

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballymote Community Nursing Unit
Centre ID:	OSV-0000330
Centre address:	Ballymote, Sligo.
Telephone number:	071 918 3195
Email address:	lindanaz@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Nazareth House Management Limited
Provider Nominee:	John O'Mahoney
Lead inspector:	Marie Matthews
Support inspector(s):	Mary O'Donnell
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	2

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 1 day(s).

The inspection took place over the following dates and times

From: 26 September 2017 09:30 To: 26 September 2017 16:30

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	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 11: Information for residents		Compliant

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. The inspection also followed-up on progress towards achieving compliance following the previous monitoring inspection in June 2017, which was undertaken to inform a decision following an application to renew the centre's registration. The contracts of care had been revised and met the regulatory requirements. However the noncompliance's relating to the premises had not been addressed. Bathing facilities were inadequate and the use of multi-occupancy bedrooms impacted on the privacy and dignity of residents.

As part of the thematic inspection process, providers were invited to attend information seminars given by HIQA. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the

inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the self-assessment and inspectors' rating for each outcome.

Ballymote Community nursing unit is registered to accommodate 24 residents. The building is owned by the Health Services Executive (HSE) and leased by the provider. On the day of inspection there were 22 residents accommodated. In total six residents were suspected to have dementia but only one had been formally diagnosed. There was no special dementia care unit and residents lived together in the centre. Inspectors found the provider and person in charge were very committed to providing a high quality service for all residents including residents with dementia. Inspectors met with residents, relatives and staff members during the inspection. They tracked the journey of four residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and staff rosters and training records.

The current layout of the premises with residents accommodated in multi-occupancy bedrooms, inadequate bathing facilities and limited communal space does not meet the requirements of the Regulations. The provider has submitted plans to the Authority outlining plans to extend and renovate the centre to address these issues and achieve compliance with the Regulations and Standards. These plans have been the subject of several delays and the Authority have sought assurances through a meeting with the provider and the HSE that the current time frame submitted will be complied with.

Despite the environmental challenges, staff were working to create a homely, comfortable environment, in keeping with the overall assessed needs of the residents who lived there. Inspectors found the residents were enabled to move around as they wished, and there was access to a secure external garden. Residents could choose to move between the communal areas and rooms at their will. The small size of the centre allowed for close supervision of and more time spent with the residents. Signs and colours had been used in the centre to support residents to find their way around.

There were policies and procedures in place around safeguarding residents from abuse. All staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or were informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and using the use of restraint in the service. Residents were safeguarded by staff completing risk assessments and reviewing their needs in relation to any plans of care that were in place to support residents to live as independent a life as possible.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment and care plans in place to meet their assessed needs. Care plans included a detailed profile of each resident and residents and relatives where appropriate, were involved in developing and reviewing their care plans. Residents had access to medical and allied healthcare and staff who were competent to meet their nursing and social needs to a high standard. Nursing and care staff jointly fulfilled the role in meeting the social needs of residents and inspectors observed that staff connected with residents as individuals. The environment was interesting with plenty of objects to engage and interest residents. The sitting room had a kitchenette provided where residents or their visitors could make a cup of tea and the domestic style environment supported residents to engage in simple household tasks.

Staff were offered a range of training opportunities, including dementia training courses, explaining the condition, the progression of the disease and effective communication strategies. Arrangements were in place to support the civil, religious and political rights of residents with dementia.

The centre was compliant in four out of the six outcomes monitored. Moderate non compliances were found in relation the premises and its impact on the privacy and dignity of residents.

Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.

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):

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans developed in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. Systems were in place to prevent unnecessary hospital admissions. The nutritional and hydration needs of residents with dementia were met and residents were protected by safe medication policies and procedures.

Residents had access to general practitioners (GPs) of their choice, and to allied healthcare professionals including dietetic, speech and language, physiotherapy, dental, ophthalmology and podiatry services. Residents also had access to the services of psychiatry of later life. Residents had access to occupational therapy and inspectors noted that four residents who had a seating assessment had recently been provided with high support chairs.

Inspectors focused on the experience of residents with dementia and they tracked the journey of a number of residents with dementia. They also reviewed specific aspects of care such as nutrition, wound care and restrictive practices in relation to other residents.

There were systems in place to optimise communication between the resident/families, the acute hospital and the centre. Prospective residents and their families were invited to visit the centre to meet other residents and staff before making the decision to live there. The person in charge also visited prospective residents in hospital and home prior to admission. This gave the resident and their family information about the centre and also to ensure that the service could adequately meet the needs of the resident. Many residents had attended the centre's day care service or had previously been admitted for

convalesce or respite care and this facilitated a smooth transition to residential care. Inspectors noted that care plans were in place to support residents if they had problems adjusting to the move to residential care.

Inspectors examined the files of residents who were transferred to hospital from the centre and found that appropriate information about their health, medications and their specific communication needs were included with the transfer letter.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's risk of malnutrition, falls, oral health and their skin integrity. A care plan was developed within 48 hours of admission based on the resident's assessed needs. Care plans contained the required information to guide the care of residents, and were updated routinely on a three monthly basis or to reflect the residents' changing care needs. There was documentary evidence that residents and relatives, where appropriate, had provided information to inform the assessments and the care plans. They were also involved when care plans were reviewed. Staff nurses, health care assistants, residents and relatives who spoke with inspectors demonstrated appropriate levels of knowledge about care plans.

There was nobody receiving end of life care at time of the inspection but inspectors reviewed a number of 'end of life' care plans that outlined the physical, psychological and spiritual needs of the residents. The care plans stated if the resident was for resuscitation or not and the residents' preferences regarding their preferred setting for delivery of care. Most of the care plans indicated a preference for a single room and the staff confirmed that a single rooms was always offered for end of life care. The care plan could be further enhanced if they included information regarding whether the resident wanted active treatment in hospital of comfort care in the centre in the event of illnesses such as fractures or infections. Staff told inspectors that they administered subcutaneous fluids to prevent unnecessary admissions to hospital to treat dehydration.

Residents were screened for risk of pressure ulcers and care plans developed to address any identified risks. There were no residents with pressure ulcers at the time of inspection. The inspectors and the person in charge discussed the benefits of introducing a system for ensuring that pressure relieving mattresses were on the correct settings for the residents weight. Inspectors tracked wound care records for two residents with wounds and found their wounds were appropriately assessed and treated. Care plans were adequate to guide consistent approach to care.

Residents with diabetes were appropriately monitored and managed. Inspectors found the care plans informed practice and staff adhered to the HIQA guidance of blood glucose monitoring. Residents with diabetes were managed by the GP and referred to the diabetic clinic where appropriate.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. The three monthly rolling menus had been reviewed by a dietician. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians

and speech and language therapists where appropriate. Nutritional and fluid intake records, when required were generally well maintained. Inspectors joined residents having their lunch in the dining room, and saw that a choice of meals was offered. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents on diabetic and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served. Mealtimes in the dining room were social occasions with attractive table settings and staff sat with residents while providing encouragement or assistance with the meal. Inspectors tracked the care of a resident who was underweight on admission. This resident had a malnutrition risk assessment and an oral assessment completed. They had been assessed by a dietician and advice to increase calorific intake had been incorporated in the care plan. Weight records showed that the resident was now gaining weight.

There were good arrangements in place to review accidents and incidents within the centre and to prevent falls. Residents were regularly assessed for risk of sustaining a fall. A falls prevention programme was in place and inspectors saw an image of a leaf in different colours was used to identify to staff those at high risk. Following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include any new interventions to mitigate the risk of further falls. Data relating to falls and near misses was analysed on a monthly basis and used to improve safety and outcomes for residents.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Inspectors found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. Residents had access to the pharmacist of their choice and the pharmacist was available to meet with residents if required. The pharmacist undertook audits of medication practices and improvements identified were made. Storage arrangements in medication fridges had been revised following a recent audit.

Health was promoted by encouraging residents to lead active lives. Residents had access to secure outdoor areas. Residents who could walk took regular exercise and chair exercise classes were held twice weekly. Records showed that residents were offered the flu and pneumonia vaccines. The provider had arranged for residents to have regular dental assessments and optical screening including retinal screening for diabetics.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a visitors' record located in the reception to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents spoken with reported that they felt safe in the centre and related this to the care provided and the premises being kept secure.

Inspectors reviewed the policy for adult protection and found that it met with the requirements in the Regulations. Staff training records reviewed confirmed that all of the staff had completed training on safeguarding residents from abuse. There were no allegations of abuse under investigation at the time of the inspection and the staff spoken with knew what to do in the event of an allegation, suspicion or disclosure of abuse, including whom to report incidents to. The person in charge confirmed that all staff working in the centre were appropriately vetted by an Garda Siochana.

Inspectors reviewed the arrangements to ensure safeguard residents' finances were safeguarded and found it was robust and protected the residents. The provider did not act as an agent for any of the residents but small amounts of monies were kept for a few residents. Inspectors saw that this was kept securely and each lodgement or withdrawals was recorded in a ledger. The balance was recorded after each transaction and two staff signed the record. The inspectors reviewed the records for one residents and the amount stored agreed with the balance recorded in the ledger. Residents' accounts were audited by an external registered auditor.

There was a policy available to guide staff on the management of behavioural and psychological signs and symptoms of dementia (BPSD). Inspectors saw that there was an ongoing training programme to ensure that all staff were provided with education on how to respond to residents with responsive behaviours. The person in charge and four staff had completed a three-day training on dementia since the last inspection and five staff had completed three out of ten modules of a training course on dementia and the management of behavioural and psychological signs and symptoms of dementia (BPSD).

One of the residents had responsive behaviours associated with dementia. Inspectors saw that efforts were made to identify and alleviate the underlying causes. There was evidence that the resident had been referred and was review by psychiatry of later life and that staff were implementing the recommendations made. A behaviour support care plan had been developed following a period where the staff monitored the residents' pattern of behaviours. Inspectors saw that the care plan clearly identified the pattern of behaviours the resident presented with and the scenarios likely to cause an

escalation. There were both proactive and reactive interventions identified to guide staff to on how to respond when the resident became agitated and on how to avoid an escalation. Inspectors saw from the care notes that the community psychiatry nurse was also supporting the resident. The resident was cared for in a single bedroom to ensure a calm environment and prevent disturbance of the other residents.

Inspectors were told that alternatives such as low beds, crash mats and bed alarms were trialled before a decision was made to use a restraint. Nine residents had bedrails in place. In those whose care was reviewed by inspectors a risk assessment had been completed prior to the use of the restraint and the assessments were regularly revised. Signed consent was obtained from the resident or their representative and from the GP. The rationale for each type of physical restraint was outlined in the risk assessment documentation reviewed. There was a centre-specific restraint policy which aimed for a restraint free environment and the person in charge said that she was striving to gradually reduce the use of all restraints.

This outcome was judged to be compliant in the self-assessment, and inspectors judged it as compliant.

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:
Inspectors were satisfied that residents were consulted about the organisation of the centre and the culture within the service was one of respect for residents. However the design and layout of the premises did not promote the privacy and dignity of residents who lived in multi-occupancy rooms. Inadequate bathing and shower facilities presented challenges and institutional practices were found in relation meeting resident's personal hygiene needs.

Residents attended monthly community meetings. The minutes were read and inspectors noted that the majority of residents with dementia attended the meetings. A local advocate also attended and would support residents to raise issues or represent the views of residents who were not in attendance. The residents' feedback was generally positive, and some had taken the opportunity to give comments on areas they felt could be improved which included suggestions for new additions to the menu and suggestions for a day trip. The minutes of the meetings also documented the action taken by the person in charge, and these were discussed at the next meeting. Residents

were kept informed about refurbishment plans. They told inspectors that they would be involved in choosing colour schemes decorating the refurbished unit and had recently organised a weekly Lotto draw to raise funds towards the decoration of the unit.

Residents confirmed that their religious and civil rights were supported. Residents confirmed that they usually vote in the centre and some residents go to their local polling station. Religious ceremonies were celebrated in the centre that included daily prayers and Mass for Catholic residents. Where residents were of other religious denominations there were spiritual meetings held. There was an oratory located in the centre which provided a quiet space for residents to pray and reflect. Religious or spiritual preferences were incorporated in activity plans and end of life care plans.

The person in charge outlined details of arrangements for independent advocacy services that were available to the residents and confirmed that a SAGE representative had attended the community meeting. Notices advertising the service were available in the foyer. There were no residents presently requiring the service.

Inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told inspectors they were free to plan their own day, to join in an activity or to spend quiet time in their room. Inspectors observed that the atmosphere in the centre was very peaceful even in the multi-occupancy bedrooms where residents could rest or read in peace. Staff told inspectors that breakfast times were at the residents' choosing. Inspectors observed that the majority of residents took breakfast in their bedrooms. The majority of residents took lunch in the dining room and inspectors observed staff providing late meals for residents who missed lunch because they went for a drive with a relative or were out shopping. Information about what time each resident liked to go to bed and get up was documented and the flexibility in the daily routine supported residents to live purposeful lives and make choices where possible. Residents choose what they liked to wear and inspectors saw residents looking smart and well dressed. The hairdresser visited the centre on a regular basis and residents could also attend the hairdresser in the town.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the three communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place in two communal rooms.

Inspectors found 75% of the observation period (total observation period of 130 minutes) the quality of interaction score was +2 (positive connective care). Staff know the residents well and they connect with each resident on a personal level. Residents were greeted by name when they came to the dining room or lounge and staff of all grades were observed to connect in a person centred way when interacting with residents. The centre did not have an activity coordinator and each staff member had a role to ensure that residents were socially engaged, including recently admitted, short stay residents.+2 scores were merited when staff sat with the resident and offered encouragement and appropriate assistance, offered choice and shared the moment with

residents as they chatted during the meal. It was evident that staff knew each resident's life history and incorporated reminiscence and local knowledge when conversing with individual residents. Residents and staff lamented the closure of a local shop or discussed how a family member was enjoying her holiday. Scores of +1 were awarded when staff provided physical care, where the conversation focused on the task such the need to use the bathroom or assisting residents to sit at the table. Staff members were gentle and interested and inspectors noted that they interacted sensitively with residents who engaged in doll therapy.

Inspectors found that residents' privacy and dignity was respected and promoted. For example, staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Staff were heard explaining to residents why they were coming into their room, e.g. to give refreshments or administer their medications. Screens were drawn when personal care was delivered and a sign to indicate that care was being provided with hung on bedroom doors. Inspectors observed that there was no lock on the doors to shared en suites, the shower rooms or the communal toilets.

Some residents with dementia spent time in their bedrooms, and enjoyed reading, knitting and watching TV, or taking a nap after lunch. Other residents were seen spending time in the lounge. Activities for the day were posted on the communal white board. The activities for residents were regularly reviewed and tailored to suit the residents changing needs. There were assessments, resident profiles, a "Key to Me" and activities of daily living records that provided detailed information on each residents assessed needs, likes and interests. Inspectors spoke to one staff member, who described the range and type of activities, which included one to one time, games, chair exercises, music, bingo and reading. She described how staff lived locally and knew the residents or their families very well. Each resident had a memory book by their bedside with photographs of people and places that were important to them. One resident's book also held the lyrics of her favourite songs. Residents undertook tasks independently and were seen to brush their teeth after a meal or to take up a book or their knitting. One lady had a collection of rugs she had crocheted. Many of the residents were avid readers and there was a supply of library books, magazines and quiz books available. There was one to one time with residents, and some joined group activities, others were socialising with family and friends. One resident celebrated her 90th birthday recently and although many residents were at an advanced age they showed positive signs of wellbeing and were supported to remain engaged and led purposeful lives.

A number of residents had photographs of their pets and were delighted that family pets continued to visit them in the centre. Staff told inspectors that these pets had a positive impact on the residents' lives and residents also enjoyed when the visiting pet farm came to the centre.

The majority of residents lived in shared bedrooms. Inspectors noted that although each resident had a chair, visitors sat on the beds as there were no additional seating provided. Residents also had access to a small room to meet with visitors in private. There was an intimate seating area in the foyer and the main sitting-dining room was seen to be used by people visiting the centre. A social kitchen in the lounge was used by visitors and residents to make refreshments or engage in domestic tasks.

There was a laundry service provided in the centre seven days a week. Inspectors found detailed clothes lists on file for all the residents who were case tracked and clothes were labelled. Residents told inspectors their clothes were well looked after and on the rare occasion when laundry went missing, the staff promptly returned any mislaid items. Inspectors noted that there was considerable storage space for residents' clothing and possessions. However the wardrobes were not readily accessible to residents. All the residents had a small narrow wardrobe and a locker combined in one unit for secure storage by their bedside. This only had room for a small amount of residents belongings. In three of the four bedded rooms additional wardrobes were built in on one side of the room and they could not be accessed if the nearest resident had their screens drawn. Residents in the fourth multi-occupancy room had additional wardrobe space provided in the lobby close to the nurses' station. Inspectors saw that there were builders on site and the person in charge said additional wardrobes were part of their programmed work as an interim measure as these four bedded rooms would not be in use after June 2018 when the new extension was due for completion. Inspectors noted that each four bedded room had an en suite toilet and wash hand basin. In two of the four bedded rooms one resident used a commode at night. Associated noises and odour could potentially impact of the privacy and dignity of residents. Inspectors found no evidence that residents in multi-occupancy rooms had any sleep disturbance due to noise as any residents with verbal issues associated with their dementia were accommodated in single rooms.

There were only two showers available for 24 residents. Inspectors noted that the majority of residents' hygiene needs were met by staff offering bed baths or assisted washes. From a sample of daily care records examined two out of 16 residents had a shower in the preceding week. Although some care plans stated that residents were not keen to have a shower, inspectors found that hygiene needs were influenced by the availability of accessible showers as well as the residents wishes. The person in charge told inspectors that this would be addressed when an additional shower room was installed.

Noise was controlled and staff were seen to utilise good communication skills and to give residents time to communicate and respond to questions. Residents were seen wearing glasses and hearing aids. Daily national newspapers and regional papers were provided. Visitors were welcomed and residents had access to telephones, radios and televisions. Residents also attended activities in the adjacent day care centre and this gave them the opportunity to sustain friendships and maintain contact with neighbours and friends.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as moderate non compliance.

Judgment:

Non Compliant - Moderate

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:

At the time of this inspection there were no open complaints. Inspectors reviewed records of past complaints which confirmed that there were systems in place to respond to complaints promptly and that actions were taken to deal with issues arising. The complaints procedure was on display at the entrance the centre. Residents who spoke with inspectors said they could speak to any of the staff if they had a concern and they would speak to the person in charge if their concern was of a more serious nature.

Inspectors saw that the person in charge was proactive in identifying any issues that arose thorough attendance at residents' committee meetings and speaking directly to residents.

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 were 22 residents accommodated on the day of the inspection. The staff spoken with had a good knowledge of each resident and could describe in an informed way the individual care needs of each resident. Many of the residents attended day services in the building prior to admission or had been previously admitted for respite which facilitated staff getting to know residents. During the inspection the staff were observed to interact with the residents in a calm relaxed manor and encouraged them to chat and to partake in social activities.

Inspectors found that the numbers and skill-mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. A planned and actual staff roster was available and inspectors saw that the staff on duty on the day of inspection reflected the staff roster. The person in charge worked with another nurse during the day to supervise care. Inspectors saw from the rota that the normal allocation of staff was two nurses and 4 care staff. This reduced in the

afternoon to two nurses and three care staff in the afternoon and two in the evening until 10pm. At night one nurse and two care assistants were on duty. From discussions with residents and with staff members inspectors judged that staffing levels were appropriate to meet the residents' needs.

There was a clear management structure and the staff were aware of the reporting mechanisms and the line management system. A key worker system was in place to ensure the consistent and safe delivery of care. Inspectors saw that an on-going a training programme to ensure the staff had knowledge and skills relevant to the needs of the residents. The person in charge and three staff members had completed a three-day training course on dementia last year.

Annual staff appraisals were completed for all staff yearly and training needs were identified as part of this exercise. Inspectors saw that five staff had expressed an interest in specific dementia training and this had been facilitated and they had completed three out of 10 modules of a training course on dementia and managing responsive behaviours associated with dementia. A training matrix was used to track when staff completed all mandatory training which indicated that all staff members had completed training in manual handling, fire safety and safeguarding. Inspectors saw that the date of training was indicated by month only and the actual date was not recorded. The person in charge said this would be addressed to give a more accurate date.

This outcome was judged to be compliant in the self assessment and inspectors judged it as compliant.

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 was previously a welfare home and the design and layout of the centre required significant refurbishment to create a suitable facility to meet residents' individual and collective needs in a comfortable and homely way.

The centre had accommodation for 24 residents with two single bedrooms, three twin bedrooms and four four-bedded rooms. All the shared bedrooms had an en suite toilet and wash-hand-basin, including a wheelchair accessible toilet in one twin room. Residents also had access to two shower rooms, two toilets and a communal wheelchair

accessible toilet. Communal rooms provided included a dining room and sitting room and a small visitor' room. Residents and visitor also used a small seating area at the entrance. The centre had a large nurses' station centrally located and the office of the person in charge which was adjacent to the entrance hall. There was a sluice room, various storage rooms, a clinical room and staff changing rooms. There was a kitchen and separate facilities for catering staff.

As discussed under Outcome 3, the wardrobes in three multi-occupancy bedrooms were not accessible to residents. In one four bedded room the wardrobes were too small and most of the residents' belongings had to be stored separately near the nurses' station. The two shower rooms provided were not adequate to afford choice or to meet residents' needs. On the previous inspection in June 2017 the inspector found the toilet facilities provided were not accessible to residents using wheelchairs. On this inspection the inspectors noted that very few of the current residents required an accessible toilet and the two accessible toilets provided were appropriately located to meet the needs of the residents.

Inspectors observed that with the focus on the new extension, the arrangements for the upkeep of the centre were not optimal and the décor in the centre was tired and in need of attention. The floor at the entrance was worn and the doors and walls in the centre were marked from wheels and furniture hitting off them. The posting of 'No Smoking' signs, the large nurses' station and the use of four bedded rooms created a hospital like environment rather than the homely space the staff were striving to achieve.

Communal space was limited and within the existing layout there was scope to convert clinical spaces or storage rooms create additional communal space for residents. Inspectors saw that some efforts had been made to make the centre homely. Furniture such as a dresser in the sitting room and oil cloths on the tables in the dining room created a more homely ambiance but further improvement could be made to reduce unnecessary clutter and introduce additional reminiscence materials and homely touches. Staff who had completed dementia training had begun this work by replaced mirrors with pictures and residents were involved in selecting pictures on display in the centre. The inspector saw that contrasting colours were used on multi-occupancy bedroom doors to help orientate residents. These rooms had been reduced from six to four bedded rooms but some of the curtain tracks had not been realigned to optimise the personal space for residents. Staff had done commendable work to personalise the bedroom space for all the residents. Some bed areas in communal rooms were beautifully decorated with personal items, potted plants and framed photographs.

Directional signage for communal rooms was used to assist residents to find their way and there were also signs on the bathrooms and toilet doors with text and pictures. Emergency alarm call systems were provided in the bedrooms, toilets, bathrooms and were well positioned and some residents were provided with additional wrist alarms. Corridors were suitable for residents using wheelchairs and hand rails helped residents to maintain their independence. The floor coverings throughout were nonslip. A safe external area was provided for residents to walk and sit outside.

There was evidence of the availability of equipment to meet residents' needs and systems were in place to monitor this equipment for example servicing of a variety of

hoists, pressure mattresses and profile beds.

The provider and person in charge acknowledged the challenges which the premises presented. They had completed a self-assessment prior to the inspection and created an action plan in respect of the premises. This was detailed and highlighted the improvements they hope to achieved in three phases:

Phase 1: Relocation of current day care facilities and a new extension with en suite single and twin bedroom accommodation for 18 residents. A small nurses station, a dining room and an assisted shower for residents. This will facilitate residents currently accommodated in four bedded rooms to move into single bedrooms with ensuite bathroom facilities. The completion date for this is June 2018.

Phase 2: The four bedded rooms will be reconfigured into twin and three bedded rooms. The completion date for this is 31 Oct 2018.

Phase 3: Remaining rooms to be reconfigured and renovated. The completion date for this phase is 30th June 2018.

The centre is operated under licence by the provider for the Health Services Executive (HSE) who own the building and inspectors noted that the timeframe for this work had been pushed out since it had been originally proposed and the Authority have sought assurances at a meeting between the provider and the HSE that the proposed time frames will be complied with.

Judgment:

Non Compliant - Moderate

Outcome 11: Information for residents

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector followed up on action plans following the previous inspection and found the contracts had been revised and now included details of the occupancy of the room the resident was to be accommodated in.

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:

Marie Matthews
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:	Ballymote Community Nursing Unit
Centre ID:	OSV-0000330
Date of inspection:	26/09/2017
Date of response:	10/10/2017

Requirements

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

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

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The design and layout of the premises did not promote the privacy and dignity of residents who lived in multi-occupancy rooms.

Inspectors observed that there was no lock on the doors to shared en suites, the shower rooms or the communal toilets.

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

1. 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:

Locks have been installed on all toilet and wash room's doors to ensure privacy and dignity for all Residents since our last inspection.

Phase 2 of the development works will include an extension to the existing building and the renovation/restructuring of the current day care unit and oratory.

This phase will result in 16 new beds with 12 single rooms and 2 twin bedded rooms. All bedrooms in the new extension will have wheelchair accessible ensuite shower rooms.

Long term residents currently residing in the multi-occupancy rooms will be moved to the 12 single rooms and the two twin bedded rooms in the new extension.

On completion of this phase there will be four wheelchair accessible assisted shower rooms available in the centre.

A new larger dining room will form part of this phase and the current dining room will become an additional communal visitor facility.

The existing sitting room will also be extended.

Phase 2 is due to be completed by 30th June 2018.

Planning permission has been granted, and the Fire Certificate and Disability Access Certificate have been obtained.

The HSE project team are in the final stages of the tender and phased budget process.

Proposed Timescale: 30/06/2018**Theme:**

Person-centred care and support

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

There were only two showers available for 24 residents. Although some care plans stated that residents were not keen to have a shower, inspectors noted that the majority of residents' hygiene needs were met by staff offering bed baths or assisted washes. This was not reflective of the residents wishes as set out in their care plan.

2. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

Work commenced in the Community Nursing Unit Ballymote on 11th September 2017 and the work in progress includes:

Converting an existing staff room into an additional assisted shower room. This facility will include a toilet with one hand rail and one folding rail, wash hand basin with two vertical hand rails, level access shower with new shower unit with anti-scald proof valve and Medi-shower head. The toilet and shower facility will be wheelchair accessible and will allow for the use of a hoist.

Locks have also been installed on all toilet and wash room doors to ensure privacy and dignity for all Residents since our last inspection.

Converting and transferring a resident currently in a small single room into a larger room.

Redesigning some of the multi-occupancy to enhance privacy which will include new built-in wardrobes for residents.

New flooring in some areas and internal painting.

The Person in Charge will also ensure that a weekly audit is carried out to ensure that resident's wishes regarding hygiene needs are carried out as indicated in their personal care plans.

Proposed Timescale: 30/11/2017

Theme:

Person-centred care and support

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

Residents had ample storage space but the wardrobes were not readily accessible to residents.

3. Action Required:

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

Storage for some long term care resident's personal belongings is limited in one of the 4 bedded multi-occupancy rooms. Work has commenced on a newly constructed built-in wardrobe to cater for these Residents in this room. This is currently work in progress.

Following completion of the new built-in-wardrobes in this 4 bedded room, a new dividing curtail rail within this 4 bedded room will be installed.

Proposed Timescale: 30/11/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The décor in the centre was tired and in need of attention. The floor at the entrance was worn and the doors and walls in the centre were marked from wheels and furniture hitting off them.

4. 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:

Answer for outcome 3 suffices for this outcome also.

Proposed Timescale: