**Centre name:** Ballymote Community Nursing Unit  
**Centre ID:** OSV-0000330  
**Centre address:** Ballymote, Sligo.  
**Telephone number:** 071 918 3195  
**Email address:** cearanaz@eircom.net  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** Nazareth House Management Limited  
**Provider Nominee:** Cora McHale  
**Lead inspector:** Marie Matthews  
**Support inspector(s):** None  
**Type of inspection:** Unannounced  
**Number of residents on the date of inspection:** 21  
**Number of vacancies on the date of inspection:** 3
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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 03 February 2016 10:00  To: 03 February 2016 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

The purpose of the inspection was to monitor ongoing compliance with the Care and Welfare Regulations and the National Standards. The inspector also followed up on matters arising from the registration renewal inspection carried out on 5th June 2014. During the inspection, the inspector observed practices and reviewed documentation such as policies and procedures, care plans, medical records and risk management processes. The inspector also spoke with some residents and staff and interviewed the Person in Charge (PIC) and the outgoing provider nominee. With the exception of actions relating to the premises, all of the actions from the last inspection had been adequately addressed. The actions relating to the physical environment were not addressed however; the provider had submitted plans to the Authority for a revised layout and is currently awaiting planning consent. Once approval has been received the provider stated that he will immediately complete the proposed refurbishment work to alleviate some of the congestion and allow for more space.

There was evidence of good practice in all areas of the service inspected although improvements were required to achieve full compliance with the Regulations. The
person in charge and staff demonstrated detailed knowledge of residents’ health and social care needs. The healthcare needs of residents appeared well met and residents had good access to medical services and to allied health professionals. Residents were provided with a range of opportunity to participate in meaningful activities. The physical environment was clean, warm and well maintained. There was evidence that the staffing levels and skill mix were meeting the needs of residents. The findings are discussed further in the report and improvements required are included 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 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 Authority had been informed of a change to the provider nominee however the new provider nominee was not in post at the time of the inspection. The current provider nominee met with the inspector during the inspection to discuss the planned renovations. This is discussed further under outcome 12. A reporting system was in place to ensure that the centre was safe and effectively monitored and there was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge during the inspection including physical restraint management, wound care and medication management practices. The inspector found that information gathered was used to improve the service. An annual review was completed by the PIC and a copy was displayed in the foyer of the centre.

**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):**  
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The action from the last inspection had been addressed. The inspector reviewed a sample of resident's files and found that there was an agreed written contract in place which included details of the services to be provided to the residents and fees to be charged.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The designated centre was managed by a suitably qualified and experienced nurse. The person in charge had a minimum of three years experience in the area of nursing of the older person within the previous six years. She worked as part of the nursing compliment and was easily recognised by residents and they indicated she was the person they would go to if they had a complaint or any problem.

She had had completed a masters degree in health promotion and continued her professional development since the last inspection by attending training courses in dementia care, palliative care and on infection control. She demonstrated sufficient knowledge of legislation and good clinical knowledge to ensure practices in her centre were suitable and safe. Arrangements were in place for a clinical nurse manager to provider cover in her absence.

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

**Findings:**
There were measures in place to safeguard and protect residents from abuse. Staff spoken to understood what abuse was and could describe the types of abuse and how to they would respond if they suspected abuse. A centre specific policy on elder abuse was available. Training records were reviewed indicating staff were trained in elder abuse and had regular updates the most recent in January 2016.

The centre also had policies and procedures in relation to security of monies, and resident’s personal property and monies. Each resident had their own individual log and monies maintained separately. These were not reviewed on this inspection but were reviewed on the previous registration inspection and this area was found to be in compliance. There were no residents currently accommodated who had behaviours that challenged associated with their diagnosis. A policy was in place to provide guidance to staff and the inspector noted that training was included in the 2016 training schedule for staff on the management of behaviours that challenge.

All residents who used bed rails were included on a list of restraints in use. There were 6 residents with bed rails in situ and two residents had requested these as an enabler to help them get in and out of bed. The inspector saw that a risk assessment was completed prior to using any form of restraint and other less restrictive options were first considered. The resident and/ or their next of kin and the General Practitioner (GP) were involved in the decision to use a bed rail or other form of restraint.

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

**Findings:**
There were appropriate risk management systems in place and health and safety of residents, visitors and staff were promoted and protected and the actions from the last inspection were addressed. The specific risks outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations Amended
2009 were documented. These risks included associated with residents being absent without leave, assault, accidental injury to residents or staff, aggression and violence and self harm. Separate policies were available to guide staff in each of these areas and these were referenced in the risk management policy. A risk register which was available was kept up to date by the Person in Charge. There was evidence of review and ongoing assessment of risks since the last inspection.

There was evidence of regular checks of fire related matters for example fire exits were checked daily, fire training and fire drills were held on a regular basis. Fire fighting equipment had been checked recently. Emergency lighting for the centre had been regularly serviced and the fire alarm system had been serviced on a quarterly basis. Each resident had a Personal Emergency Evacuation Plan (PEEP) in place which gave details of their location in the centre and the assistance they would need in the event of a fire. The inspector reviewed the fire safety register and training records. Staff to whom the inspector spoke confirmed their attendance at fire training and gave accounts of their understanding of fire procedure. All staff had completed training in fire safety and evacuation since the last inspection and further training was planned for 2016.

The centre was clean and an appropriate cleaning system was in place. Separate cleaning equipment and cloths were used to clean each bedroom and communal areas. One staff member was on the staff rostered each day of the week to look after cleaning and laundry. An additional staff member worked one day a week and helped to complete a deep clean. There were procedures in place for the prevention and control of infection and hand gels were located around the building. Cleaning schedules were in use and audits of the building were completed at intervals by the PIC to ensure the centre was visibly clean.

Training records reviewed by the inspector showed that staff had up-to-date training in moving and handling. Each resident’s moving and handling needs were identified in their care plans and details of the assistance they required, for example, whether they required the assistance of a hoist or one or two staff members was indicated as well as information on the size of sling required. There was appropriate moving and handling equipment available to staff to meet residents needs. Falls risk assessments and dependency levels were reviewed by the Person in Charge monthly.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Record sheets were available to record neurological observations where a resident sustained an unwitnessed fall or a head injury. A post falls assessment was completed in the aftermath of a fall by a resident.

**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 reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident. The prescription sheets reviewed were legible and distinguished between PRN (as needed), regular and short term medication. All medication was dispensed from blister packs which were delivered to the centre on a monthly basis by the pharmacist. Some resident's medication was supplied by their own pharmacy. Checks were completed to ensure that all medication orders delivered were correct for each resident.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed time-frames. There was space to record when a medication was refused on the administration sheet. Medication was being crushed for some residents which were signed appropriately by the GP.

Medicines were being stored safely in a locked medication trolley which was secured in the nurse reception area. Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the balances and found them to be correct.

**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 arrangements to meet residents’ assessed needs were set out in individual care plans. The inspector found a good standard of care and appropriate medical and allied health care access. There was a good emphasis on personal care and ensuring personal wishes and needs were met. Recognised assessment tools were used to evaluate residents’ progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and moving and handling assessments.

A pre-admission assessment was completed by the person in charge prior to all admissions, to ensure the needs of the potential residents could be met. There was a record of the resident’s health condition and treatment given completed at a minimum twice daily. The inspector reviewed care plans for five residents with a range of health concerns including weight loss, mobility issues, wounds, diabetes and epilepsy. Care plans were in place to direct care and the inspector found that these were person centred and involved the resident and or family. A review of residents’ medical notes showed that GP’s visited the centre regularly to review residents and there was evidence of medical reviews been completed at least three monthly or more frequently where required on the files reviewed.

Access to allied health professionals included speech and language therapist (SALT), dietetic services, tissue viability nurses and occupational therapy was provided to residents on referral through the Health Service Executive (HSE) and the inspector saw that where the specialist had recommended a treatment plan this was incorporated into the residents care plan. A number on residents were on restricted or modified diets and the inspector saw that meals were provided to meet their assessed needs. Records of dietary intake and fluid balance records were maintained daily for some residents. Residents were complimentary regarding the choice of food available and those on modified diets were offered the same choice as other residents. Residents were all from within the locality and the staff demonstrated good knowledge and understanding of each resident’s background in conversation with the inspector. The inspector observed good communication with relatives when they visited and via the phone in response to queries.

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

Findings:
The actions from the last inspection relating to the premises were not addressed however; the provider was still within the time frame agreed with the Authority. Residents were mainly accommodated in shared bedrooms and there was limited communal space available to residents. Some residents did not have sufficient storage space for their clothing, there were insufficient bathing facilities and to meet residents’ needs. Toilet facilities provided did not meet the needs of residents as they were not accessible to residents using wheelchairs and were not of sufficient size to accommodate those requiring the use of a hoist.

The provider has submitted plans to refurbish and extend the centre to comply with the Authorities standards and the Regulations. The provider informed the inspector during this inspection that funding is in place and once planning consent has been approved, building works will commence and completion is still expected within the time frame agreed with the Authority. Cleaners were provided with suitable equipment and training to ensure good infection control. Maintenance records were reviewed and the inspector found that equipment was maintained and serviced regularly. The sluice room was well equipped with stainless steel sinks, a wash hand basin and storage areas for bedpans. A bed pan washer was provided.

Storage facilities had improved since the last inspection and a room previously used for storage of medical goods was now used to store wheelchairs and other assistive aids. The sluice room was well equipped with stainless steel sinks, a wash hand basin and storage areas for bedpans and a bed pan washer was provided. Bedrooms and communal areas were found to be clean. En suite facilities in bedrooms were provided with grab support rails and an emergency call system. Bedrooms and bathrooms were maintained in a clean condition. There was a call bell system in place at each resident’s bed. Additionally residents wore an alarm call bracelet to alert staff when they required assistance.

Judgment:
Non Compliant - Moderate

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 reviewed this aspect of the care plans and visited the kitchen to assess if dietary requirements were been provided appropriately. Measures were in place to ensure residents’ dietary requirements were met. The chef on duty demonstrated knowledge of residents’ special dietary requirements and showed the inspector up to date information on residents’ dietary needs and other relevant information including guidance on food fortification. Residents were offered a variety of drinks throughout the day and staff members were knowledgeable with regard to monitoring for signs of dehydration.

The person in charge had put in place an effective system to monitor residents’ nutritional needs. A nutritional assessment tool had been used to develop informative care plans. Residents’ weights and body mass index (BMI) were monitored monthly and more regularly when required. The inspector noted that input had been sought from residents’ GP, a dietician and SALT when required and recommendations were recorded in residents’ files. The inspector also found that nursing staff informed the chef of residents’ dietary requirements and medication records showed that nutritional supplements were administered as prescribed.

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:
A training matrix for 2016 was available which indicated that training was scheduled in a range of clinical areas to support staff including wound care, nutrition and end of life care. All staff had completed mandatory training in Adult protection, Fire Safety and Manual Handling. The inspector viewed the staff rota. The planned staff rota matched
the staffing levels on duty and the number and skill mix of staff appeared appropriate to the assessed needs of residents and the size and layout of the centre. There were 21 residents accommodated on the day of inspection. Eight residents had maximum dependency needs, eight had high dependency needs and five were assessed as having medium dependency requirements. The rota indicated that there were normally 2 nurses including the PIC on duty in the morning. On three days a week there was an additional nurse on duty to allow the PIC to attend to management duties. Four care staff was on duty in the mornings to assist getting residents up and with breakfast. The staffing compliment reduced to 2 nurses and 3 care staff in the afternoon.

At night, one nurse and 2 care assistant were on duty until 10.30 and then one nurse and one care assistant cared for residents from 10.30 pm until 8 am. The PIC confirmed that she had the autonomy to increase staffing levels in the event of increased care been required. Good interactions were observed between staff and residents who chatted with each other in a relaxed manner. Staff interviewed said they had sufficient time to ensure adequate care to residents. There were low levels of falls recorded. Residents who spoke with the inspector indicated satisfaction with staffing levels.

A sample of two staff files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed. Certificates indicating up-to-date registration with An Bord Altranais agus Cnámhseachais na hÉireann was available for nursing staff. Annual appraisals were evident on the personnel files reviewed.

**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:**

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

Centre name: Ballymote Community Nursing Unit
Centre ID: OSV-0000330
Date of inspection: 03/02/2016

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 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:
The majority of residents were still accommodated in multi occupancy rooms which compromised their privacy and dignity
There were insufficient bathing facilities to meet residents’ needs and toilet facilities provided did not meet the needs of residents as they were not accessible to residents using wheelchairs and were not of sufficient size to accommodate those requiring the use of a hoist.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
There was insufficient storage space in residents’ bedrooms for all of the resident’s belongings so surplus clothing was stored in wardrobes on the corridor.

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.

**Please state the actions you have taken or are planning to take:**
Nazareth House Management Ltd run the Community Nursing Unit Ballymote under a license from the HSE who own the building and ultimately are responsible for its maintenance and compliance with regulations. Funding has been approved by the HSE to complete the proposed refurbishment of our Unit to ensure it is compliant with regulations and meeting the conditions of our Registration. We have drawn up plans following consultation with HIQA, and all parties involved are happy that these revised plans are meeting the conditions of our Registration and will ensure our compliance with standards and regulations. These plans will ensure that there will be no rooms with occupancy greater than 2 Residents, to ensure privacy and dignity for our Residents. All bathrooms and en-suites will be wheelchair accessible, and of sufficient size to accommodate the use of a hoist. The refurbishment works will also ensure that there is sufficient storage for our Residents personal belongings within their own bedrooms. These plans will now be submitted to our local planning authority for planning permission. Once permission has been granted, the proposed refurbishment works will be commenced.

**Proposed Timescale:** 31/12/2016