

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Carechoice Ballynoe
<b>Centre ID:</b>	OSV-0000210
<b>Centre address:</b>	Whites Cross, Cork.
<b>Telephone number:</b>	021 430 0534
<b>Email address:</b>	ballynoe@carechoice.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Carechoice Ballynoe Limited
<b>Provider Nominee:</b>	Paul Kingston
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	49
<b>Number of vacancies on the date of inspection:</b>	2

## 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 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:
05 January 2017 10:30	05 January 2017 19:00
06 January 2017 09:00	06 January 2017 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially 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 registration renewal inspection was the eighth inspection of Carechoice, Ballynoe by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspector met with the person in charge, the provider, members of staff and management personnel, the chef, residents, and relatives. The inspector observed practices and reviewed documentation, such as, care plans, medical

records, policies and procedures, health and safety records and staff files.

The inspector found that all staff were committed to providing person-centered care to residents. The management team had been proactive in response to actions required from previous inspections. A number of questionnaires from residents and relatives were received, prior to the inspection and feedback reviewed indicated a high level of satisfaction with all aspects of care, in the centre. Relatives' involvement was encouraged and they informed the inspector that they were offered refreshments and invited to attend celebrations in the centre. A number of relatives were participating in the shared care programme, which supported good communication strategies, in relation to residents' wishes and needs.

The person in charge was involved in the management of the centre, on a daily basis and was found to be easily accessible to residents, relatives and staff. There was evidence of residents' needs being met and residents were assisted and enabled to maintain their independence. Residents informed the inspector that they had access to a varied programme of social and recreational events.

The inspector found the premises, fittings and equipment were well maintained. Areas, for example, bathrooms, hallways, the beauty salon and the sitting room, had been newly decorated. There was appropriate use of colour and soft furnishings, which created a homely environment. Infection control procedures were implemented and staff received mandatory and appropriate training.

The findings in the inspection report were based on the requirements of 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.

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 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:**

An updated statement of purpose and function was available in the centre, dated October 2016.

This was reviewed by the inspector. It outlined the governance and management structure and the staffing levels. It also described the aims, objectives and ethos of the centre. The statement of purpose was found to meet the legislative requirements set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**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):**

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

**Findings:**

An established system of governance was in place in the centre. Deputising arrangements for the person in charge were satisfactory. The person in charge and her deputy were known to residents and there was a good level of staff supervision and mentoring. The deputy person in charge was not available during this inspection. Three clinical nurse managers (CNM1s) were also involved in the governance team. The inspector spoke with these three, senior, nursing staff. They explained their areas of responsibility and were found to be clinically knowledgeable and resident oriented, in their approach. They were aware of the regulations governing the sector and the updated national standards. Evidence of consultation with residents was available in a sample of survey results and minutes of residents' meetings. Relatives and residents spoken with by the inspector were complementary of their experience of care and facilities at the centre. The approachability of the management team was commented on by relatives and residents. The inspector was informed that resources were dedicated on a consistent basis to premises upkeep and to continuous professional development of staff. The person in charge stated that this ensured a high standard was maintained, in all aspects of care.

Effective quality management audits were in place which ensured that a learning organisation was promoted. Supervision and appraisal of all staff was on-going. The annual review of the safety and quality of care had been completed. The person in charge had made this available to the inspector and to residents.

**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 residents' guide was available to all residents. It contained the information required under section 20 (2) of the regulations.

Contracts of care had been implemented for residents and a sample of these contracts were viewed by the inspector. The contracts contained the required details under the regulations such as: the fees to be charged for extra services and information on how the care and welfare of residents would be met. Information about services for residents and staff, was also available in the respective newsletters and on notice boards, in the centre.

**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 worked full time in the centre and was a nurse with experience in the area of nursing the older person. The person in charge possessed clinical knowledge to ensure suitable and safe care. She demonstrated knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance and administration of the centre on a consistent basis. She met regularly with members of the management team, the activities team, the care staff and nursing staff. Minutes were maintained of these meetings. She had a specific interest in caring for residents with dementia and informed the inspector that she was undertaking postgraduate studies, in this area. She explained to the inspector how she promoted continuous improvement in residents' care by updating staff training and documenting staff appraisals yearly. Residents, spoken with, described her as "warm and approachable".

**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 records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were easily accessible to the inspector. The designated centre was adequately insured and the insurance certification was viewed by the inspector. This was due for renewal in 2017.

The policies required under Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) were in place. These were reviewed regularly. Staff were aware of the policies and the person in charge stated that these were implemented in practice, for example the policy on the prevention of elder abuse and the policy on advocacy and consent. Complaints and incidents were documented. Copies of medication errors were maintained in the centre. A copy of the statement of purpose, the resident's guide and previous inspection reports, were available to residents. Records were viewed by the inspector which indicated that residents' right to refuse treatment was documented. Documentation was available of discussions which had been held with residents and their representatives about CPR (Cardio-Pulmonary-Resuscitation).

The inspector viewed a sample of staff files and found them to be well maintained. The roster for staff was seen which correlated with information provided by the person in charge.

**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 his statutory duty to inform the chief inspector of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the centre during her absence. There were suitably qualified people in place to deputise 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):**

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

**Findings:**

The policy on the prevention, detection and response to abuse had been reviewed in 2015 and was based on best evidence-based practice guidelines. Staff with whom the inspector spoke were found to be aware of the types of abuse and how to respond if an allegation of abuse was raised. Training records seen by the inspector revealed that relevant training was up to date. The person in charge stated that she had a zero tolerance approach to any type of abuse. This was reiterated at each handover report and at staff training sessions. Residents said that they felt safe in the centre and family members informed the inspector that any issues of concern were addressed promptly. The inspector saw documentation which confirmed this.

The centre had a policy in place in relation to managing behaviour, associated with the behaviour and psychological symptoms of dementia (BPSD). This had been updated in 2015. Staff spoken with, had received training in the skills and knowledge to respond to, and manage this behaviour. Care plans were in place for staff guidance, where this was relevant. The centre promoted residents' mobility and independence. However, where any restraint was required this was supported by a comprehensive policy, which was seen to reflect national best evidence-based practice. For those residents who required restraints, such as bed-rails, sensor mats or an alert bracelet, a risk assessment and consent form had been completed. The restraint register was reviewed. This indicated that regular safety checks were carried out. In addition, a weekly audit on restraint use was undertaken.

A record of personal items brought in to the centre, was maintained for each resident. Secure storage was provided in residents' rooms, if required. Financial records were reviewed for residents, for whom the provider acted as pension agent. These records were found to be maintained to a high standard, by administration staff.

**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:**

A detailed health and safety statement was in place and this was last updated on 3 December 2016. The risk management policy was reviewed by the inspector. Risk assessments were relevant and updated as required. Controls were in place to prevent accidents, such as falls. For example, handrails were available on each corridor, the floor covering was safe and an audit of health and safety was undertaken on a regular basis.

The procedures in place for the prevention and control of infection were robust. For example, hand gels were in place and signage was used to remind staff to wash their hands. The inspector spoke with the household manager who explained the daily and weekly cleaning checklists, which were in use in the centre. Contracts were in place for the disposal of general and clinical waste. Arrangements were in place for responding to emergencies. Suitable fire equipment was provided and there were adequate means of escape. Fire escapes were unobstructed. A record was maintained of daily checks in relation to fire exits, the alarm panel and weekly fire alarm checks. These records were very well collated and were easily accessible to the inspector. The fire alarm panel and emergency lighting were serviced three monthly. The procedure for the safe evacuation of residents and staff was prominently displayed. Staff received training in fire safety. Fire drills were undertaken and records were maintained of each fire drill carried out. An external area was designated as a smoking zone and adequate fire safety arrangements were in place, to prevent accidents in relation to smoking hazards.

Staff were trained in moving and handling of residents. Training records viewed by the inspector confirmed this. Documentation was available which indicated that all necessary equipment was serviced. Closed circuit TV (CCTV) was in use and there was a robust policy in place for this.

**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 medication policy outlined the procedures in place for prescribing medication, recording, storage, disposal, crushing and PRN (when required) medication management. This was updated on 29 October 2015.

The CNM explained the system of checking the supply of medicines, on a monthly basis. She stated that all the general practitioners (GPs) attending to residents in the centre were accessible, when requested to review a resident. When any resident was at end-of-life stage, appropriate medical attention and medicines, were provided. The inspector observed practice and found that staff wore a red apron, which the person in charge said, indicated to other staff and residents that the medicine round was underway. The CNM stated that residents' medication prescription sheets were regularly reviewed by the GP. She explained how one resident's psychotropic (sedative type) medicine had been reduced, when the resident became drowsy. The CNM informed the inspector that the pharmacist was very supportive. The pharmacist provided advice on medication management and facilitated training, when requested. Audits of medication management were undertaken by staff and medication errors were recorded in detail. The records indicated that learning occurred as the result of any errors.

However, the inspector noted that the label on a box of controlled drugs did not correlate with the instructions on the prescription. This was corrected at the time of inspection. No error had occurred as the result of this labelling error. In addition, eye drops which were not in use were stored in the medication fridge. These were disposed of during the inspection.

**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:**

A record was maintained of all incidents which occurred in the centre. Quarterly notifications and three-day notifications were submitted to HIQA, as required.

The person in charge was found to be aware of the regulations related to notifications.

**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:**

An electronic documentation system was used, in conjunction with some paper-based records, to document care plans, social care needs, spiritual and medical care received by residents. The person in charge explained that pre-admission assessments were carried out, with further comprehensive assessments completed within 48 hours of admission. Relatives spoke with the inspector about the pre-admission assessment and described how the person in charge visited the resident in their own home, prior to admission. They told the inspector that this helped the resident to settle in and provided support for the family, at this time. A sample of records reviewed by the inspector were found to contain the necessary information to guide staff in the delivery of care. These care plans were updated on a four monthly basis, or in keeping with any revised assessments. Care planning was informed by the use of validated tools, to assess residents' needs, for example, skin integrity, risk of falls, pain and cognitive ability. Consultation with family and residents' representatives was recorded in the communication notes. Consent for treatment and any associated risk assessments were in place. Wound care, falls, infection control and medications were reviewed and audited by each CNM. The clinical nurse managers explained to the inspector that this approach ensured that there was a system of continuous improvement and learning, in place.

Staff, with whom the inspector spoke, stated that detailed handover reports provided them with a comprehensive update on residents' needs. Referrals for assessment, in relation to, physiotherapy, dietitian, speech and language (SALT) and occupational therapy (OT) were organised, as required. Arrangements were seen to be in place to support residents in accessing dental, chiropody and optician services. Consultant appointments were attended, when arranged. Residents had the option of retaining the services of their own GP, on admission.

The centre operated a system whereby key workers were assigned to residents' care on a daily basis, to ensure consistency. Overall, staff and management at the centre demonstrated an active commitment to person-centred care. Staff, spoken with, had a well developed knowledge and understanding of the holistic needs, of residents.

**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):**

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

**Findings:**

The centre was a two storey premises situated in a rural location a short distance from Cork City. It was registered with HIQA to accommodate 51 residents. The residents' accommodation consisted of 39 single and six twin bedrooms. All except five of the bedrooms had en suite toilet and wash hand basins. Shower facilities were shared. These were newly decorated and maintained to a high standard. At the time of inspection the Christmas decorations were still in place and this added a festive atmosphere to the centre. Residents commented positively on the wonderful Christmas party and the effort which had been put in to the preparation and presentation of party food, in the dining room.

Residents' bedrooms were located on both the ground and first floor. Upstairs was accessible by lift and the stairs, both of which had been risk assessed. Two sitting rooms, the dining room, the beauty salon and the quiet sitting room were located on the ground floor. The larger sitting room was divided into three different sections. One area had a plentiful supply of books, displayed on bookshelves. Three large televisions were supplied in this room, for residents' use. This had been recently redecorated with new curtains, a new relaxing colour scheme and large chandeliers. Residents had access to secure outdoor patio and garden space. Gardens were well maintained by the maintenance personnel.

The centre was found to be bright, spacious and clean throughout. It was decorated to a very high standard. New, appropriate signage had been put in place since the previous inspection. Bedrooms were personalised with photographs, soft toys, books, pictures and furniture belonging to residents. Call bells were easily accessible, in each sitting room and in bedrooms.

There were adequate sanitary facilities such as toilets, a bath and showers, on both floors. Extra storage space had been made available, in a large new external storage

shed, since the previous inspection. In addition, the upstairs sluice room had been upgraded. A new bedpan washer and hand washing sink had been installed. Structural work had been undertaken to increase the size of this sluice room. The laundry room was equipped with suitable equipment and the staff member spoken with stated that all residents' clothes were marked, to prevent loss. Appropriate and adequate assistive equipment such as, hoists, pressure relieving mattresses, electrically operated beds, wheelchairs and walking appliances were available, to meet residents' needs. Equipment was well maintained and updated service records, for these, were reviewed by the inspector.

**Judgment:**  
Compliant

***Outcome 13: Complaints procedures***

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

**Theme:**  
Person-centred care and support

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

**Findings:**  
Policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of how to make a complaint. Residents expressed confidence in the complaints process and stated they had no concerns about speaking with staff. The person in charge was the person nominated to deal with complaints and she maintained details of complaints, the results of any investigations and the actions taken. An independent person was available, if the complainant wished to appeal the outcome of the complaint. There was a transparent, open approach to listening and dealing with complaints.

**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:**

Care practices and facilities in place were designed to ensure residents received care, at the end of their life, in a way that met their individual needs and wishes. Individual religious and cultural practices were facilitated and family and friends were encouraged to be with the resident at this time. The CNM stated that mass was said with residents on a monthly basis, at the minimum. Residents from other religious denominations were visited by their ministers, when required.

Specialist palliative care were accessed and subcutaneous fluids were available, if the need for these arose. The inspector reviewed the information folder on end of life care. Staff training was provided, information leaflets were available for relatives and an end of life symbol was displayed, in the event that a resident's condition deteriorated. A debriefing session was held for staff following a death and the older adults were supported in the loss of a friend. The person in charge stated that a letter was sent to grieving relatives and flowers were also sent, following a period of time. Staff provided a 'guard of honour' for the deceased person being removed from the centre. A memorial mass was held on a yearly basis and individual candles were lit at this mass, in memory of the deceased resident. Information on deaths was seen to be recorded in the newsletter and distributed to residents and staff.

**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 centre had employed a new chef. He was supported by experienced kitchen assistants. He promoted healthy eating and home-made cakes and food, where possible. During the inspection he spoke with the inspector about the menu, the changes he had made and how he communicated with residents and staff. He said that he strived to meet each resident individually to ascertain their likes and dislikes. The inspector joined residents during one meal and saw that that at one table three residents had been provided with a different meal each. The chef explained the cleaning regime in the kitchen and he was knowledgeable about which residents required, modified, coeliac



and diabetic diets. There was an adequate supply of dry goods, meat, fresh fruit and vegetables in stock.

Tables in the dining room were set with condiments and appropriate cutlery. Residents expressed satisfaction with the food and the dining experience. Menus were displayed in the dining room. Residents confirmed that the catering staff were available to discuss meal and menu choices with them. The inspector saw staff assisting residents with their meals, in a respectful and kind manner. Meal times were relaxed and unhurried. Residents were seen to remain at the table after their meal, to socialise and chat. Residents had access to fluids throughout the day. Water jugs were observed in bedrooms and communal areas, Staff were seen to offer fluids to residents during the day, along with a variety of snacks, including fruit and yogurts. A number of care plans were reviewed, which indicated that residents had regular nutritional screening and weight monitoring. Residents who were nutritionally compromised were identified as requiring high calorie diets or nutritional supplements. These were prescribed by the GP.

**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:**  
There were three activity co-ordinators available in the centre. The activity programme was facilitated six days per week. The inspector spoke with a member of this team. She informed the inspector that the team organised and supervised a range of activities and outings. In addition, individual activities were available for residents who did not wish to participate in the group sessions. Documentation was available which confirmed this. The inspector saw residents participating in and enjoying the activities, such as music and dancing, during the two days of inspection. Residents spoke with the inspector about which activities they enjoyed. They discussed the Christmas bus outing, to see the city lights. The garda community bus had been made available to residents for this outing and this was indicative of the local community spirit and involvement. Residents told the inspector that they stopped for chips on the way home from the city. This was the 'highlight' of the trip. Overall, they said it was a very memorable outing. Relatives also spoke with the inspector about the benefits which their relatives experienced, as a



result of this.

There was a good level of visitor activity during the inspection. The inspector spoke with a number of visitors who stated that they could visit at any time. Private visits could be facilitated in residents' bedrooms or in one of the two of the smaller sitting rooms. At the time of inspection a resident was seen to be celebrating her birthday, with family members, in the 'quiet' room. Staff provided a home-baked birthday cake and suitable decorations. The person in charge stated that they had accommodated over 30 people, recently, who came to the centre to celebrate a resident's 100th birthday. Photographs were on display of this great event.

The inspector saw evidence that residents were consulted about how the centre was planned and run. The residents' committee met on a two monthly basis. Minutes of the last meeting were reviewed. A wide range of topics were discussed. Any concerns raised were seen to have been addressed. Copies of resident and relative survey results were seen to be complementary of staff and facilities. A newsletter was circulated to residents and to staff every two months. Copies of these were seen to be contain information on staff changes, upcoming training events, community news, outings and residents' birthday celebrations. Information and access to advocacy services was promoted, where required. The person in charge informed the inspector that she was seeking independent advocacy support, to chair future residents' meetings. Residents had access to a portable phone and mobile phones, should they wish to make calls, in private.

Residents were facilitated to exercise their political and religious rights. The person in charge confirmed that residents could vote in the centre and that a mobile polling station was set up for elections. A priest attended the centre on a monthly basis to say mass and communion was available every Sunday.

**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' bedrooms were bright, spacious and adequately furnished. Residents and relatives, spoken with by the inspector, stated that they were encouraged to

individualise their rooms, with pictures of family and personal possessions. One family member showed the inspector the framed photographs she had brought in from home, for the resident's bedroom. In addition, she said she had brought in a favourite cushion and bedspread, for the bedroom. Locked storage space was available, for any resident who wished to store money or valuables.

The laundry room was seen by the inspector and found to be in good order. Residents said they were happy with the laundry provision. Clothes were discreetly marked and residents reported that their clothes and were always returned, in a timely fashion.

**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:**

There were appropriate staff numbers and a suitable skill mix to meet the assessed needs of residents. There were adequate staff numbers on duty, for the size and layout of the designated centre, according to the roster viewed by the inspector. Staff had up-to-date mandatory training. They also had access to a range of appropriate training, to meet the needs of residents. For example, training in manual handling, health and safety, care issues and food hygiene. All staff and volunteers were supervised on an appropriate basis and recruited, selected and vetted, in accordance with the centre's policy. Staff spoken with were found to be knowledgeable of the training which had been provided to them and of the policies which supported their practice.

A sample of staff files, viewed by the inspector, were seen to be in compliance with the requirements of relevant 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:***

Mary O'Mahony  
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>	Carechoice Ballynoe
<b>Centre ID:</b>	OSV-0000210
<b>Date of inspection:</b>	05/01/2017
<b>Date of response:</b>	23/01/2017

### 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:**

The label of a controlled drug box did not correlate with the prescriber's instructions.

**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 concerned and in accordance with any advice provided by that resident's pharmacist

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

regarding the appropriate use of the product.

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

This Pharmacy administrative error was resolved on the same day

**Proposed Timescale:** 06/01/2017

**Theme:**

Safe care and support

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

A medication which was not in use was stored with medications which were in use. This had not been disposed of or returned to pharmacy.

**2. Action Required:**

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

This product was returned to the Pharmacy on the day of Inspection.

**Proposed Timescale:** 06/01/2017