their daily routines such as getting up or participating in activities. Residents had access to the television and/or radio. Visiting times were flexible and visitors could avail of a private facility if they so wished.

**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):**

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

**Findings:**

There was a policy on the management of residents clothing and possessions. Each resident had access to a secure area where they could store personal valuables. Most residents currently staying in the centre send home their laundry with their relatives. A laundry was available on site and a plan is in place that all residents who wish to avail of this service will be able to do so once accommodated. Bed linen will not be laundered on-site.

**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 inspectors found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. Inspectors reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised at all times.

A staff training programme was on-going. All staff had up to date mandatory training in fire safety, safeguarding of vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control, behaviour that challenges and nutritional care. The provider confirmed that approval had been agreed for further staff to ensure as admissions occurred, staffing would be increased.

**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:*

Mary McCann  
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>	Ballinasloe Community Nursing Unit
<b>Centre ID:</b>	OSV-0005270
<b>Date of inspection:</b>	21/01/2016
<b>Date of response:</b>	11/02/2016

### 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 01: Statement of Purpose

**Theme:**

Governance, Leadership and Management

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

The statement of purpose required review to include the name of the person in charge.

**1. Action Required:**

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

<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:**  
Statement now includes name of person in charge.

**Proposed Timescale:** 11/02/2016

**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:**

All of the written operational policies as required by schedule 5 of the legislation were available, however some were due to be reviewed in January 2016 and had not been reviewed at the time of inspection

**2. 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:**

All policies now updated.

**Proposed Timescale:** 11/02/2016

**Theme:**  
Governance, Leadership and Management

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

Inspectors examined the documents to be held in respect of four persons working at the centre and found that one file did not contain a full employment history, together with a satisfactory history of any gaps in employment.

**3. 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:**

Full employment history now completed in file

**Proposed Timescale:** 11/02/2016

## 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:**

While fire drills were carried out by staff, there were only undertaken on an annual basis, consequently not all staff were participating in regular fire drills to ensure safe swift evacuation of residents. Additionally, fire drill records did not demonstrate what had occurred or whether there were any obstacles to safe evacuation or the duration of the drill.

**4. 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:**

Fire lectures & Drill planned for all staff on 22nd & 29th Feb by HSE Chief Training Fire Safety Engineer, evacuation plan & procedures will be clarified & documented at these sessions.

**Proposed Timescale:** 29/02/2016

**Theme:**

Safe care and support

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

Inspectors noted that there was no bell in the smoking for staff or residents to alert staff if they required assistance.

**5. Action Required:**

Under Regulation 28(2)(ii) you are required to: Make adequate arrangements for giving warning of fires.

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

Electronic call bell attached to call bell system planned & to be installed immediately email enclosed from electrician who is booked to do same. In the meantime manual bell in smoking room for use in emergency.

**Proposed Timescale:** 29/02/2016