

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballard Lodge Nursing Home
Centre ID:	OSV-0005507
Centre address:	Borris Road, Portlaoise, Laois.
Telephone number:	057 866 1299
Email address:	administrator@ballardlodge.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Dulinaois Limited
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	0

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).

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 March 2019 11:00	08 March 2019 17:10
11 March 2019 10:10	11 March 2019 13:40

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspection also considered notifications and other relevant information. Progress with completion of the actions from the last inspection in September 2018 were reviewed. With the exception of an action to bring the premises into compliance with the Regulations, all other actions were completed. The provider was progressing improvement of the layout and design of the premises with a new building extension due for completion by March 2020. Completion of these works will enhance residents' private and communal accommodation and address issues regarding insufficient storage for residents' assistive equipment and the sluice facilities.

The inspector found that the management team and staff were committed to

providing a quality service for residents with dementia. Residents with dementia enjoyed an active and meaningful life in the centre. Residents were supported to integrate in the community and there was access at will to an interesting and safe outdoor area for residents with dementia. The inspector met with residents, their relatives and staff members. All residents and their relatives who spoke with the inspector were unanimously complimentary in their feedback about the service provided and their contentment with living in the centre.

The inspector tracked the journey of a sample of residents with dementia within the service. Documentation was reviewed such as nursing assessments, care plans and medical records. Relevant policies, including those submitted prior to the inspection, were examined. The inspector observed care practices and interactions between staff and residents who had dementia using a validated tool. All interactions and care practices by staff with residents, as observed by the inspector were person-centered, therapeutic, respectful and kind.

Residents' healthcare needs were met to a high standard and their good health and wellbeing was optimized. Residents' supporting care documentation to inform their assessments and care procedures were person-centred and informative regarding their individual care preferences and wishes.

Staff were skilled and available in sufficient numbers to meet the needs of residents. Staff knew residents and their individual needs well. A training programme facilitated staff to attend mandatory and professional development training.

There were policies and procedures in place to safeguard residents from abuse. Staff were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. Residents confirmed to the inspector that they felt safe and protected in the centre. Policies and practices were in place regarding the management of behaviours and psychological symptoms of dementia, and use of restrictive procedures as part of some residents' care.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016

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:

The healthcare and nursing needs of residents with dementia were met to a high standard. Their needs were comprehensively assessed and they had timely access to general practitioner (GP), out-of-hours GP services and specialist medical services including community psychiatry and palliative care services. Residents' positive health and wellbeing was optimized with regular exercise as part of their activation programme, annual influenza vaccination, participation in health screening, regular vital signs monitoring, blood profiling and medication reviews.

There were 11 residents in the centre with a diagnosis of dementia or with symptoms of dementia. Residents with dementia were integrated with other residents in the centre. This arrangement was seen to have a positive impact on their wellbeing and quality of life. The journey of a sample of residents with dementia was tracked and specific aspects of care such as safeguarding, nutrition, wound care, medicines management and end-of-life care in relation to other residents with dementia was reviewed.

The person in charge or their deputy visited prospective residents prior to their admission into the centre. Pre-assessment information was retained in each resident's file and provided an overview of their needs. The provider and person in charge welcomed prospective residents to view the centre facilities and to discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also provided them with assurances that the service could adequately meet their needs.

Supporting the communication needs of residents with dementia was an area that was given particular emphasis in the centre. Communication tools and cues were used to assist residents as necessary. A communication policy was available and referenced the centre's approach to assisting residents with dementia with optimizing their communication in the centre. The focus observed on this aspect of residents' care had a positive impact on their confidence, wellbeing and quality of life in the centre. Good communications were also optimized between residents, their families, the acute hospital and the centre. Transfer documentation was prepared by the person in charge

for each resident with dementia going to hospital or other health services. A 'hospital passport' was also prepared to support each resident with dementia with accessing services outside the centre. The 'hospital passport' clearly communicated the individual preferences and wishes of residents with dementia to the various external service providers. Hospital discharge documentation was held for residents admitted to the centre from hospital to inform their treatment plans and ongoing care needs.

Each resident with dementia had a comprehensive assessment completed within 48 hours of their admission to the centre to identify their health and social needs. Assessments included each resident's risk of malnutrition, falls, their level of cognitive function and skin integrity, among others. This information informed highly person centred care plans that clearly described their individual preferences and wishes regarding their care interventions. For example, a clear description was documented of one resident's preference to use a specific brand of cleansing products for their sensitive skin in their personal care plan. Residents' needs were reassessed regularly and their care plans were updated as necessary to take account of any changes in individual residents' health and wishes. Residents, where possible, and their families were consulted regarding development of care plans and reviews thereafter. Staff who spoke with the inspector knew residents' needs and were knowledgeable regarding their individual preferences and wishes. Residents expressed high levels of satisfaction with the standard of care provided to meet their needs.

Staff provided end-of-life care to residents, with GP and community palliative care service support as necessary. End-of-life care provided for one resident with dementia, as observed by the inspector, was of an exceptional standard. Staff focused on providing a high level of physical, environmental and psychological comfort. Sensory lighting and soothing background music was used. An altar was also set up by this resident in line with her spiritual wishes. A pain assessment tool suitable for use with residents who were unable to verbalise their levels of pain was used to ensure residents did not experience pain or discomfort. Palliative care services were available to support residents with end-of-life symptom management. Some residents with dementia had advanced healthcare directives in place and there was opportunity for improvement to ensure residents were more involved in this decision making process where possible.

Staff were knowledgeable about and respected residents' individual preferences regarding their physical, psychological and spiritual needs and where they wished to receive end-of-life care. However, this information was not always clearly described in the end-of-life care plans reviewed. Single bedrooms were available for providing end-of-life care. Residents' relatives were facilitated to stay overnight with them when they became very ill. Staff outlined how residents' religious and cultural practices and faiths were facilitated. Members of the local clergy from the various religious faiths were available to and provided pastoral and spiritual support for residents.

No residents developed pressure related skin damage in the centre during the last 12 months. Residents' risk of developing pressure-related skin injuries was regularly assessed and closely monitored. Appropriate care procedures were implemented to prevent skin injury and pressure ulcers developing. Prevention procedures included regular risk assessment, frequent repositioning of residents with assessed risk, use of

pressure relieving cushions and mattresses and nutritional assessment by the dietician. Wound care procedures reflected evidence-based practice. Tissue viability specialist services were available to support staff with developing treatment plans to optimize wound healing as necessary.

The nutrition and hydration needs of residents with dementia were regularly assessed, closely monitored with timely interventions implemented to address any deficits found. A validated assessment tool was used to screen residents with dementia for nutritional risk on admission and regularly thereafter. Residents' weights were checked routinely on a monthly basis or more frequently if they experienced unintentional weight loss or gain. Mealtimes in the centre were a social occasion for residents with dementia. Residents and staff chatted and laughed together as residents enjoyed their meals. Residents told the inspector that the food was 'excellent'. Residents had access to speech and language therapy and dietician services and special and modified diets were provided as recommended. Residents' individual dietary recommendations were described in their nutrition care plan to ensure they were known to and implemented by staff. There was a process in place to ensure residents' dietary needs were communicated to the chef by staff. The chef was sensitive to the needs of residents with dementia and made efforts to ensure they were provided with appetizing food that met individual preferences and needs. Residents with dementia were provided with snacks and refreshments throughout the day and had a choice of two hot meals for lunch and tea. Residents could have alternatives to the menu provided if they wished. The menu choices were discussed with residents with dementia at mealtimes and they were given a choice of using a clothes protector if they wished to use one. Sufficient numbers of staff provided residents with dementia with discreet assistance with their meals as necessary.

There were arrangements in place to review accidents and incidents within the centre, and residents were assessed for risk of falls on admission and regularly thereafter. There was only one fall incident in 2018 to date that resulted in an injury to the resident. Procedures were in place to mitigate risk of further falls without compromising residents' independence and mobility. Residents at assessed risk of falling had controls in place to prevent injury such as increased staff supervision and support arrangements, hip protection, low-level beds, foam floor mats and sensor alarm equipment.

There were written operational policies informing ordering, prescribing, storing and administration of medicines to residents with dementia. Practices in relation to prescribing, administration and review of medications met with regulatory requirements and reflected professional guidelines. The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents. There were procedures for the return of out-of-date or unused medications. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked daily. While residents' medicines were stored securely, more appropriate facilities for storage of medicines and clinical equipment was necessary. Work was underway to address this finding with provision of a new extension to the centre premises to be completed by March 2020.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

Measures and procedures were in place to ensure any abuse of residents with dementia was prevented, detected and appropriately responded to. The provider representative clearly communicated that there was a no tolerance approach to any abuse of residents in the centre. Staff were facilitated to attend safeguarding training and those who spoke with the inspector were knowledgeable regarding the different kinds of abuse and how they may present. They clearly articulated their responsibility to report any disclosures or incidents they may witness or suspect. The provider and person in charge ensured that there were no barriers to staff or residents disclosing any concerns. Residents who spoke with the inspector said that they felt very safe in the centre and that staff were always respectful and kind towards them.

A very small number of residents were predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) from time to time. There were systems in place to support residents with managing episodes of responsive behaviours that they may experience. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Behavioural support care plans were developed for residents with responsive behaviours. The inspector saw that residents' responsive behaviours were well-managed with person centred de-escalation strategies implemented by staff who knew residents well. All episodes of responsive behaviours were recorded to inform care and treatment interventions. While, staff were knowledgeable regarding the most effective person-centred strategies to use to de-escalate responsive behaviours, this information was not detailed in residents behaviour support care plans to guide consistency in care procedures. This finding is actioned under Outcome 1: Health and Social Care Needs.

A restraint-free environment was promoted within the centre. Bedrails were in use for a small number of residents and the alternatives tried were described. Residents safety using bedrails was assessed prior to use and procedures were in place to ensure they were used for minimum periods of time. Alternative non-restrictive equipment such as low low beds and bed alarms was used to support vulnerable residents where possible. Although the front door to the centre was secured, residents had access at will to a safe enclosed courtyard. A record of all visitors to the centre was maintained.

The provider confirmed that they did not act as a pension agent for collection of any residents' pensions. A lockable space was available in each resident's bedroom for

securing their personal possessions. The provider did not keep any residents' money in safekeeping in the centre.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that all opportunities were taken to ensure residents with dementia were involved and supported to participate in the centre with regular residents' meetings and consultation. Their voice was valued and their views were consistently sought.

There was a happy and comfortable ambience in the centre. Residents including residents with dementia were central to all the daily activities and staff worked to ensure their lives had purpose and meaning. Residents' were continuously consulted in ways that suited their communication needs by staff regarding their preferences and wishes which were respected. Staff knew residents well and they took time to chat and engage socially with residents. Residents and their relatives who spoke with the inspector unanimously expressed a very high level of satisfaction with the service provided and their life in the centre. Family members of residents with dementia were welcomed to the residents' meetings to support residents with dementia with voicing their views. A number of residents were supported and encouraged to continue attending the community services they attended prior to coming to live in the centre.

Although the layout and design of some bedrooms and the availability of limited communal accommodated presented challenges, staff made good efforts to minimise any negative impact on residents where possible. The management and staff team made efforts to ensure residents' privacy and dignity needs were met by knocking on bedroom and bathroom doors before entering. Staff also ensured bed screens and bedroom and bathroom doors were closed when assisting residents with their personal care. As discussed in outcome 6, the provider was working to improve the premises facilities for residents with building a new extension to the centre. Although residents who spoke with the inspector were satisfied with the facilities provided, their privacy and dignity needs could not be met to an optimal standard due to the following;

- the location of residents' beds against walls and screening curtains within close proximity to a bed in the twin bedroom did not ensure residents' privacy during hoist transfers. The location of the one resident's bed did not ensure the sink was reasonably accessible.
- The screening provided in the twin bedroom did not offer sufficient protection from sounds and smells.

- Storage of residents' assistive equipment including commodes in their bedroom did not promote their privacy and dignity.
- Residents' did not have private facilities outside of their bedroom to meet their visitors.

Residents with dementia were supported and facilitated to participate in activities that reflected their interests and capabilities. Information about each resident's previous life, significant events and their interests were collated and used to support social engagement and to inform an activity programme that met their capability needs. Two activity coordinators facilitated residents' activities. There was a schedule of activities planned for each day and this was displayed to give residents' choice regarding the activities they wanted to participate in. There was a variety of meaningful and interesting activities facilitated each day in the sitting room suitable for group participation. This resulted in the sitting room being a busy and highly stimulation environment. As there was no alternative communal sitting room accommodation this arrangement did not support residents with dementia to rest and relax in a quiet, low stimulation environment if they wished. The activity coordinator put emphasis on facilitation of one-to-one sensory-focused activities for less able residents with dementia. The activity coordinator took every opportunity to provide residents with one-to-one engagement including sensory activities, therapies and accompanying them for short walks which was also use as time for reminiscing. Residents with dementia were also encouraged to pursue activities independently such as gardening with a raised flower bed. Bingo and singing were favourite activities for many residents on the days of inspection. Residents with dementia assisted the activity coordinator with calling out the bingo numbers. The inspector observed that the activity coordinator was flexible and alert to cues from residents with dementia. For example, spontaneously singing by residents initiated a sing-song session. These approaches to providing activities and person centred engagement enhanced the quality of life and feeling of inclusion for residents with dementia in the centre.

Local and national newspapers were made available for residents with dementia. A telephone and wireless internet was also available and residents were facilitated to exercise their civil, political and religious rights.

There was an open visiting policy in the centre. Several residents' friends and relatives visited during the day of inspection. The relatives of one resident with dementia told the inspector that a sense of family was promoted in the centre and everybody knew and cared about each other.

The inspector observed the quality of interactions between staff and residents using a validated observational tool to rate and record interactions at five minute intervals in the dining and in the sitting room. The inspector's observations concluded that positive connective care was consistently provided to residents by staff. Staff members were courteous and kind when addressing residents and visitors, and respectful and discreet when attending to the needs of residents with dementia.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A policy and procedure was in place to inform management of complaints in the centre. A summary of the complaints' procedure was displayed and included a photograph of the Person in Charge who was the complaints officer for the centre to assist residents with dementia to voice any concerns they had. The complaints procedure was also described in the residents' guide document made available to each resident.

A record of any areas of dissatisfaction raised by residents and their families was maintained. All issues were investigated and closed out. The actions taken to resolve these areas of dissatisfaction were recorded and communicated to complainants. Their level of satisfaction with the outcome was recorded to inform the appeals process. Areas for learning and improvement were identified and implemented. All complaints were reviewed at the centre's governance and management meetings attended by provider representative and person in charge.

Residents told the inspector that they were aware they could make a complaint regarding any dissatisfaction with the service. Residents and residents' relatives who spoke with the inspector said that they never had any reason to complain and believed if they did, they would be listened to. Both positive and negative feedback was welcomed and valued by the provider and person in charge.

The complaints' policy included details of the person nominated to deal with complaints and the person nominated to ensure that complaints were appropriately recorded and responded to. The policy also included details of the independent appeals process. Advocacy services were available to assist residents with dementia where necessary.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

There was sufficient staff with appropriate skills to meet the assessed needs of residents in the centre, including residents with dementia. Staff were observed interacting with residents in a kind, empowering, patient and meaningful manner throughout the inspection. Residents with dementia were appropriately supervised and staff attended to their needs without delay. Staff were observed to take time to chat to residents throughout the days of inspection.

A planned and actual staff rota was in place, with changes clearly indicated. The roster reviewed by the inspector reflected the staff on-duty on the days of inspection.

An induction process, including training, was in place for newly-recruited staff. Annual appraisals were carried out with staff by the person in charge. Staff were well-supervised. Many staff who spoke with the inspector said they had worked in the centre for many years and enjoyed caring for residents in the centre. They confirmed that they were well supported by senior staff. Staff training records indicated that mandatory training requirements were facilitated and that staff were also facilitated to attend training to support their professional development including dementia care training.

A sample of staff files were reviewed by the inspector and these were found to contain all of the information as required by Schedule 2 of the regulations, including evidence of completed An Garda Síochána Vetting. The provider representative confirmed that all staff working in the centre had completed vetting disclosures available in their employment files. All staff nurses had up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

No volunteers were operating in the centre at the time of the inspection.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises**Theme:**

Effective care and support

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

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

Findings:

The centre premises is a single storey building. Accommodation for residents, including residents with dementia is provided in 21 single and one twin bedroom. Five single bedrooms were fitted with full en-suite facilities and one single bedroom was fitted with an en-suite toilet and wash basin. All other residents' bedrooms had a sink fitted in the

bedroom. Communal toilet and washing facilities were conveniently located throughout the centre for use by these residents. Residents had access to a communal sitting room and a dining room.

The provider had reviewed the layout and design of residents' accommodation to optimise their comfort. However, the layout and design of some residents' bedrooms and limited communal facilities compromised the therapeutic and comfort value of the facilities for residents with dementia. The provider had already identified the necessary improvements. A new extension located to the back of the centre was underway and was due for completion by March 2020. Separate access to the extension building site was provided and this arrangement ensured that the building works did not impact on residents' comfort in the centre.

The inspector found the following areas required improvement;

- There was no facilities available for residents with dementia who needed a low stimulus and quiet environment. The inspector observed staff caring for a resident with responsive behaviours in the dining room as an alternative area to the busier environment in the sitting room.
- There was also no alternative area to the sitting room to provide sensory based activities exclusively for residents with dementia. This meant that residents with dementia were in a high stimulus environment throughout the day and that this environment and some of the group activities provided did not suit their needs.
- Facilities other than residents' bedrooms to meet their visitors in private were not available.
- As found on previous inspections, storage for residents equipment was not adequate and necessitated storage of their assistive equipment including commodes in their bedrooms.
- Although the provider had made efforts to optimise the layout and design of each resident's bedroom, the space available in some residents' bedrooms was not sufficient. For example, residents in the twin bedroom could not easily access the sink. Another resident's needs necessitated their use of additional assistive equipment and this limited their access around their bedroom.
- Residents beds were placed against the wall due to insufficient floor space, therefore access to both sides of the beds of high dependency residents by staff providing care was compromised.
- While ventilation in the sluice room had been addressed since the last inspection, sluicing facilities did not include a flushing system. There was also insufficient storage provided for storing clean commode pots, bedpans and urinals.

The bedrooms of residents with dementia were highly personalised with their favourite photographs, ornaments and items of furniture. One resident with dementia loved nature and three dimensional butterflies and flowers were located on the walls and as mobiles in their bedroom and along the corridors. Traditional furniture, fittings and memobilia was used throughout to make the centre environment familiar to residents with dementia. Each resident had an orientation board placed on a wall in their bedroom that was within their clear view. Clocks were fitted in each resident's bedroom and displayed the correct time.

Measures were in place to promote residents' independence and way finding. Residents' access was also optimised with good use of signage and cues to key areas. Use of

natural light was optimised with large windows throughout the centre.

Residents were observed mobilizing around the centre throughout the days of inspection either independently or with the support and supervision of staff. Floors were non slip and recovered since the last inspection with bight, non-patterned floor covering throughout the centre to promote safe mobility for residents with dementia. Handrails on corridors were painted in a contrasting colour to surrounding walls. Corridors were wide enough to ensure that residents could mobilize safely when using a wheelchair or a walking frame.

Residents could access an attractive, secure outdoor courtyard at will. Appropriate outdoor sheltered seating and tables was provided. The courtyard was interesting and vibrant with numerous colourful paintings, a raised flowerbed and brightly painted garden ornaments. While the weather was cold on the days of inspection, the inspector was told that residents with dementia took full advantage of the sunny weather and used the courtyard to rest and relax in the sunshine.

Judgment:

Non Compliant - Moderate

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:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ballard Lodge Nursing Home
Centre ID:	OSV-0005507
Date of inspection:	08/03/2019
Date of response:	11/04/2019

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:

While, staff were knowledgeable regarding the most effective person-centred strategies to use to de-escalate responsive behaviours, this information was not detailed in residents behaviour support care plans to guide consistency in care procedures.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Dementia focused nursing care plans are in place which include de-escalation techniques.

Proposed Timescale: 05/04/2019

Theme:

Safe care and support

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

End of life Nursing Care Plans were reviewed and details of the residents' care preferences regarding physical, psychological, and spiritual needs were added to the admission assessment; and more detail was added to our end of life nursing care plan with space left for extra information as required or as situations changed.

2. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

End of life Nursing Care Plans were reviewed and details of the residents' care preferences regarding physical, psychological, and spiritual needs were added to the admission assessment; and more detail was added to our end of life nursing care plan with space left for extra information as required or as situations changed.

Proposed Timescale: 01/04/2019

Theme:

Safe care and support

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

Some residents with dementia had advanced healthcare directives in place and there was opportunity for improvement to ensure residents were involved in this decision making process where possible.

3. Action Required:

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

As a resident approaches end of life, every choice possible is discussed with them alone or with their representative if that is what they choose. If any changes occur to the initial decisions they made, we endeavour to grant them as much as we are able to. Care plans are continuously reviewed and altered, and the residents' wishes are our priority.

Four monthly nursing care plan reviews with families are now in place – 12/03/19.

Proposed Timescale: 12/03/2019

Theme:

Safe care and support

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

While residents' medicines were stored securely, appropriate facilities for storage of medicines and clinical equipment was necessary.

4. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Medicine fridge transferred to nurses' station with all other medicine cabinets on 12/03/19.

When the new building is complete, all medicines will be stored in a separate secure facility along with all clinical equipment, medicine fridges, dressing trolleys etc.

Date of completion: March 2020.

Proposed Timescale: 12/03/2019

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents' privacy and dignity needs could not be met to an optimal standard due to the following;

- the location of residents' beds against walls and screening curtains within close proximity to a bed in the twin bedroom did not ensure residents' privacy during hoist transfers. The location of the one resident's bed did not ensure the sink was reasonably accessible.
- The screening provided in the twin bedroom did not offer sufficient protection from sounds and smells.

- Storage of residents' assistive equipment including commodes in their bedroom did not promote their privacy and dignity.
- Residents' did not have private facilities outside of their bedroom to meet their visitors.

5. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

A new extension is underway and will be completed by the end of March 2020. This extension will be fully compliant with all HIQA regulations.

The existing building will also be refurbished, and extensive building works will ensure that it will also be fully compliant with all HIQA regulations.

In the interim when a pre-admission assessment is done, we consider the overall problems of the individual being assessed particularly if they need to use a hoist or different equipment therefore, we are aware if the room vacant is adequate for the resident's needs. Also, the resident (if possible) but definitely the resident's family or representative is invited to see the room prior to admission.

Proposed Timescale: 31/03/2020

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The layout and design of some residents' bedrooms and insufficient communal facilities compromised the therapeutic and comfort value of the facilities for residents with dementia.

6. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

A new extension is underway and will be completed by the end of March 2020. This extension will be fully compliant with all HIQA regulations. The existing building will also be refurbished, and extensive building works will ensure that it will also be fully compliant with all HIQA regulations.

As much as possible we encourage residents to use the dining room outside of meal times as a communal space so that there is another area outside of the dayroom and

their bedroom to socialise in.

Proposed Timescale: 31/03/2020

Theme:

Effective care and support

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

There was insufficient storage space for residents ' equipment.

There was insufficient communal space to meet the recreational needs of residents with dementia including a quiet area other than their bedroom for them to rest and relax in.

The sluice did not have a flushing facility and adequate storage for commode pots, bedpans and urinals. .

There was no alternative private space aside from the residents' bedroom to receive their visitors.

7. 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:

A new storage area for bedpans and basins is now in place and flushing system added on 29/03/19.

As regards to space for visiting, we have displayed a notice letting families know that they can use the dining room for visiting, beverages etc. are available there continuously. – 10/04/19.

A new extension is underway and will be completed by the end of March 2020. This extension will be fully compliant with all HIQA regulations.

The existing building will also be refurbished, and extensive building works will ensure that it will also be fully compliant with all HIQA regulations.

Proposed Timescale: 31/03/2020

