

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballinamore Community Nursing Unit
Centre ID:	OSV-0005290
Centre address:	Tully, Ballinamore, Leitrim.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Geraldine Mullarkey
Lead inspector:	PJ Wynne
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 November 2017 09:00 To: 27 November 2017 18:30

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

Outcome	Our Judgment
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection, carried out by the Health Information and Quality Authority (HIQA). The centre can accommodate a maximum of 20 residents who need long-term care. At the time of this inspection the centre was fully occupied.

The post of the person in charge has changed since the last inspection. HIQA received a notification in January 2017 of a change of person in charge. The appointed person in charge facilitated this inspection and demonstrated she had the clinical knowledge, skills and management experience as required by the regulations to fulfill the role of person in charge. She is supported by a clinical nurse manager.

The premises are new and was specifically designed and built to meet the needs of dependent older people. It is decorated to a high standard and comfortable in layout and design throughout. The building was warm and there was a variety of options at each mealtime for residents. Bedrooms are suitable in size and well equipped to

suitably meet residents' needs with full en-suite facilities.

Care plans were developed to a good standard and give a good oversight of each resident's health care needs and lifestyle. Changes in care needs were outlined well with interventions to address physical, medical and psychosocial wellbeing well described. Residents' medical needs were well met through clinical assessment and regular GP reviews.

There is ongoing training for the professional development of staff. Mandatory training required by the regulations for all staff was met and updated on an ongoing basis.

Eleven outcomes were inspected on this visit. Eight outcomes were compliant with the regulations and one substantially compliant. Two outcomes were non-compliant moderate namely, Health Safety and Risk Management and Food and Nutrition. Access to a dietician was not available to guide care practice. The system to investigate incidents or near miss events requires further development.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) 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 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

There was one action from the previous inspection and this had been addressed. The contract of care for each resident now specifies whether the bedroom to be occupied is single or twin occupancy. Each contract outlined information relating to residents' care and welfare as well as the services to be provided and the fees to be charged to residents.

An information guide to the centre was available to all residents, and a copy of this was placed in each resident's bedroom. It included all of the information required by the regulations including the terms and conditions of residency, the arrangements for visits and the procedure regarding complaints.

Judgment:

Compliant

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 post of the person in charge has changed since the last inspection. HIQA received a

notification in January 2017 of a change of person in charge. The appointed person in charge facilitated this inspection. She meets the criteria required by the regulations in relation to qualifications and experience.

During this inspection she demonstrated to inspectors that she had the necessary clinical knowledge, skills and management practice to fulfil the role of the person in charge. She had a clear understanding of her responsibilities in regard to the regulations. She is supported in her role by a clinical nurse manager.

She could describe in an informed way residents specific care needs and psychosocial wellbeing and how staff ensured that their care needs were met appropriately.

She has maintained her professional development and attended mandatory training required by the regulations.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

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):

No actions were required from the previous inspection.

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 stored maintained in a secure manner. Samples of records were reviewed by the inspectors. These included records relating to fire safety, staff recruitment and residents' care.

Incidents falls and accidents.

Correspondence to or from the designated centre relating to each resident.

Staff employed at the centre, including the current registration details of nursing staff,

staff training and roster.

Records of visitors to the centre.

The complaints procedure was displayed inside main entrance for visitors to view and provided guidance on how to raise an issue of concern.

The certificate of registration was displayed prominently.

All records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval:

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

The action plans required from the previous inspection have been satisfactorily completed. Staff have received training in appropriately caring for residents with a dementia or responsive behaviours and safeguarding.

There were effective and up to date safeguarding policies and procedures in place. The safeguarding policy is based on the Health Service Executive's (HSE) National Policy on 'Safeguarding Vulnerable Persons at Risk of Abuse 2014'. On the day of inspection a staff member was attending training for the role of designated officer in line with the safeguarding policy.

Staff spoken with were well informed on abusive situations. They could describe situations and indicators of abuse and gave examples of the action they would take and reporting responsibilities. Resident's capacity to make decisions and give consent were respected and documented in relation to attending medical appointments or undergoing hospital procedures.

There were two notifiable adult protection incidents which are a statutory reporting requirement to HIQA reported since the last inspection. The notifications were received within the required timeframe. Timely and appropriate measures by the person in charge were implemented to ensure all residents were safeguarded. A safeguarding plan was developed and implemented as required by the centre's safeguarding policy in

relation to one incident. The matters were reported to the HSE senior case worker for adult protection in line with the safeguarding procedures. Informed decision making to ensure residents are protected was evident in practice.

There were systems in place to promote a positive approach to responsive behaviours and the management of restrictive practices were in line with the national policy on promoting a restraint free environment. Residents with seat based sensor alarms had a risk assessment and plan of care was developed to outline the need of a restrictive monitoring device. There were five residents with bedrails raised. A risk balance tool was completed to determine the safety of any restraint for the use of bedrails. The assessments were regularly reviewed and there was evidence in the decision making process or trialling alternatives prior to using bedrails. The rationale for the use of bedrails was described in the assessments and care plans. There is good use of low beds and crash mats in promoting a restraint free environment.

Training records reviewed indicated that staff were facilitated to attend training in the professional management of aggression and violence (PMAV).

Residents with responsive behaviour and behavioural and psychological symptoms of dementia (BPSD) have well developed care plans. They detail potential triggers or responsive behaviour which may cause an altered pattern in mood or fluctuating behaviour. Interventions to minimise any escalation or diversionary techniques were detailed in care plans.

Efforts were made to identify and alleviate the underlying causes of some residents' responsive behaviour. Behavioural charts were available to record a pattern of altered behaviours. There were reviews by the GP and the mental health team. Psychotropic medications were monitored by the prescribing clinician and reviewed to ensure optimum therapeutic values.

Judgment:

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):

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

Findings:

There were two actions from the previous inspection relating to fire safety precautions. The action relating to fire safety training was addressed. There is an annual program of

refresher training in fire safety facilitated by an external trainer. All staff had participated in fire training during 2017. The action relating to fire drills requires further review.

While two fire drills were completed, this was an insufficient number to ensure all staff had the opportunity to participate in fire drill practices to reinforce knowledge from annual training. While staff response time to the fire alarm was recorded, a more diverse range of scenarios are required to ensure staff can safely evacuate each fire compartment in particular at night time when staff levels are reduced and in accordance with residents' individual personal emergency evacuation plans (PEEP's). The needs of the residents had been assessed to outline their evacuation requirements in the event of a fire occurring. However, some staff spoken with were not aware of residents PEEP's.

Emergency lighting, fire fighting equipment and directional signage were available throughout the building. The internal and external premises and grounds of the centre were well maintained safe and secure. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced in accordance with fire safety standards. Fire safety checks were completed by staff on a daily, weekly and monthly basis to ensure fire safety equipment was operational and functioning and fire exits were clear.

Records indicated that staff had received up-to-date training in safe moving and handling practices. There was sufficient moving and handling equipment available to staff to meet residents' needs. Moving and handling risk assessments were completed for each resident. Eight residents required the use of a full body hoist to meet all their moving and handling needs safely as they were unable to weight bear and two residents were supported with the sit to stand hoist.

There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced and checked by qualified personnel to ensure they were functioning safely.

There were policies and procedures in place to support the prevention and control of healthcare associated infections. The environment was observed to be very clean. Deep cleaning schedules ran in tandem with the daily cleaning. Personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. Staff demonstrated good hand hygiene practice as observed by inspectors. Arrangements for the disposal of domestic and clinical waste management were appropriate. One staff member had completed training as a link nurse for infection control.

The temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Restrictors were fitted to all windows. Access to work service areas to include the kitchen and sluice room was secured in the interest of safety to residents and visitors. The main entrance to the unit was secured.

Falls sustained by residents were well described in the accident reporting forms. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. The falls risk assessment was reviewed. A

post incident review was completed to identify any contributing factors for example changes to medicines or onset of infection.

There are arrangements in place for reporting, documenting and submitting the details of incidents or near miss events to the senior management team. However, the system to investigate incidents or near miss events through root cause analysis to ensure learning requires review and development within the centre. There were two documented events in relation to medicines unsecured in resident's bedrooms. There was one reported injury by a resident with bedrails in use. These matters were recorded and reported in line with the centre policies on incident reporting and risk management. However, there was no follow up investigation or action to minimise the likelihood of similar events reoccurring.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were 20 residents in the centre during the inspection. The majority of residents were assessed with maximum or high dependency care needs. All residents were residing in the centre for continuing care.

All residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Almost 50 % of the residents had a diagnosis of either dementia, cognitive impairment or Alzheimer's.

Each resident's wellbeing and welfare was maintained by a good standard of nursing, medical and allied health care.

On admission a comprehensive assessment of needs is completed. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels,

nutritional care, the risk of developing pressure sores, continence needs and mood and behaviour. Risk assessments were regularly revised. There was good linkage between risk assessments and care plans developed.

Each resident had a safety plan developed following a range of clinical risk assessments in relation to skin integrity, responsive behaviours, sensory impairments, use of any physical restraint (bedrail or lapbelt) and risk of falls.

The inspectors reviewed four resident's care plans in detail and certain aspects within other plans of care. There were plans of care in place for each identified need. Care plans described well residents' level of independence and what they could do for themselves. Arrangements were in place so that each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives. There were good records of communication with families in relation to all care matters in the files reviewed.

The care plans were well developed and personalised. Each resident had a range of care plans to meet their physical and psychosocial healthcare problems. The care plans described well each resident's level of independence and the areas in which they required help and support in their activities of daily living. A day and night time care plan was being developed for all residents to outline their preferred daily routine. These care plans were discreetly available to care staff for review within resident's bedrooms.

Nursing staff demonstrated an in-depth knowledge of the residents and their physical care needs. Nursing notes were completed on a twice daily basis and provided a clinical record of each resident's health. Clinical observations such as temperature, blood pressure, pulse and weight were assessed routinely.

Where residents were unable to communicate an unmet need there was evidence of exploring issues. Nursing staff spoke to the inspectors of monitoring for infections, constipation, and changes in vital signs in order to establish the cause of behaviours.

Residents had good access to GP services and there was evidence of regular medical reviews. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP's reviewed and re-issued each resident's prescriptions every three months.

A good range of pressure relieving equipment was available. Residents with poor skin integrity were provided with air mattresses. One resident had a motorised air cushion on his chair. There was good reporting and documenting of any variance in a resident's skin condition observed.

Judgment:
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:

There was a complaints policy in place. The complaints procedure was displayed prominently in the centre inside the main entrance.

Residents knew who to make a complaint to and expressed their satisfaction with the service provided to them. Arrangements were in place for recording and investigating complaints including communication of outcomes to complainants. The person in charge had a template to record any issues. At the time of this visit no complaints were being investigated.

The details of the complaints procedures were outlined in the residents' guide. A copy of this was provided to individual residents and located in each resident's bedroom.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Discussions with the nursing team evidenced that end-of- life care was person centred and respected the values and preferences of individual residents.

There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise. A multi disciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team. Each resident had a plan of care for end-of-life needs. End-of- life care plans recorded detail of personal and spiritual wishes to

assist meeting social and psychological needs.

The management team confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort measures. There were no resident under the care of the palliative team at the time of this inspection.

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:

Inspectors found that residents were provided with food and drinks at times and in quantities and consistencies to meet their needs. Food served was found to be varied, properly prepared, cooked and served. The menu rotated on a regular basis. Staff responsible for preparing the residents' meals were knowledgeable regarding the various specialised diets, modified food consistencies and thickened fluids residents required.

There was good communication between the chef, catering staff, nursing and care staff to ensure all staff were knowledgeable of residents nutritional requirements. Snacks and drinks were available throughout the day. The chef explained to inspectors that provisions were made to ensure food was available outside of regular mealtimes. A number of residents received assistance with their meals on the day of the inspection, and this assistance was offered appropriately with residents encouraged to help themselves where possible to maximise their independence.

The dining room was bright, spacious and attractively decorated. Mealtimes were an unhurried and social occasion with many residents using this time to chat with other residents. The menu was clearly displayed on a large board in the dining room and menus were also provided on tables. Staff informed residents regarding menu choices and were observed presenting food to residents to assist them in choosing their meals. Alternatives to the menu on the day were available to residents if they so wished.

A dietetic service was not available to residents. Nursing staff continued to make regular referrals for reviews to obtain specialist advise. Residents were reviewed by the GP and nutritional supplements prescribed to help residents maintain a healthy nutritional

status. The policy of the centre is all residents are weighed at a minimum on a monthly basis and more frequently for those at risk. Each resident had a nutritional care plan. However, access to a dietician was not available to guide care practice. This was an area identified for improvement by the action plan of the previous inspection report which remains unresolved.

Judgment:

Non Compliant - Moderate

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 evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents' clothes and families had the choice to take home clothes to launder if they wished.

A clear system was in place to ensure all clothes were identifiable to each resident. A property list was completed with an inventory of all residents' possessions on admission. In bedrooms visited all personal clothing was respectfully managed and was neatly folded or hung in resident's wardrobes.

Judgment:

Compliant

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:

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

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

Findings:

On the day of the inspection, an actual and planned staffing roster was in place. This accurately reflected the numbers of staff on duty. Any changes to the roster were clearly indicated. Residents spoke very positively about staff to inspectors. Interactions between staff and residents were observed to be kind, friendly and respectful throughout the day of the inspection.

During the inspection, two nurses, three health care assistants and three multitask attendants were on duty in the morning and afternoon. Two nurses and three healthcare assistants were on duty throughout the afternoon and into the evening until 9pm. One nurse and one healthcare assistant were on duty from 8.30pm to 8.30am. In addition the post of the person in charge is full time and she is supported in her role by a clinical nurse manager. On days where there is only one nurse rostered for the delivery of clinical care an additional care assistant is rostered.

The inspectors formed the opinion the deployment of resources to meet the social care needs of residents require further development to ensure the psychosocial well being of all residents and meet their recreational needs in a suitable way to their capacity and life stage.

A resident with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) was not sufficiently supported by staff during the morning. While well engaged in the afternoon it was through the resources of a staff member on student placement which is a temporary resource. Staff could describe the interventions that they would use to assist residents with responsive behaviours and inspectors observed such interventions being employed during the inspection. However, further efforts were required to sufficiently meet resident's social needs and to ensure they meet the healthcare needs in the event of a clinical deterioration or resident receiving end of life care.

There were policies and procedures in place for the recruitment, selection and vetting of staff. An induction programme was in place for newly-recruited staff, which included appropriate supervision. Additionally, the person in charge informed inspectors that an appraisal programme was currently being developed in conjunction with staff.

Inspectors reviewed a sample of staff files and these were found to contain the majority of information required by Schedule 2 of the regulations, including evidence of nursing staff being registered with An Bord Altranais agus Cnáimhseachais na hÉireann. While vetting disclosures from An Garda Síochana were not available to inspectors on the day of the inspection, it was agreed that a sample of these would be submitted to inspectors.

Staff were supported to engage in professional development. The person in charge spoke with inspectors about training that had recently been completed in areas such as care planning. The person in charge had attended seven days training in relation to clinical and corporate governance including the roles and responsibilities of the person in charge in relation to the regulations. An action from the last inspection relating to training in moving and handling practices had been completed. All staff now had up-to-date training in safe moving and handling. A training matrix record was in place to ensure that staff training needs could be monitored. This record indicated that all staff had completed refresher training in fire safety and adult protection. Training in other areas to include the management of medicines and cardiopulmonary resuscitation (CPR) had been completed by a number of staff.

There were no volunteers visiting at the time of the inspection but management were aware of their responsibilities in relation to the use of volunteers. A number of staff were completing a work placement and inspectors found that relevant documentation had been gathered for these staff and appropriate training had been completed. These staff were appropriately supervised throughout the day of the inspection.

Judgment:
Substantially 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:

PJ Wynne
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 Community Nursing Unit
Centre ID:	OSV-0005290
Date of inspection:	27/11/2017
Date of response:	03/01/2018

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 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The system to investigate incidents or near miss events through root cause analysis to ensure learning requires review and development within the centre. There was no follow up investigation or action to minimise the likelihood of similar events reoccurring.

1. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy

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

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:

The Registered Provider will ensure that the PIC will implement the Risk Management Policy 2017 and the Safety Incident Management Policy 2014 in full as set out in Schedule 5 to include arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

The Registered Provider will ensure staff, are provided with further training to support them in investigating incidents or near miss events through root cause analysis. This will support staff in the centre in their understanding of the implementation of the Risk Management Policy 2017 and patient safety outcomes to reflect safe risk managed practice in the centre which is embedded as best practice within the wider Older Person Service.

The Registered Provider will develop a Safety Incident Quality Assurance log to be completed by the PIC to determine the route cause analysis, causative , contributory and incidental factors and determine if follow up investigation is required or action to minimise the likelihood of similar events reoccurring. The shared learning will be clearly stated in the log. Quality Improvement Plans will be developed for safety incidents.

Proposed Timescale: 28/02/2018

Theme:

Safe care and support

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

There were an insufficient number of drills to ensure all staff had the opportunity to participate in fire drill practices to reinforce knowledge from annual training.

A more diverse range of scenarios are required to ensure staff can safely evacuate each fire compartment in particular at night time when staff levels are reduced and in accordance with resident's individual personal emergency evacuation plans.

2. 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:

Person in Charge has implemented a simulated Fire Drill improvement plan for unannounced monthly fire drills. This plan includes a number of scenarios such as simulated fire drills during the day and night, Simulated Fire Drills at various locations in the unit e.g. bedroom, dining room.

The Person In Charge has commenced staff information sessions on the content, purpose and use of PEEPS.

Proposed Timescale: 31/12/2017

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

A dietetic service was not available to residents.

3. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

The Person In Charge will access the services of a Dietician through an agency for those residents who require assessment and recommendation of clinical intervention and subsequent follow up care until such time a permanent dietician has been secured to meet the needs of residents.

Proposed Timescale: 31/01/2018

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The inspectors formed the opinion the deployment of resources to meet the social care needs of residents require further development to ensure the psychosocial well being of all residents and meet their recreational needs in a suitable way to their capacity and life stage.

4. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The Registered Provider will arrange for a review of how staffing resources are being

utilised to ensure the psychosocial well being and recreational needs of all residents are met taking account of their capacity, life stage and Regulation 5. Based on the outcome of the review the Registered Provider and Person in Charge will determine appropriate deployment of resources to meet the psychosocial well being and recreational needs of all residents.

Proposed Timescale: 28/02/2018