<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ballinasloe Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005270</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Creagh Road, Ballinasloe, Galway</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 963 0170</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:fiona.fahy@hse.ie">fiona.fahy@hse.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
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<tr>
<td>Lead inspector:</td>
<td>Una Fitzgerald</td>
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<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<td>Number of residents on the date of inspection:</td>
<td>41</td>
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<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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).
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 2 day(s).

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

From: 18 February 2019 10:30 18 February 2019 18:00
To: 19 February 2019 10:00 19 February 2019 15:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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**Summary of findings from this inspection**
This thematic inspection focused on the care and welfare of residents who had dementia. The centre completed the provider’s self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

The inspector reviewed staff files. The registered provider had failed to ensure that all staff had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016 available for inspection. In the absence of the required documentary proof of vetting the provider was issued with an urgent compliance plan. This action was restated from the last inspection.

Overall, the inspector found that care was delivered to a good standard by staff who
knew the residents well and discharged their duties in a respectful and dignified way. The person in charge had proactively engaged with all stakeholders to ensure that the culture within the centre was open and transparent. The person in charge responsible for the governance, operational management and administration of services and resources demonstrated good knowledge and an ability to meet regulatory requirements.

The management and staff of the centre were striving to continuously improve residents’ outcomes. A person-centered approach to care was observed. Residents appeared well cared for. There was good evidence that independence was promoted and residents had autonomy and freedom of choice. Residents spoke positively about the staff. The inspector met with the residents, some of whom had dementia. The inspector also spoke with family members of residents. The feedback was very positive.

Ballinasloe Community Unit is a registered designated centre that provides care for a maximum of 50 residents. On the days of inspection there was a total of eight residents with a formal diagnosis of dementia and a further four residents who have symptoms of dementia. The inspector tracked the care pathways of residents with dementia and spent periods of time observing staff interactions with residents. A validated observational tool, the quality of interactions schedule -QUIS was used to rate and record the quality of interactions between staff and residents. Specific emphasis focused on residents who had dementia. Documentation such as care plans, clinical records, policies and procedures, and staff records were reviewed.

The inspector observed numerous examples of good practice in areas examined which resulted in positive outcomes for residents. The results from the formal and informal observations were positive and staff interactions with residents were patient and kind. The living environment was stimulating and provided opportunities for rest and recreation in an atmosphere of friendliness. Residents had access to outdoor gardens that were well maintained.

The inspector followed up on the action plan from the previous inspection in March 2018, and findings indicated that two of the actions are restated. The centre continues to be non compliant with Garda Vetting disclosures contained within all files. The centre had staff that were not up to date in manual handling practices. During this inspection, of the six outcomes assessed, there is one major non compliance and one moderate non compliance. The findings are discussed in the body of the report and improvements are outlined in the Action Plan at the end for response.
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: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
This outcome sets out the inspection findings relating to assessments and care planning, access to healthcare, maintenance of records and policies available governing practice. The centre uses an electronic care planning system.

The inspector focused on the experience of residents with dementia and tracked the journey prior to and from admission into the centre. In addition, files were reviewed on specific aspects of care such as nutrition, wound care, mobility, access to health care and supports, medication management and end of life care.

Pre-admission assessments were carried out and recorded for all residents that were admitted for long term care. Residents that are admitted for short term care are not routinely met with prior to admission. The person in charge communicates with the referring service and ascertains by phone if their care needs can be met within the centre. The person in charge visited all long term residents prior to admission. This arrangement gave the resident and or their family an opportunity to meet in person, provide information about the centre and assess or determine if the service could adequately meet the needs of the resident. The person in charge confirmed that to date this process has proved effective. 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.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident’s dependency level, risk of malnutrition, falls and their skin integrity. In addition, an assessment using a validated tool of the level of cognitive impairment of residents admitted with a diagnosis of dementia was recorded and subject to regular review. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Care plans were developed based on the identified assessed needs. On review of the care plans the inspector was informed that care plans are not developed for any resident admitted for short term care. This was confirmed by the person in
charge. The inspector highlighted that all residents are required to have a care plan developed within 48 hours as per regulatory requirements 5(3). The inspector acknowledges that once this non-compliance was discussed with the person in charge an immediate action was taken. At the end of the inspection significant progress had been made. The completion date to ensure that all residents have a care plan developed in line with the assessed needs will be addressed in the action plan response.

Arrangements were in place to meet the health and nursing needs of residents with dementia. The centre had a medical practitioner that works full time in the centre. There was good access to a multidisciplinary team including physiotherapists and occupational therapist on site. In addition the centre also has access to dietetic, speech and language, tissue viability, dental, ophthalmology and podiatry services. In the sample of files reviewed, information following the assessment, involvement and recommendations of allied healthcare professionals was reflected. For example, the inspector reviewed wound management and found comprehensive recordings in place that evidence review and consultations by the medical practitioner and a tissue viability nurse specialist. Advice received was followed which resulted in healing and a positive outcome for the resident.

Once care plans were developed the inspector found that they were person centered, comprehensive and guided care. Arrangements were in place to evaluate existing care plans routinely on a four monthly basis. The care plans examined were updated or revised to reflect the residents' changing care needs. In addition, there was clear evidence that residents and or family, where appropriate, participated in care plan development and review process. Residents and relatives confirmed that they were communicated with and informed of all changes.

Staff provided end of life care to residents with the support of their doctor and community palliative care services. 'End of life' care plans were documented in the files of all long term residents. Some included residents' expressed preferences regarding their preferred setting for delivery of care while others included that the family were to direct care at the end of life. The centre has a family room that is available to meet the needs of family and friends who wish to remain with their relative overnight within the centre. Staff outlined how religious and cultural practices were facilitated within the centre. Residents were satisfied with the arrangements in place.

There was a comprehensive policy dated January 2018 in place for the monitoring and documentation of nutritional intake which was implemented in practice. There were systems in place to ensure residents' nutritional needs were facilitated and monitored. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. The inspector tracked the journey of a recently admitted resident who had specialist dietary requirements. The information was clearly recorded and had been communicated to all appropriate staff. Residents' weights were checked on a monthly basis, and more frequently when indicated. The inspector saw that a choice of meals was offered and available to residents. The inspector was told by the person in charge that the menu had been subject to review by a dietician.

Dining arrangements were set up in two separate locations. Mealtimes were seen as a social event with appropriate table settings. Staff sat with residents while providing
encouragement or assistance with the lunch-time meal observed. The catering staff were familiar with the likes and dislikes of all of the residents. Residents confirmed that if they made a special request this would be accommodated. The inspector noted from the resident meetings that a resident had requested that their evening meal be served at a later time and this was facilitated.

Residents at risk of falls were risk assessed and constantly monitored. A system was in place known as fallen leaf programme to highlight and communicate the risk rate to all staff. The use of symbols was seen on resident’s bedroom doors. All staff spoken with were able to explain the purpose and function of the symbols seen.

Residents had access to a pharmacist of their choice. A review of all medications was regularly carried out. Residents were protected by medication practices and procedures found. There were written operational policies dated June 2018 relating to the ordering, prescribing, storing and administration of medicines to residents that were implemented in practice. Medicine administration records were maintained in accordance with relevant professional guidelines. Medication audits were completed and any areas that were identified that required improvement was communicated to all staff at the staff handover. There was no reported medication errors or near misses.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
The centre had policies dated January 2018 in place to protect residents from suffering abuse and to respond to allegations, disclosures and suspicions of abuse. All staff had received training on identifying and responding to elder abuse. Staff were able to explain the different categories of abuse and had knowledge of what their responsibility was should they suspect abuse. In addition staff spoken to were clear about who they would report any concerns too.

The centre had a policy dated February 2018 on the procedures in place to support staff in working with residents who have behavioural and psychological symptoms of dementia (BPSD). This policy was informed by evidence-based practice. Staff spoken with adopted a positive, person centred approach towards the management of responsive behaviours. The inspector reviewed the file of a resident with a history of responsive behavioral issues. The documentation and care plan in place were detailed and guided care.
The centre had a very positive culture on the use of restraint. There centre is a restraint free environment. There was no chemical restraint in use in the centre. Residents had free access to the outdoor gardens. Bedrails in use were in place for the top half of the bed only and so residents were not restricted from getting out of the bed. Additional equipment such as low level beds and sensor alarms were available. The inspector reviewed the care plans of some residents currently using half bedrails. The documents and procedures in place were comprehensive and met with regulatory requirements.

Systems and arrangements were in place for safeguarding residents' finances and property which met the requirements of the regulations. The accounting process was demonstrated to the inspector by staff. The procedures and processes for safeguarding residents' finances were clear and transparent. Procedures were in place to facilitate residents to access their money when required. The centre was not a pension agent for any resident.

**Judgment:**
Compliant

**Outcome 03: Residents' Rights, Dignity and Consultation**

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

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

**Findings:**
Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care through the provision of appropriate information. There were arrangements in place for each resident to receive visitors in private. Residents can access independent advocacy services. The inspector spoke with residents in groups and individually. The feedback on the activity within the centre was positive.

Resident meetings evidenced that residents are consulted about how the centre is planned and run via the residents’ council. There was good resident representative at the meeting, including residents with dementia. The centre seeks feedback from resident and family via comment cards that are left at the nurses station on each unit. The activities staff have developed a wish list. Residents inform the activities team what they would like to attend either individually or as a group. This wish is then risk rated and where feasible the wish is accommodated.

Residents with dementia receive care in a dignified way that respects their privacy at all times. Following on from the last inspection the activities schedule had been reviewed. Residents had opportunity to avail of a varied activity programme. Activities developed
for resident with dementia formed part of this programme, and this had a positive impact on those who participated.
The inspector was informed by residents and family that all significant events are celebrated within the centre and that residents with dementia would be aware when it was Christmas, Halloween or Saint Patrick's day because of the effort put in by management and staff to decorate the communal areas. There was an emphasis on religion at resident requests.

Residents' links with the local community were maintained where possible, and this was supported by access to local media and telephone services. Each resident has opportunity to participate in activities that are meaningful and purposeful to their needs, interests and capacities. Residents with advanced dementia were included in group activities. The activities staff conducted one to one activities when possible. For example, the inspector noted that individual residents were brought out for walks on a regular basis. The staff were knowledgeable on the lives and life stories of residents prior to living in the nursing home.

As part of the dementia focus the inspector took periods of time to observe the quality of interactions between staff and residents. Staff were observed speaking to residents in a polite, respectful and friendly manner, using residents' names and explaining what was happening during assistance. Choice was offered when snacks and drinks were being served. Staff and resident interactions were kind and patient. Staff displayed good knowledge of resident likes and dislikes. In addition, staff used personal information to engage in conversation with each resident that was meaningful to them. The inspector sat in with residents while BINGO was in session. The atmosphere in the room was positive, welcoming and inclusive of all. Residents enjoyed the activity. The staff supervising the room were actively involved and providing assistance to residents.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
There were policies and procedures for the management of complaints. The two actions from the last inspection had been completed. The person in charge is the nominated person to deal with complaints. The provider representative is responsible to ensure that all complaints are responded to appropriately.

The complaints process was displayed in a prominent place at the entrance to both
units. Residents had the option to fill out a compliant form or complete the comment cards that are available at the nurses station. The inspector was informed that there was no complaints made in 2018.

Residents were informed on admission of the complaints procedure. The centre had an appeals officer and also directed the complainant to the office of the Ombudsman if unhappy with the outcome. Residents spoken with on the days of inspection told the inspector that they would not hesitate to make a complaint if they had one. Relatives voiced satisfaction with the care and were aware of who they could complain to if they needed.

**Judgment:**
Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
A number of staff files were viewed and they contained most of the regulatory documentation. However, the registered provider had failed to ensure that all staff had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016 available for inspection. This action is restated from the last inspection. In the absence of the required documentary proof of vetting the provider was issued with an urgent compliance plan. This information was received into the Office of the Chief Inspector and provided the necessary reassurances.

The education and training available to staff enables them to provide care that reflects up-to-date, evidenced based practice. All staff had completed training in safeguarding and safety. All staff had completed annual fire training. The training records reviewed by the inspector evidenced gaps in manual handling training. This is restated from the last inspection. There are currently twelve staff due training. The person in charge had staff trained to become manual handling instructors that are able to deliver the training. There was a schedule in place to ensure that all gaps would be addressed. A completion date will be identified within the action plan response.

Evidence of current professional registration for registered nurses was seen by the inspector. Recruitment and induction procedures were in place. Staff spoken with felt supported by the management team. The clinical nurse managers supervised staff appropriate to their role.
The inspector reviewed actual and planned rosters for staff, and found that staffing levels and skill mix were sufficient to meet the needs of residents. Ongoing review of resident dependency and staffing levels were monitored to inform staffing levels and skill mix. Staff spoken to confirmed that they had sufficient time to carry out their duties and responsibilities.

There are no volunteers working within the centre.

**Judgment:**
Non Compliant - Major

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**Outcome 06: Safe and Suitable Premises**

**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 is purpose built. Ballinasloe community Nursing unit is registered to accommodate 50 residents on two levels. It had 42 single and four twin bedrooms. The centre did not have a dementia specific unit and residents with dementia integrated with the other residents in the centre.

The centre was found to be well maintained, warm, comfortable and visually clean throughout. 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.

The centre had multiple communal sitting rooms for resident use in both units. In addition, there was a large activities room situated off the main units and was utilized by residents from the two units. The inspector observed that this activities room was a hub of activity. There was a member of staff in this room at all times to attend to any resident requests. The communal sitting rooms on each unit had a variety of comfortable furnishings and were domestic in nature. The provision of side tables was beneficial to residents in sitting rooms to support them with magazines, papers, snacks and drinks.

Handrails were available in circulation areas throughout the building, and grab rails were present in toilets and bathrooms. The furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Supportive equipment such as call bell facilities, remote control devices, hoists and mobility aids were seen in use by residents that promoted their independence. The inspector found that the privacy and dignity of residents was promoted in each bedroom by its layout. All bedrooms were
ensuite. Many rooms were personalised with photos, memorabilia and artifacts. The nursing management team had purchased calendars and clocks for each room to ensure that residents were orientated to time and date. Each bedroom had access to a locked press for personal belongings.

The purpose of each room was highlighted at the doorway. The inspector discussed the use of additional signage to meet the needs of residents with a diagnosis of dementia who were ambulant. The addition of directional signage would support residents to navigate the centre and locate their bedrooms, indoor and outdoor communal areas and bathroom facilities.

Residents had access to safe outdoor garden areas with seating, paths and flower beds. The inspector was told by residents that last summer they had spent considerable time outside enjoying the fine weather. The outdoor space had goal posts that residents grandchildren use to practice sport. The residents had very fond memories and told inspectors that they were looking forward to this summer.

**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:**

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

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<th>Centre name:</th>
<th>Ballinasloe Community Nursing Unit</th>
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<td>OSV-0005270</td>
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<tr>
<td>Date of inspection:</td>
<td>18/02/2019</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans are not developed for any resident admitted for short term care.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
All Residents have care plans developed based on assessments within 48hrs of admission. This now includes Short Stay residents. Care plans have also been developed for Short Stay residents who were on site on the days of the inspection.

**Proposed Timescale:** 20/02/2019

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

2. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
It has been a challenge to source training and release staff as we have recruited new staff all requiring Manual Handling training. In response to this issue we have supported two of our staff to train as Manual Handling trainers in January /February 2019. These two staff members are now qualified to facilitate in-house training. We have a plan in place to train two staff per week going forward until all staff are trained.

**Proposed Timescale:** 26/04/2019

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**Theme:**
Workforce

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

3. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.
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