

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ballard Lodge Nursing Home
<b>Centre ID:</b>	OSV-0005507
<b>Centre address:</b>	Borris Road, Portlaoise, Laois.
<b>Telephone number:</b>	057 866 1299
<b>Email address:</b>	ballardlodge@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Curamaois Ltd
<b>Provider Nominee:</b>	Angela Duggan
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	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 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 13 October 2017 10:30 To: 13 October 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 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

Overall, the inspector was satisfied that residents receive a quality service.

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. Mandatory training was up to date.

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.

Some improvement was required to ensure that the use of restraint was in line with national guidelines.

While the premises were homely, 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. Building work to address these has commenced but owing to outside influences, will not be completed within the agreed timescale.

These are discussed further in the report and 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 Standards for Residential Care Settings for Older People in Ireland.**

***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 and standards. 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 also continues to attend relevant clinical courses such as infection control.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

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

**Findings:**

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Some improvement was required to ensure that when restraint was used, it was in line with national guidelines.

The inspector noted that incidents where restraint was used were notified to HIQA in accordance with the regulations. The inspector noted that appropriate risk assessments had been undertaken. However there was no documented evidence of alternatives tried prior to the use of restraint. Some improvement was also required to ensure that the care plan provided sufficient guidance to staff. The inspector noted that the relevant care plans did not specify the care to be provided to a resident when restraint was in use. For example the inspector saw that although safety checks were completed when restraint was in use there was no reference to this in the care plans.

Staff had received training on identifying and responding to allegations of elder abuse. There was a detailed policy in place. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Although not currently required, the inspector was satisfied that when needed, 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 training and there was a policy in place to guide practice.

Currently the centre does not act as pension agent for any resident. Residents' pocket monies continue to be managed in safe and transparent way by the person in charge. The inspector checked a sample of balances and found them to be correct.

**Judgment:**

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

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

**Findings:**

The health and safety of residents, visitors and staff was promoted in this centre.

The centre had policies and procedures relating to health and safety. A current health

and safety statement was available and risk management procedures were in place supported by a policy and risk register to include items set out in regulation 26(1).

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced on a regular basis.

Fire drills were carried out frequently and these included night-time scenarios. When required action plans were put in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents.

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property. Temporary alternative accommodation was available should evacuation be necessary.

Satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections. Alcohol gels were located around the centre. Housekeeping staff outlined the procedures they would follow if additional infection control measures were needed. HIQA had received some information regarding the cleanliness of the centre and infection control issues. The inspector did not find any evidence to support this. All areas of the centre were visibly clean.

**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:**

At the time of inspection, the inspector saw evidence of safe medication management practices.

The inspector reviewed a sample of prescription and administration records and found they were in line with professional guidelines.

The storage and handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Medication errors were monitored, recorded and dealt with in accordance with the policy to inform learning and improvement.

There were no drugs that required specific controls in use in the centre at the time of inspection. Staff spoken with were aware of the required storage, checking and administration requirements should it be necessary.

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

A system was in place for reviewing and monitoring medication management and practices. Medication prescriptions and stock audits were carried out by a pharmacist and management team. Resource folders were in place containing useful information relating to the medications that residents were taking. The pharmacist was also available to residents for advice and support.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

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

**Theme:**

Effective care and support

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

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

**Findings:**

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. The arrangements to meet each resident's assessed needs were consistently set out in individual care plans.

Residents' health care needs were met through timely access to GP services and appropriate treatment and therapies. Residents had access to allied health care services. The care and services delivered encouraged health promotion and early detection of ill health facilitating residents to make healthy living choices.

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



The inspector reviewed the management of clinical issues such as diabetic care and found they were well managed and practice was guided by policies. In the main, assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. Each resident had care plans in place. There was evidence of resident or relative involvement in the review of the care plans.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Activity and care staff interacted well with 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):**

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

**Findings:**

While the premises were homely and comfortable, there are several deficits, already identified and discussed with provider nominee, 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 but are not limited to 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.

Plans were afoot to address these. Building works had commenced on the new building. Unavoidable delays had occurred and the building will not be completed within the agreed timescale. The provider will need to apply to HIQA to vary their conditions of registration.

Never the less, improvements were noted in the existing premises. The day room and hall had recently been repainted. A larger television was put in the day room at the residents' request. 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.

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.

Calls bells were in place. Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. Arrangements were in place for the disposal of clinical and general waste.

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

**Judgment:**

Non Compliant - Moderate

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

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

**Findings:**

The 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

A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training on infection control, use of restraint and dementia care including the management of responsive behaviours.

Several volunteers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that all had been vetted appropriate to their role and their roles and responsibilities were set out in writing as required by the regulations.

Assurance was given by the management team that Garda Síochána (police) vetting was in place for all staff.

**Judgment:**

Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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 report<sup>1</sup>

<b>Centre name:</b>	Ballard Lodge Nursing Home
<b>Centre ID:</b>	OSV-0005507
<b>Date of inspection:</b>	13/10/2017
<b>Date of response:</b>	28/10/2017

### 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 07: Safeguarding and Safety

#### Theme:

Safe care and support

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

There was no documented evidence of alternatives tried prior to the use of restraint.

The care plan did not provide sufficient guidance to staff on interventions required when restraint was in use.

#### 1. Action Required:

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

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Since the inspection 1 resident has agreed to NOT have a bedrail and has agreed to a low low bed instead. This has been documented in their NCP.

We have always had safety checks in place for each resident using a bedrail but we did not have these noted in their individual NCP. This has now been rectified. We have also noted in each NCP the alternatives that we are trying with the remaining 3 residents using bedrails.

**Proposed Timescale:** 28/10/2017

**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 or standards.

**2. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

As discussed during the inspection the new extension is underway but due to unforeseen circumstances is running behind schedule. We will be applying to HIQA to vary our condition of registration in January 2018. The contractor is aware of the time constraints and has reassured us that all will be done to complete this project as near as he can to the agreed timescale.

Proposed Timescale: New Building completed December 2018

**Proposed Timescale:** 31/12/2017