

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballard Lodge Nursing Home
Centre ID:	OSV-0000011
Centre address:	Borris Road, Portlaoise, Laois.
Telephone number:	057 866 1299
Email address:	ballardlodge@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Springwater Home Limited
Provider Nominee:	Angela Duggan
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	0

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 December 2016 10:00	13 December 2016 18:00
14 December 2016 09:30	14 December 2016 15:00

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

Outcome	Our Judgment
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 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
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

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA) Regulation Directorate prior to inspection. As part of the registration process, an interview was carried out with the person in

charge and the person authorised to act on behalf of the provider.

Overall, the inspector was satisfied that residents receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were robust. Recruitment practices and staff files met the requirements of the regulations. The centre was managed by a suitably qualified and experienced nurse who was accountable and responsible for providing a high standard of care to residents.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. The dining experience was pleasant, and residents were treated with respect and dignity by staff.

Some improvement was required to ensure that care plans were updated to reflect recommendations from allied health professionals. Improvement was also required to some medication management practices.

While the premises were homely and comfortable, there are several deficits, identified at each inspection, which require attention in order to meet residents' individual and collective needs in a comfortable and homely way in accordance with the regulations and standards.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.

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 met the requirements of the regulations. It accurately described the service that was provided in the centre. It was reviewed at regular intervals by the person in charge and the provider and was available to residents.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

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

There was a monthly audit schedule in place. Audits were being completed on several areas such as care planning, falls, medication management, hand hygiene and health and safety issues. The results of these audits were shared with all staff at team meetings.

There was evidence of improvements being identified following these audits and interventions put in place to address them. For example following the falls audit, particular risk times were identified and the staffing roster was altered to ensure adequate supervision was in place at these times.

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

The annual review in respect of the quality and safety of care of residents had been completed. This included consultation with residents and relatives.

Regular residents' meetings were carried out and this is discussed in more detail under Outcome 16. Resident satisfaction surveys were also completed on a yearly basis to measure residents' satisfaction with the service provided.

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

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

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

The inspector read the residents' guide and saw that it included the information required by 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):

No actions were required from the previous inspection.

Findings:

The person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

During the inspection she demonstrated her knowledge of the Regulations, the National Standards for Residential Care Settings for Older People in Ireland (2016) and her statutory responsibilities. All information requested by the inspector was available.

The person in charge had maintained her continuous professional development having completed a higher diploma in bereavement, a diploma in gerontology and a Further Education and Training Awards Council (FETAC) Level 6 course in management in care of older persons in residential care.

She attended numerous clinical courses such as wound care, hand hygiene, dementia care and nutrition.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

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

The designated centre had in place the written operational policies required by Schedule 5 of the regulations. The inspector was satisfied that they had been adopted and implemented throughout the centre. Sign off sheets were maintained which staff signed to confirm that they had read and understood the policies.

Adequate insurance cover was in place.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of her responsibility to notify HIQA of the absence of the person in charge. To date this had not been necessary.

The person in charge is supported in her role by a senior nurse who deputises for her in her absence. The inspector interviewed this nurse and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the regulations and standards.

The inspector also noted that an arrangement was in place so that the provider and person in charge did not take annual leave at the same time.

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:

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

The inspector noted that the safeguarding policy had been updated to reflect national guidelines. The inspector viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge was clear about the measures she would take if they received information about suspected abuse of a resident.

A staff member had recently completed additional training in safeguarding residents so that she could provide training to all staff. Plans were in place to commence this early next year.

Residents spoken with confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times.

The inspector was satisfied that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received specific training and although not currently required by any residents, staff told the inspector that detailed care plans would be developed including identifying possible triggers and appropriate interventions. The inspector saw that regular advice and support was provided by psychiatry of later life and adult psychiatry.

A restraint-free environment was promoted and the inspector was satisfied that appropriate risk assessments were in place. No resident was currently using any form of restraint. Staff had attended training and a policy was in place to guide practice should it be required.

The inspector reviewed the system in place to manage residents' money, and found that it was sufficiently comprehensive to ensure transparency and security. Residents' financial transaction records were signed and witnessed by two staff or a staff member and the resident. Balances checked on inspection were correct.

Residents had a locked facility in their own bedrooms to secure their possessions and

valuables.
Judgment: Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
The inspector was satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies and an active risk register was in place. The risk management policy met the requirements of the regulations.

Procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that fire alarm system was in working order and fire exits were unobstructed.

Fire drills with training were carried out on regular basis. Staff spoken with were clear on the procedure they would follow in the event of a fire.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately.

The inspector saw that there was a comprehensive emergency plan in place and covered events such as power outage and water shortage. Alternative accommodation was identified should evacuation be necessary.

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):

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

Findings:

Although there were many examples of safe practices, some improvement was required to ensure that each resident was protected by the centre's procedures for medication management.

The inspector read a sample of medication records and noted that some residents required medication on a PRN (as and when required) basis. However, the maximum dose that could safely be administered in a 24 hour period was not consistently recorded in line with national guidelines.

It was identified at the previous inspection that staff were administering medicine to residents in crushed form although it had not been specifically indicated on the prescription. It was also noted at that time that administration of medicines was not consistently carried out in accordance with the designated centre's policies and procedures. Having reviewed administration procedures and read a sample of records, the inspector was satisfied that both these issues had been addressed.

No resident currently needed medicines that required strict control measures. The inspector saw that robust storage, administration and checking procedures were in place should they be required.

A secure fridge was provided for medicines that required specific temperature control. The temperature was within acceptable limits on the day of inspection and was monitored daily.

Written evidence was available that three-monthly reviews were carried out. Support and advice were provided by the supplying pharmacy.

Judgment:

Substantially Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

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

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

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

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. However, the arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan.

The inspector reviewed a sample of care plans and saw that in some cases they had not been consistently updated to reflect the recommendations of various members of the multidisciplinary team. For example, the inspector saw that a resident had been referred to a speech and language therapist. Specific recommendations were made regarding the type of diet required and the appropriate assistance. However, the care plan had not been updated to reflect this. The inspector saw that the care provided to the resident was in line with the recommendations and the action required related to the documentation.

Action required from the previous inspection relating to specific care plans for communication needs had been addressed.

Relatives and residents confirmed their involvement at development and review.

Although there were no residents identified with pressure ulcers or wounds, there were procedures and protocols in place to manage this aspect of care. These included seeking the assistance and advice of specialist tissue viability services. The inspector saw preventative measures in place for some residents such as pressure relieving cushions and mattresses. Some staff members had attended training in wound care.

Documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral to the local hospital including speech and language therapy (SALT) and dietetic services. Physiotherapy was available within the centre. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Each resident has opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities. Residents confirmed that they enjoyed a range of varied activities. Residents who were cognitively impaired or who had dementia related conditions were encouraged to participate in the activities. 'My Day My Way' documentation had been completed to collect relevant data on likes and dislikes, hobbies and other information such as important dates. The inspector spoke to one of the activation therapists who outlined how the programme was planned with the residents and that individual and group sessions were carried out. Daily records were maintained of residents' participation in the various activities. Residents were seen enjoying various activities during the inspection.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

While the premises were homely and comfortable, there are several deficits, already

identified at each previous inspection, which require attention in order to meet residents' individual and collective needs in a comfortable and homely way in accordance with the regulations and standards.

These included some inadequate size bedrooms, a lack of suitable space for storage of equipment, limited communal and private space and limited space in the laundry and sluice room. In addition, there was no cleaning room and there was no bath available for residents to use should that be a resident's choice.

The provider and person in charge outlined the proposed plans in place to address these. Building works for new premises were due to start in the coming weeks with an expected timescale for completion of 12 months.

Despite this, the inspector found that the premises were well maintained and nicely decorated. The communal areas such as the dining room and the day room had a variety of comfortable furnishings and were domestic in nature. The inspector saw that toilet doors had been painted a red colour to assist residents identify them. Contrasting colours were also evident in the toilets and shower rooms.

Bedroom accommodation for residents comprises 22 single bedrooms and one twin bedroom. Seven of the single rooms had en-suite facilities. There are four additional assisted toilets and two assisted showers.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Heat, lighting and ventilation were adequate and the temperature of the building met requirements in bedrooms and communal areas where residents sat during the day.

A high level of cleanliness and hygiene was maintained in the centre. Cleaning staff were working in an unobtrusive manner which did not disturb residents. The environment was well maintained and there were measures in place to control and prevent infection.

Calls bells were provided and appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing and maintenance records for the equipment and found they were up-to-date. Appropriate arrangements were in place for the disposal of clinical and general waste.

The nurses' station is close to the entrance of the building and is also used to store residents' files and the medication trolley.

There is a central courtyard and a small garden to the rear of the centre. Adequate parking was available to the front of the building.

Judgment:
Non Compliant - Major

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The complaints policy was in place and the inspector noted that it met the requirements of the regulations.

The complaints policy was on display in the centre. Residents and relatives spoken with confirmed they knew how to make a complaint although all said it had not been necessary. This was also indicated in the questionnaires returned.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. A complaints log was maintained and the inspector saw that no complaints had been received this year.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

The training records showed that training had been provided for staff. The inspector spoke to staff members concerning this training and all stated that they found it helpful and beneficial to their practice.

The person in charge stated that the centre received advice and support from the local palliative care team. Staff were also using some of the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. Staff also confirmed that some staff attended each funeral and a wreath was given. At times such as Easter and Christmas, a memory tree was set up with the names of all deceased residents.

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

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:

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

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that residents had been reviewed by a speech and language therapist and dietician if required.

The inspector read the treatment notes and observed practices and saw that staff were serving appropriate meals and using appropriate feeding techniques as recommended. The inspector saw that there was adequate staff to provide assistance in a discreet and

sensitive manner if required. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately.

Adequate choices were available at each meal. The inspector saw that residents who required their meal in an altered consistency had the same choices available to them as other residents.

The inspector saw that snacks and refreshments were available at all times. Several of the questionnaires received from relatives and residents confirmed their satisfaction with the meals provided with relatives saying they were frequently offered drinks or snacks.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted with and participated in the organisation of the centre. Each resident's privacy and dignity was respected.

While acknowledging the difficulties caused by some aspects of the premises, the inspector was satisfied that each resident's privacy and dignity was respected. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available. Mass took place on a monthly basis and Eucharistic ministers visited on a regular basis. Local mass was also aired on the radio on a daily basis. Several residents told the inspector how important this was to them.

A residents' forum had been established. The inspector read some of the minutes and

saw that in the main residents were satisfied with the service but did occasionally make some recommendations regarding the choice of food or activities. These suggestions had been acted upon.

Some residents continued to attend day services. Home visits and outings were encouraged.

Residents described the staff as warm and caring. One resident described that staff were now 'my friends and I am never lonely'. Several residents stated that it was like home from home.

Activities are discussed in more detail under Outcome 11.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents could have their laundry attended to within the centre. The laundry was clean and organised.

The inspector spoke to the staff member working there and found that she was knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

Adequate storage space was provided for residents' possessions.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best

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

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents.

There was a recruitment policy in place which met the requirements of the regulations. The inspector examined a sample of staff files and found that all were complete.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector was satisfied that there was sufficient staff on duty to adequately provide care to the residents. Residents spoken with confirmed this.

The person in charge promoted professional development for staff. Training was tailored to meet residents' needs. Staff told the inspector they had received a broad range of training which included caring for the person with dementia, end-of-life care, responsive behaviour and hand hygiene. Detailed records were maintained of attendance and course content.

All staff had attended mandatory training such as moving and handling and safeguarding.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the regulations.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ballard Lodge Nursing Home
Centre ID:	OSV-0000011
Date of inspection:	13/12/2016
Date of response:	20/12/2016

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 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Medications to be given as and when required did not have the maximum dose that could safely be administered in a 24 hour period consistently recorded.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All medication charts have been checked re PRN medicine (medications to be given as and when required). We have discussed same with the pharmacist and GP`s. All medicine charts have now been amended to state the maximum dose that could safely be administered in a 24 hour period.

Proposed Timescale: Completed

Proposed Timescale: 20/12/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Care plans had not been consistently updated to reflect the recommendations of various members of the multidisciplinary team.

2. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

The nursing care plan that was not updated was checked and all staff nurses met with management to ensure timely updates is adhered to. At this meeting nurses and management also put together a check list re visiting allied professionals, thus ensuring that they do not misfile their reports and that these reports are displayed in the correct format of the resident chart.

Proposed Timescale: Completed

Proposed Timescale: 20/12/2016

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 premises did not meet the requirements of the regulations.

3. 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:

We have a full team contracted to commence construction on the extension to our existing nursing home. This development will be carried out in two phases. We have given a report to our HIQA inspector from the Engineer confirming this. We will also keep HIQA informed of each stage and of its progression. We hope to have phase 1 completed by December 2017 and phase 2 by June 2018

Our nursing home will then be fully compliant and will meet the requirements of the regulations.

Proposed Timescale: December 2017 & June 2018

Proposed Timescale: 30/06/2018