

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballinamore House Nursing Home
Centre ID:	OSV-0000317
Centre address:	Ballinamore, Kiltimagh, Mayo.
Telephone number:	094 938 1919
Email address:	ballinamorehouse@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Raicam Holdings Limited
Provider Nominee:	Sharon O'Boyle
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	9

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 January 2017 12:00	24 January 2017 19:30
25 January 2017 09:30	25 January 2017 16:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The purpose of this inspection was to follow up on actions from the inspection carried out in November 2014 and to monitor the centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. As part of the inspection, the inspector met with residents, staff, the person in charge and the provider representative. The inspector observed practices and reviewed documentation such as policies, care plans, medical records, audits, training records and staff files. The inspector found that there was a relaxed

environment throughout the centre and good interactions were observed. Staff greeted residents in a friendly and respectful manner.

Residents told the inspector they were able to exercise choice over how they spent their days and were able to participate in activities or go for walks outside the centre. They also told the inspector they enjoyed chatting with staff and other residents and partaking in activities and that they felt safe living in the centre.

The centre provides care to residents with a range of complex needs including nursing, dementia, mental health and acquired brain injury. The inspector found that there was a good standard of care delivered to residents and adequate staff on duty to meet the needs of residents taking into consideration the design and layout of the centre.

In November 2014, while the inspector found there was evidence of good practice in many areas, improvements were required in relation to nine outcomes. Issues were identified in fire safety, medication management, and the completion of care plans and the assessment of residents' end of life wishes.

The provider is currently operating in breach of condition 9 of their registration with the Health Information and Quality Authority (HIQA). Condition 9 of registration, is that the physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 07 October 2014. The reconfiguration was to be completed by 01 July 2015. These plans had not been progressed.

Other areas which require review post this inspection include completion of an annual review of the quality and safety of care delivered to residents, more comprehensive recording of fire drills, ensuring a positive behaviour support plan is in place for all residents with responsive behaviour and review of the management of residents' finances.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been reviewed recently due to the change of provider representative since the last inspection. It consisted of a statement of the aims, objectives and ethos of the centre. A hard copy was available to the inspector for review. All of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 was documented in the statement of purpose. The provider representative stated she would submit a soft copy to HIQA.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

This centre has been non compliant with regard to Condition 9 of their registration since 1 July 2015.

Another area of non compliance which was documented at the time of the last inspection in November 2014 was that there was no documented annual review of the quality and safety of care delivered to residents in the centre. This is a requirement since the enactment of the Care and Welfare of residents in designated centres for older people) regulations 2013. This had not been completed at the time of this inspection.

HIQA attached two specific conditions in addition to the usual conditions of registration, to the registration of this centre in 2015. Condition 9 cites 'The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 7 October 2014. The condition stated that the reconfiguration must be complete by 1 July 2015'. These plans had not been completed.

At the time of this inspection the provider representative stated that she had costed plans in place to address improvements to the building. No timescale was available with regard to the completion of these works.

The inspector found that the provider was complying with restrictive condition 8 of the registration of this centre. From a review of the manual handling assessment and meeting some of the residents the inspector found that residents accommodated on the first floor required the assistance of one member of staff to mobilise and were assessing the ground floor by the stair lift.

An auditing schedule was in place. An external company had been commissioned to set up this system. Audits were carried out but this required further input to ensure they were more comprehensive and would provide sufficient robust information to review service provision and enhance the quality of life for residents and comply with best practice. Some audits had no date of completion documented so it was difficult to see what the timescales were for the deficits to be addressed or when a re-audit was due. Other audits reviewed had not been fully completed, for example the fire drill audit.

A clearly defined management structure that identified the lines of authority and accountability was in place. The provider representative was actively involved in the running of the centre. The person in charge and other staff interviewed were aware of their roles and the reporting arrangements. An out of hours on call service was in place where a member of senior management was on call to support staff. Evidence was found that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge worked full-time and has been the person in charge since the commencement of HIQA's regulatory role and commenced working in the centre in 2008.

She qualified is a registered general nurse and has the required experience in elderly care to be person in charge.

The inspector reviewed the duty rosters and found that two nurses were generally on duty in addition to the person in charge and the person in charge informed the inspector that she had adequate time for governance, supervision and management duties. She confirmed that the provider representative was supportive and was freely available to her.

All her mandatory training was up to date. She had completed additional courses in areas including end of life care, nutritional care and medication management. Her registration was up to date with a Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

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

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 (as amended) were available and a sample of records was reviewed by the inspector. These included records related to fire safety, staff recruitment and residents' care.

There were four actions documented under this outcome post the November 2014 inspection. The inspector found that these actions had been completed. All schedule 5 policies had been reviewed and were found to be centre specific and contained sufficient detail to guide staff if the policy required enactment.

A procedure was in place to ensure staff had read, understood and agreed to adhere to the policies and procedures. Staff spoken with was familiar regarding the policies available and the procedures contained therein.

All staff nurses had signed the signature sheet to denote their initials when signing for administered medication.

The directory of residents was found to contain all of the information as required by schedule 3 of the regulations.

The adult protection policy had been reviewed since the last inspection and provided sufficient information to guide and inform staff should a resident make an allegation of abuse. The procedure on how to manage an allegation of abuse against a senior member of the management team was detailed in the policy. A copy of the HSE safeguarding policy was available in the centre.

Records were stored securely and were well maintained.

Improvement was required with regard to the maintenance of records associated with fire safety drills, which is discussed further under Outcome 8.

In the sample of staff files reviewed, all Schedule 2 documents were in place. The files were well organised and it was easy to retrieve the required information. The provider representative confirmed that all staff currently employed in the centre had Garda vetting.

A record of visitors was maintained on entry to the building ensuring that staff was aware who was in the building at all times.

The centre's insurance cover was in date.

Judgment:

Compliant

***Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.***

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Arrangements are in place for the management of the designated centre during the absence of the person in charge. The provider representative who is a qualified nurse or the assistant director of nursing deputise for the person in charge in her absence. Both are experienced nurses with many years experience of working with older persons.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Safe care and support</p>
--

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: At the time of the last inspection the inspector found that all staff were not clear of the procedure to adapt if the alleged abuser was a member of staff. This had been addressed, the policy had been reviewed and a clear procedure was detailed. Staff spoken with informed the inspector how this would be managed and who they would contact. Training records reviewed supported that all staff had attended safeguarding training and regular update training was scheduled. The provider nominee had attended a course run by the HSE regarding safeguarding vulnerable adults at risk of abuse.</p> <p>There was a policy on restrictive practices that reflected the National Policy "Towards a Restraint Free Environment". It was reflected in practice as the inspector found that bedrails in use were mainly used as enablers. Assessments outlined the alternatives trialled prior to the use of the bedrails. A safety risk assessment was in place prior to the use of bedrails. This was used to ensure that bedrails were safe to use. Low-low beds were in use for some residents. There was evidence that the resident and /or their next of kin were involved in the decision to use the bedrails. Residents' who displayed responsive behaviours had a corresponding care plan in place which reflected the triggers to the behaviour. These care plans required further review as they were not</p>

person centred, for example, they detailed 'use distraction techniques but did not detail a person centred approach as to what was a good way of distracting the specific resident. Most staff had undertaken training in management of responsive behaviour.

All staff had been provided with training in safe moving and handling within the required timeframes. Moving and handling assessments for all residents were available.

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):

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

Findings:

Procedures were in place to protect the safety of residents, staff and visitors to the centre. Fire alarm and fire fighting equipment certification were up-to-date. The most recent servicing of the fire alarm was in December 2016. Emergency lighting certification was available dated 9 January 2017. Fire evacuation notices were displayed in key locations and the instructions were clear and easy to understand. Fire drill records were viewed by the inspector. Fire drills were taking place on a regular basis at various times including night time , however records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified.

Staff had received training in fire safety and evacuation and this was confirmed by staff and in training records. Staff spoken with by the inspector were clear on fire safety practices and knew what to do in the event of a fire. At the time of inspection all fire exit doors were free from obstruction. A procedure was in place for daily inspections of emergency exits.

A risk assessment folder was in place. This detailed that a centre specific hazard identification and risk assessment was in place for any risks identified in the centre. At the time of the last inspection oxygen cylinders were being stored in the centre and there was no risk assessment of the location and impact of these cylinders in the event of a fire. This had been addressed. The oxygen cylinders have been moved to the basement and a risk assessment has been completed. The centre has also acquired a portable oxygen concentrator.

Accident and incident records were maintained for all incidents that occurred in the centre. However, the inspector noted that neurological observations were not

consistently completed for all un-witnessed falls.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

A comprehensive medication management policy which offered guidance to staff on best practices regarding prescribing, administration, recording, safekeeping and disposal of medication was in place. The inspector observed the administration of part of a medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Medication was supplied in individual pre-packed blister-packs which were prepared and delivered by the pharmacist. Residents had a choice of pharmacist. A copy of each resident's prescription was attached to each administration sheet and nurses administered medication from this. Photographs of residents were available to aid identity.

Medication administration charts were clear and legible. Medications requiring strict controls were appropriately stored. Records indicated that they were counted and signed by two nurses at the change of each shift. Secure refrigerated storage was provided for medication that required specific temperature control and the temperature of the fridge was monitored daily.

A sample of PRN (as required) medications was viewed by the inspector. Maximum does of PRN (as required medication) was recorded. The nurse on duty was clear regarding the circumstances in which medications to control behaviour would be administered. She stated that medication would only be used as a last resort and it happened very rarely. The effectiveness of the PRN medication would be recorded and discussed with the mental health team.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained. Notifications had been submitted to HIQA as required. The person in charge and provider representative were aware of their responsibilities in relation to submission of notifications.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

Residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process. Most care plans were person centred with individual likes and dislikes recorded.

The inspector reviewed the individual care and medical records of five residents. Files were well organised and information was easily accessible. Where possible, residents retained their own General Practitioner (GP) following admission. Where this was not possible for geographical reasons, a choice of GP was offered. There was evidence of regular review by the residents GP. Arrangements were in place with allied health professions for example speech and language therapy services, dietician, psychiatry of later life, chiropody and occupational therapy services to attend the centre as required. Dental care was available as required also. There was good evidence of access to psychiatry of later life and the mental health liaison nurse attended the centre to review residents. A pre admission assessment was completed to ensure that the centre could

meet the individual needs of the resident. A comprehensive assessment was completed following admission. Validated evidence based tools were used to assess mobility, falls, tissue viability, moving & handling, nutrition and continence. A positive monitoring health system was in place with monthly monitoring of weight, blood pressure, urinalysis and blood screening. Care plans were updated at intervals not exceeding 4 months and in response to changing needs. While a range of assessments were carried out, these were not linked to the care plans. For example the falls risk was not documented in the care plan.

Additionally improvement was required to some assessments for example personal calendars were sparsely completed even though there was information in other assessments that could have been included in the personal calendars.

There was some evidence that residents had been involved in the completion and review of care plans, however there was no narrative note maintained to ensure meaningful consultation and to give the resident/relative an opportunity to have input into the care plan.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

No complaints were documented. The person in charge stated that all complaints received were verbal complaints and these were actioned immediately. A complaint policy was available and information on how to make a complaint was displayed. The policy complied with current legislation and contained an appeal process and a second person in house to ensure that complaints were appropriately responded to and records maintained.

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

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

and autonomy.

Theme:

Person-centred care and support

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

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

Findings:

The centre had a policy and procedure in place for end of life care. Access to palliative care was facilitated. Residents resuscitation status was documented and do not attempt resuscitation (DNAR) orders were documented as a clinical decision. End of life care plans were available for all residents. These care plans included an assessment of residents' end of life wishes in regard to care and comfort which would address residents' physical, emotional, social, psychological and spiritual needs. The provider representative stated that a small number of residents did not have any family members in contact with them, and it was difficult to elicit their views. For these residents all staff had recorded what information they had available with regard to end of life care from informal discussions with the residents since they were admitted to the centre. This gave a good history of influences in the resident's life and wishes regarding end of life care they had expressed on occasions.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner. The inspector observed the evening tea on day one of the inspection and residents were complimentary of the food provided. A cooked hot tea was on offer and homemade bread and desserts were served as part of the menu.

Validated nutrition assessment tools were used to identify residents at potential risk of

malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. Records showed that residents had access to dietetic services. Medication records showed that supplements were prescribed by a doctor and administered as prescribed. There was evidence that residents were seen by speech and language therapy services where a swallowing risk had been identified. Staff were aware of the advice of speech and language therapy services and were following these guidelines to ensure resident safety.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty was aware of the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The inspector saw that snacks and drinks were readily available throughout the inspection.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

A comprehensive and varied programme of activities was available. This addressed the needs of all residents as group and individual activities were available on a daily basis. An activity co-ordinator was in post and she was assisted by all staff in the delivery of activities to residents. The activity co-ordinator displayed a very good level of knowledge of the residents' interests, likes and dislikes. Feedback was sought from residents and relatives on an informal and continuing basis.

Daily newspapers were provided and residents had access to television and the radio.

The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. Screening was available in shared rooms. The inspector spent some time chatting with residents in the sitting rooms and observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and religious rights were respected. Mass took place on a weekly basis. Newspapers, television and radios were available to residents.

Judgment:

Compliant

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy on residents' personal property and possessions and residents had adequate storage for their belongings and access to lockable storage in their bedrooms.

The laundry facilities were adequate and no complaints were documented with regard to clothes going missing.

The inspector reviewed the management of residents' finances in the centre. The inspector was informed that the centre acted as a pension agent for two residents. This has been a long term on-going arrangement as the residents do not have personal bank accounts or they have no family members who are able to manage their finances. There were records in place regarding this procedure. The centre's fees, pharmacy expenses and purchase of personal items were deducted from this money. No excess monies were available for either resident.

The arrangements in place to collect pensions for these residents required review to ensure that residents had access to and retained control over their finances. The provider representative stated that this would be reviewed as a matter of priority and she would positively encourage any further residents to manage their own finances with the assistance of a person of their choosing.

Residents were encouraged to manage their own petty cash and the centre kept petty cash in safe keeping for one resident. Transparent accounts were in place and all monies received and spent were recorded.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the roster for a three week period. Where staff was unable to work this was recorded and staff were replaced with staff who worked in the centre. No agency staff were employed. The person in charge informed the inspector that a two-week induction programme was in place for all new staff.

There was a planned roster in place. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated.

There were 33 residents in the centre on the days of inspection, 13 were assessed as high dependency, 11 as medium and nine as low. Two registered nurses were on duty up to 18:00hrs daily and three care staff and an activity co-ordinator. In addition the provider representative worked full-time in the centre and was a registered nurse. Two housekeeping staff, a chef, an administrator and a maintenance person were also available. Post 18:00hrs there was one registered nurse and three carers up to 20:00hrs and one nurse and two carers from 22:00hrs until 08:00hrs.

Staff training records were reviewed and there was evidence of ongoing education and training by staff. All staff had up to date training in moving and handling, falls prevention and management formed part of this course. Refresher safeguarding training was held on three occasions in 2016. Training undertaken in 2016 included training in health and safety, the restraint policy, the emergency plan. Infection control, food hygiene, dementia care, basic life support and dysphasia (difficulty in swallowing).

While the provider representative and person in charge described having regular meetings with staff there were no minutes available of these meetings.

Judgment:

Compliant

--

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary McCann
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:	Ballinamore House Nursing Home
Centre ID:	OSV-0000317
Date of inspection:	24th and 25th January 2017
Date of response:	29 th June 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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Some audits had no date of completion documented so it was difficult to see timescales and when deficits should be addressed or when a re-audit was due. Other audits reviewed had not been fully completed, for example the fire drill audit.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The Proprietor acknowledges that some dates were missing from certain audits and others require corrective actions to be completed, which deficits will be actioned before the deadline given below

Proposed Timescale: 30/06/2017

Theme:

Governance, Leadership and Management

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

At the time of the last inspection there was no documented annual review of the quality and safety of care delivered to residents in the centre. This remained the case.

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The registered proprietor is currently carrying out its annual review of quality and care as delivered in the centre with a view to its completion before the deadline below.

Proposed Timescale: 30/06/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Residents' who displayed responsive behaviours had a corresponding care plan in place which reflected the triggers to the behaviour. These care plans required further review as they were not person centred, for example, they detailed 'used distraction techniques but did not detail a person centred approach as to what was a good way of distracting the person.

3. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

The person in charge has reviewed all care plans with specific attention on all residents with behavioural challenges with a view to ensuring that all care plans in place reflect method of distraction techniques duly expanded upon

Proposed Timescale: 28/04/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Accident and incident records were maintained for all incidents that occurred in the centre. However, the inspector noted that neurological observations were not consistently completed for all unwitnessed falls.

4. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

This matter has been fully attended to by the registered Provider.

Proposed Timescale: 10/02/2017

Theme:

Safe care and support

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

Fire drill records were viewed by the inspector. Fire drills were taking place on a regular basis at various times including night time , however records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified.

5. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

The registered provider, upon review, is satisfied that all fire drill records include a section with evacuation details. However, since the last HIQA inspection the Registered Provider has attended to devising a new record to present in clearer fashion the time taken and the learning outcomes identified

Proposed Timescale: 01/02/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Most care plans were person centred with individual likes, dislikes recorded. However improvement was required to some assessments for example personal calendars were sparsely completed even though there was information in other assessments that could have been included in the personal calendars.

6. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

The Person-in-Charge has reviewed all care plans.

Proposed Timescale: 28/04/2017

Theme:

Effective care and support

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

There was some evidence that residents had been involved in the completion and review of care plans, however there was no narrative note maintained to ensure meaningful consultation and to give the resident/relative an opportunity to have input into the care plan.

7. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The Person-in-Charge has reviewed all care plans.

Proposed Timescale: 28/04/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

No complaints were documented. The person in charge stated that all complaints received were verbal complaints and these were actioned immediately.

8. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

This matter has been fully attended to by the registered Provider.

Proposed Timescale: 10/02/2017

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

The arrangements in place to collect pensions for residents requires review to ensure that residents have access to, and retain control over, their finances.

9. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

The registered Provider ensures that all residents have access to and at all times retain control over their respective property, possessions and finances.

The Provider Nominee is now the appointed pension agent for one resident at the request of that residents next of kin. The pension is collected weekly and the payment is used towards their payments for their care as directed. The Registered Provider has

recently attended to putting in place a new invoicing system and we are satisfied that this system clearly identifies the passage of this pension. The Registered Provider has again requested that a member of this residents family take over been and agent but until then the Registered Provider has no choice but to be the appointed pension agent for one resident.

Proposed Timescale: 04/02/2017