eDeposit Ireland

Ballymote Community Nursing Unit, Ballymote, Sligo

Item Type	report
Authors	Matthews, Marie
Citation	Marie Matthews, 'Ballymote Community Nursing Unit, Ballymote, Sligo', [report], Health Information and Quality Authority, 07/12/2017, Older People Inspection Report, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-06-16 06:42:35
Link to Item	https://hdl.handle.net/20.500.14765/85757

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):	None
Type of inspection	Announced
Number of residents on the date of inspection:	24
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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
27 June 2017 09:00	27 June 2017 17:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This one day announced inspection was completed in response to an application to renew the registration of the centre. The person in charge demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland, throughout the inspection process.

The providers' compliance with the action plan from the last inspection in February 2016 was also assessed as part of this inspection. The provider submitted plans and evidence of planning consent to extend the centre to address the areas of non-compliance identified on previous inspections and a time frame was agreed with the Authority. An application to vary the agreed timeframe to June 2018 has since been granted.

There was a good level of compliance with 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 Quality Standards for Residential Care Settings for Older People in Ireland. Residents' healthcare needs were met to a good standard with timely referral to medical and allied health. Three pharmacies supplied the centre ensuring each resident's choice was respected. The centre is small and the staff were knowledgeable of residents needs and responded in a caring compassionate manner.

There was a good programme of activities in place and residents were observed to have good opportunities for meaningful engagement. The staffing levels in place were appropriate to ensuring the needs of residents were met.

The action plan at the end of this report repeats the actions identified on previous inspections in relation to the layout of the premises which is impacting negatively on the privacy and dignity of residents. The agreed timeframe for compliance of this work has already been extended by the provider and the Authority sought assurance from the provider following this inspection that action will be taken promptly including interim measures to improve the building for residents.

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

Theme:
Governance, Leadership and Management

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

Findings:
There was a clearly defined management structure that outlined the lines of authority and accountability in the designated centre. There were systems in place to review the safety and quality of care of residents living in the centre. The person in charge and the Chief Executive Officer were present on the day of the inspection and both displayed a very positive attitude towards compliance with the regulatory process. The inspector saw that a comprehensive management system was in place to monitor quality and safety and this information was relayed to the Chief Executive Officer on a quarterly basis.

Clinical audits were carried out that analysed falls, meal times, activities, the use of restraint complaints, medication, care plans, and wound care. This information was collated and formed part of an annual review of the quality and safety of care. Quality improvement plans were included for each area audited. This was displayed in the reception area so it was available to residents and relatives.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
The inspector found that residents were provided with a written contract and a guide to the centre was provided on their admission. A sample of residents' contracts of care was reviewed. The contracts were signed within one month of admission to the centre. The contract outlined the services provided and the fees charged. Services not included in the fee were identified and an appendix with fees was attached to the contract. The contract omitted details of the occupancy of the room the resident was to be accommodated in.

Judgment:
Substantially 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):

Findings:
The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions. She is a registered nurse who began her career as a care assistant in the centre and she works full time. She is a suitably qualified and experienced manager. She has master's degree course in health promotion. In addition she had recently completed training in dementia care, end of life care and conflict management. The inspector verified that her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA).

The inspector found that the person in charge was knowledgeable of the residents social care needs. She worked as part of the nursing compliment and the inspector saw that she was engaged in the day-to-day operation of the centre as well as in the governance, management and administration.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge for more than 28 days. The person in charge worked full-time and was supported in her role several staff nurses who have extensive experience. One senior nurse deputies for the person in charge in her absence.

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):
No actions were required from the previous inspection.

Findings:
Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to identify and manage incidents of harm or elder abuse. The policy had been updated to reflect the reporting arrangements in the Health Services Executive (HSE) national policy on safeguarding of vulnerable adults.

The training records reviewed confirmed that all staff had completed training in the safeguarding residents from abuse. Staff spoken with were fully knowledgeable regarding what to do the in the event of a suspicion of abuse. The residents who spoke with the inspector said they felt very safe and were happy living in the centre.

There was a policy on the management of restraint which was based on national policy.

A restraint register was in place and the person in charge said that she tried to promote a restraint free environment. Nine residents were using bedrails at night. Two of these were in place to support the resident. The enabling function was described in the risk assessment completed. The inspector saw that less restrictive options were considered to keep residents from falling from bed such as low entry beds, grab rails and sensory alarms for the bed and the floor.

There was a policy in place for responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training on understanding and managing responsive behaviours as part of dementia care training. Staff who spoke with the inspector were knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents.

ABC (Antecedent Behaviour Consequence) charts were used to monitor incidents and to identify patterns to help staff to understand the behaviour. Residents with responsive behaviours had been regularly reviewed by their GP by psychiatric services.

The were appropriate management systems in place to safeguard resident's finances. Financial records were reviewed for one resident who the provider represented as an agent and transparent records were maintained of all transactions.

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):
No actions were required from the previous inspection.

Findings:
The inspector saw that there were appropriate systems in place to ensure that the health and safety of residents and those visiting the centre was protected. A risk register was maintained which was kept up to date. Clinical risks were assessed for each resident on admission and monitored closely on an ongoing basis therafter.

The centre had a safety statement, and policies and a risk management policy which included all the areas of risk set out in the Regulations. There was an emergency policy available that had procedures for responding to major incidents such as a fire, flooding or loss of power to the building. Alternative accommodation was available in the event of an emergency evacuation and contact numbers for wheelchair accessible transport providers. Each resident had a Personal Emergency Evacuation Plan (PEEP) on their file

which included details regarding their level of mobility and the assistance they required. A copy of these was also included in the emergency plan.

Fire procedures were displayed throughout the centre in prominent places and the inspector saw that all means of escape and fire exits were unobstructed and daily checks were evident to ensure this. Records confirmed that the fire alarm, emergency lighting and fire extinguishers were serviced appropriately on a regular basis. There was directional signage throughout the centre to direct residents and staff in the event of a fire. All staff had completed training in fire safety. An evacuation simulation was included as part of the training. Additionally unannounced fire drills were completed regularly with the minimum staffing levels to simulate a night time fire to ensure that the fire procedures worked. Those staff who spoke with the inspector knew what to do in the event of a fire.

There were appropriate systems in place to prevent accidents to residents. There was appropriate assistive equipment available to support residents with impaired mobility. The training records reviewed by the inspector showed that staff had up-to-date training in moving and handling. Residents, who had fallen, had falls risk assessments completed and care plans were updated accordingly. Residents had good access to physiotherapy services. Two physiotherapists worked in the centre three days each week and the inspector saw that each resident's moving and handling needs were identified and outlined in an assessment. Those at high risk of sustaining a fall were identified by a leaf symbol to alert staff and a map of where all falls occurred was completed.
The person in charge reviewed all incidents and accidents as they occurred and did a monthly analysis of the falls occurring to detect any patterns and any identify additional measures to reduce further incidents. The inspector observed that accidents/incidents were discussed at management meetings and included in the quarterly reporting systems in place.

The centre was clean and appropriate infection control procedures were in place which included staff training in infection control, hand sanitisers and colour coded cleaning equipment. There were no outbreaks of any infectious disease since the last inspection.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:

There was evidence of safe medication management practices and processes were in place to guide and support practice. Medication was supplied to the centre by three local pharmacies in rotation and each was involved in completing medication audits. The person in charge confirmed that residents could chose to retain their own pharmacy if they wished. Each pharmacy supplied medication in the same blister pack system to ensure continuity. Blister packs were kept in medication trolleys which were secured when not in use and the keys to the trolleys were kept by a designated nurse at all times. Medication which required refrigeration was kept at the appropriate temperature and the temperature of the fridge was checked daily and recorded.

The inspector reviewed a sample of residents' medical notes and read that residents' health needs were being monitored. The route, dosage and time of administration of medication were indicated on the sample of medication administration records reviewed and the maximum dosage to be administered in a 24 hour period for 'as required' (PRN) medication was stated. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The sample of medication sheets reviewed was clear and legible. The signature of a GP was present for each drug prescribed. Medication was being crushed for some residents prior to administration due to swallowing difficulty and this was identified on their medication charts.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations 1984. A register of controlled drugs was completed at the end of each shift which was reviewed by the inspector.

Medication administration sheets were signed by the nurse following administration and the inspector saw that medication was administered at the times prescribed.

There was documentary evidence to show that medication was reviewed by the GPs every three months or more frequently. There was a system in place for the recording and management of medication errors. Regulator audits of medication administration were completed by the person in charge.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
There were 24 residents accommodated at the time of the inspection. 14 residents were assessed as having maximum care needs, 6 had high care needs and 4 had medium care needs. Most residents came from the local area and some had previously attended the day centre which formed part of the building or had been admitted for respite so were known to staff prior to admission. Residents had a range of healthcare problems associated with age. One resident had a formal diagnosis of dementia and others had some element of cognitive decline.

Four local GPs attended the centre and the inspector saw that residents were reviewed promptly following admission, when their medication required review and when they were unwell. Residents could retain their own GP or chose from one on the four who provided care to the centre if their own GP could not provide care.
Residents had good access to physiotherapists, occupational Therapy (OT) services, speech and language therapists, dieticians and chiropodists. Some residents were under the care of the psychiatry of old team and the community mental health nurse visited the centre regularly. Evidence of referrals and reviews by specialists were recorded in the residents care records and the inspector saw that the advice of the specialist was incorporated into the residents' care plan and recorded in their care notes.

The inspector found that residents were appropriately assessed and monitored and that their health and social care needs were met to a high standard. Preadmission assessments were completed to establish to determine areas of risk. Comprehensive nursing assessments were completed on admission to establish residents' health and social care needs. The inspector saw that a range of assessment tools were used to assess each residents' risks related to nutrition, falls, developing pressure ulcers and cognitive ability.

The inspector reviewed a sample of 3 care plans in total. Care plans were updated by staff on a three monthly basis or when there was a change in a resident's health condition. Those reviewed were person-centred and were clearly linked to the assessments completed. There was a good level of detail provided to guide care and any interventions required to meet the residents' needs were included in the care plan. There was evidence of consultation with residents or their representative in the care plans reviewed and this was confirmed by relatives who spoke with the inspector.

There were no residents with pressure wounds at the time of inspection. The inspector saw that each residents' skin integrity was regularly assessed and those at risk of developing a pressure wound were appropriately provided with appropriate pressure relieving equipment including mattresses and cushions and were regularly repositioned to prevent deterioration of the skin.

All residents were screened for nutritional risk on admission using a recognised

assessment tool. The inspector saw that residents' weights were checked on admission and then on a monthly basis or more frequently where indicated. Where residents were identified as being at risk nutritionally they were referred to a dietician and those who had an impaired swallow were reviewed by a speech and language therapist.

There were systems in place to ensure that when residents were transferred to hospital appropriate information about their care needs and treatment was shared between the services. A copy of the discharge documentation was available in the care notes reviewed.

Staff were knowledgeable about residents' preferred daily routines, their likes and dislikes. A communication care plan was in place for each resident which described strategies to include residents and involve them in discussions regarding their care.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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 provider has submitted plans to address the compliance issues raised in previous reports regarding the premises and has agreed a date with the Authority when an extension to the centre will be completed to ensure the building meets the needs of dependent older people. The inspector saw that the centre was comfortable and well maintained and efforts had been made to make it homely, the majority of residents were accommodated in multiple occupancy bedrooms with four residents sharing a room which did afford them privacy. There was limited communal space available to residents as there was only one sitting room.

As discussed under outcome 16, the wardrobes in bedrooms did no provide sufficient storage space and some of the residents belongings had to be stored separately in wardrobes near the nurses station. There were also insufficient accessible bathing facilities to meet residents' needs. The toilet facilities provided in some ensuite facilities were not accessible to residents using wheelchairs and were not of sufficient size to

accommodate those requiring the use of a hoist. The provider has submitted plans to extend the building which are scheduled to be completed by June 2018 however no work had commenced at the time of the inspection. Actions to address these issues are restated in the action plan that accompanies this report.

There was ample space in corridors to allow residents to walk within the centre. Handrails were provided on all corridors and toilet facilities were provided with grab support rails. Signage had improved and there were picture references used to aid recognition of areas such as bathrooms and the dining room. An emergency call system was in place. The inspector saw that some bedroom were very personalised with some of the residents family photographs displayed above their beds and small ornaments from home displayed. Each bedroom had a television and radio available but as the multiple occupancy bedrooms were shared by four people, when televisions were turned on at the same time the noise from one interfered with the other.

There is a safe garden area at the rear of the centre with outdoor seating provided for residents which was used by residents. It had raised beds which made gardening more accessible to residents.

Judgment:
Non Compliant - Moderate

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:
The person in charge confirmed that the centre was well supported by the local palliative care team which she said came promptly on referral and as required thereafter to support the resident. A list of residents with 'do not attempt resuscitation' (DNAR) status in place was kept at the nurses' station. The inspector saw that this decision was made by the residents general practitioner and the resident or their next of kin and the status was regularly reviewed to assess the ensure judgement was still valid. The inspector saw evidence that this occurred regularly in the care notes reviewed.
The person in charge said that residents accommodated in multiple occupancy rooms were offered a single room and family members who wanted to stay overnight with their loved one were facilitated.

A centre specific policy on end-of-life care was available to guide practice. The inspector saw that an end of life care plan was developed for residents which detailed their wishes

and included any spiritual and emotional wishes

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
The small size of the centre meant that the person in charge and her staff knew the residents well and connected with each resident on a personal level. The inspector saw that the staff respected the residents wishes when supporting them with their daily routines and residents them on all aspects of the service.

A consumer committee which comprised residents and some family members met once a month and minutes recorded indicated a good level of participation. The inspector saw from the minutes that action was taken to address the areas discussed.

The inspector saw that residents were facilitated and encouraged to engage in meaningful activity. Each resident had an assessment completed of the activities they enjoyed and could still engage in and an activity plan was completed. A record was maintained of all social activities engaged in by residents. A cookery session led by the chef took place on the afternoon of the inspection and 12 residents took part supported by the staff. The queen cakes made during the session were then served with tea in the evening.

There was a varied activity programme provided to help keep residents engaged. Three staff had completed training in activities for older people and supported residents in the centre. The residents told the inspector they went on regular trips to local amenities such as the forest park and Strandhill. Good links were maintained with the local community and residents said neighbours and friends visited them regularly. A travelling farm which visited the centre was referred to by several residents as a favourite pastime.

Local and national newspapers were available for residents. There were arrangements made for residents to vote at each election, or to use a local polling station if they

wished. Mass was celebrated weekly and the rosary was one of the daily scheduled activities in the centre. A Church of Ireland minister also visited one resident regularly.

There was an open visitor's policy to the centre, and residents could meet visitors in private in a designated meeting room.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
Residents were observed to be dressed well and those spoken with said they chose what they wanted to wear. They confirmed that their clothing was laundered and returned to them afterwards. A system was in place to ensure clothing was returned to the correct resident. Each resident also storage space in their bedrooms that comprised a wardrobe and a locked cupboard where they could store personal valuables. As wardrobes in bedrooms were small, additional storage for winter coats was provided in labelled wardrobes near the nurses' station.

There was a policy available on the management of residents' personal property. A record of person property was completed on admission and the inspector saw that this was updated as new items of clothing were brought in.

There was a policy on the management of residents' personal property and possessions which the inspector noted was consistent with practice. An up to date property list was maintained for each resident which was viewed by the inspector.

Judgment:
Substantially 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:
Workforce

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

Findings:
There was no change to the staffing levels since the last inspection and the inspector found that the levels and skill mix were appropriate to meet the care needs of the residents. There was an induction programme in place for new staff and staff appraisals were completed yearly by the person on charge for all staff.

The inspector saw a planned and actual staff roster. It included the names and the times of staff shifts for each staff grade. The normal allocation of staff on duty during the day was two staff nurses and four care assistants in the morning and two staff nurses and three care assistants in the afternoon and evening. After 22.00 hrs there was one nurse and one care assistant on duty. The staff spoken with said staffing levels were sufficient to allow them to do their duties and the person in charge said that additional staff were deployed if a resident was ill or required one to one care. Residents and relatives reported satisfaction with the staffing levels in the satisfaction questionnaires completed.

The inspector reviewed a sample of personnel files for staff and found them to contain the documentation and information required by Schedule 2 of the regulations. There was evidence of An Garda Siochana vetting for the staff whose files were reviewed and the person in charge confirmed that all staff working the centre had been appropriately vetting. All nurses had up-to-date personal identification numbers that confirmed registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2016.

Training records were reviewed by the inspector during the inspection and there was evidence of an ongoing training programme to help staff to maintain their clinical skills. Training completed in the last year included wound care, cardio pulmonary resuscitation, dementia care and management of responsive behaviours, falls management, infection control, nutritional care and respiratory care. All staff had completed mandatory training in fire safety, moving and handling and adult protection.

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 report[1]

Centre name:	Ballymote Community Nursing Unit
Centre ID:	OSV-0000330
Date of inspection:	27/06/2017
Date of response:	13/07/2017

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: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contract omitted details of the occupancy of the room the resident was to be accommodated in.

1. Action Required:
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident

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

shall reside in the centre.

Please state the actions you have taken or are planning to take:
The Person in Charge has reviewed the contracts with Residents and their families to ensure that all contracts of care, where required, will contain the details of the occupancy of the room where the resident is accommodated.

Proposed Timescale: 31/08/2017

Outcome 12: 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 toilet facilities were not accessible to residents using wheelchairs and were not of sufficient size to accommodate those requiring the use of a hoist.

2. 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:
• Phase 1 of the redevelopment works in the existing building include a major a refurbishment and redevelopment of the centre
• The building contractor commenced work in the Unit on 11th September 2017 in the existing building and the work in progress includes:Converting a 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.
• Converting and transferring a resident in a small single room into a larger room.
• Redesigning some of the multi-occupancy to include new built-in wardrobes for residents.
• New flooring in some areas and internal painting.
• Since the inspection two of the Long Term Care Residents have moved into a twin bedded room with a wheelchair accessible ensuite shower.
• Locks will be installed on all toilet and wash room's doors to ensure privacy and dignity for all Residents.

Proposed Timescale: 30/11/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The majority of residents continue to be accommodated in multiple occupancy bedrooms which did afford residents privacy.

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

Please state the actions you have taken or are planning to take:
In order to address the privacy and dignity of residents, a major redevelopment of the centre is planned to be completed in two phase.

• Phase 1 of the redevelopment works in the existing building include a major a refurbishment and redevelopment of the centre
• The building contractor commenced work in the Unit on 11th September 2017 in the existing building 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.
• 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.
• Locks will be installed on all toilet and wash room's doors to ensure privacy and dignity for all Residents

• 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: 30/06/2017

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Wardrobes in bedrooms were did not provide sufficient storage for all of the residents belongings.

4. Action Required:
Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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 four 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