

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Ballard Lodge
Centre ID:	0011
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Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Bernadette Brennan and Angela Duggan
Person in charge:	Bernadette Brennan
Date of inspection:	14 September 2009
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Lead inspector:	Mary O'Donnell
Support inspector(s):	Eileen Kelly
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About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Ballard Lodge is a single-storey building which has 24 places for residential, respite and convalescent care. There were 24 residents living in the centre at the time of inspection.

Accommodation for residents comprises one twin room and 22 single rooms, of which six have en-suite facilities. There are also two communal bathrooms with shower facilities and two communal assisted toilets.

There is a spacious dining room and a large sitting room. The centre has a garden and an enclosed courtyard with parking to the front of the centre.

Location

The centre is situated on the Borris road one mile outside Portlaoise.

Date centre was first established:	1996
Number of residents on the date of inspection	24

Dependency level of current residents	Max	High	Medium	Low
Number of residents	19	5	0	0

Management structure

The service providers are Bernadette Brennan and Angela Duggan. Angela Duggan is the administrator. She has an executive function and manages human resources and payroll for the centre. Bernadette Brennan is the Person in Charge. Five nurses, 13 healthcare assistants, two kitchen staff and three household staff report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	5	3	3	1	1

Summary of findings from this inspection

This was an announced inspection. Inspectors found there was evidence of good practice at Ballard Lodge and that it met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, in the main.

The provider and the person in charge are both registered general and mental health nurses with specialist qualifications in nursing the older person. They were seen to bring relevant expertise to the centre and lead a dedicated team committed to improving service provision for residents. Staff were trained to empower residents to lead fulfilling lives.

The residents' forum offers a voice to residents in the running of their centre. There are a variety of activities available to residents, the involvement of relatives was actively invited and there was an open visiting policy outside of mealtimes.

Inspectors were satisfied that the nursing, medical and other healthcare needs of residents were met to a high standard. Peripatetic services were available to residents.

Inspectors found that the premises, fittings and equipment were clean and well maintained. There was a good standard of décor throughout the centre.

The action plan at the end of the report identifies areas where significant improvements were required to be in compliance with the legislation. These include reviewing policies and procedures and health and safety issues, medication policy, and fire safety.

Residents' and relatives' comments

Residents

Four completed residents' questionnaires were reviewed by inspectors prior to the inspection. In addition, two residents were interviewed. Inspectors joined residents for lunch and sought the views of other residents throughout the day.

Residents reported a high level of satisfaction with their lives in the centre. One resident stated "it's my home, I'm very happy here and I have lots of friends". Another stated that she "loved the place" although understandably, she also stated that she wished she was at home.

Four residents described the capacity to practice their religion as key to their satisfaction in the centre. A resident with a background in healthcare was clearly pleased that the person in charge often talked to her about nursing matters.

Some residents were not able to follow their interests.

Some residents who were formally interviewed had poor levels of mobility and had little opportunity to go out to community events. However, staff members talked

about their interests with them and found other creative ways for residents to stay involved. Residents also told inspectors that they enjoyed music and bingo on a Thursday night.

The second interviewee was in the centre for under a year. She preferred to stay in her room, stating she was a private person, and chose not to participate in group activities. She enjoyed reading and the staff provided her with a supply of books. She had her meals served in her room and said that chicken was her favourite dish. She confided that she had been to the dining room once and did not enjoy the experience. When asked if she was lonely in her room, she said no that her door was open and she could see everyone passing by. Her family visited her regularly and she proudly pointed to photographs of her granddaughter. This resident explained that staff were very attentive to her. They provided her with a foot spa and massaged her legs. She liked to watch TV and retired to bed late and got up at whenever she wished. She acknowledged that staff endeavoured to satisfy her needs and wishes stating "they are all good to me ...they do their best. It's not easy you know".

The majority of residents had cognitive impairment and short-term memory problems and were unable to participate in interviews as a result. Those who could, engaged in conversations with inspectors asking a number of questions.

Residents interacted with each other and were seen to be engaged with their environment. Most of the residents participated at various levels with the taped rosary and a hymn service before lunch. Two residents who chose not to participate in religious activity read the daily newspapers.

Relatives

The inspection team received five completed relative / carer questionnaires. Two relatives were also interviewed by inspectors. One relative stated that her late father had been a resident in the centre and the family were pleased that their mother had secured a room there. The second relative only became aware of the centre after her family member was transferred there from hospital. This resident stated that the deadline for discharge from hospital had been tight and did not allow for much discussion with the resident or family about the choice of residential centre. She said that she was very satisfied with the way her relative had settled in and with the level of care and attention he received. She stated that the family believed that Ballard Lodge was a very fortunate choice for their family member. The open visiting policy really helped the family to keep in contact.

The homely welcoming attitude of staff was a common theme to relatives' comments. For example, "I can pop in anytime if I'm in town, and know I'm welcome. It's not like a nursing home it's more like a house really" and "my mother is respected and listened to and that is very important".

Relatives identified the person in charge, the provider, or a senior nurse as the one they would make a complaint to. Neither person interviewed had made a complaint. One relative pointed out that there was never a need to complain because the staff let the family know about anything before it becomes a problem.

All relatives strongly agreed that they were satisfied with the care that their relatives received and the availability of medical, associated healthcare and other services. They commended the capacity of staff, especially the person in charge, to maintain links and keep relatives informed.

One relative whose mother was receiving end-of-life care, praised the staff for the support they offered the family during a very difficult time stating "they were always very welcoming" and "we were allowed to camp out here". The local Home-Care Team were involved and the family were reassured about symptom management especially pain control for their mother. Another resident described the level of care provided as "outstanding", while another declared his "absolute trust in Ballard Lodge as a safe haven".

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

Leadership

The two providers were involved in the day-to-day running of the centre. The person in charge worked full-time and was very well acquainted with the residents, relatives and staff. Both providers were on-call out of hours and lived within a 15-minute drive of the centre. There was a management structure in place and staff were clear about their roles, responsibilities and reporting relationships.

The providers were aware of the Health Act 2007, Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the Authority's *National Quality Standards for Residential Care Settings for Older People in Ireland*. The providers and staff outlined to inspectors the opportunities and challenges facing the organisation. Strong corporate and clinical leadership was demonstrated which provided clear direction and united staff to achieve common goals.

Statement of purpose

Inspectors were satisfied that both the statement of purpose and residents' guide met the regulatory requirements. The providers planned to include a copy of the Authority's inspection report with the residents' guide. Inspectors read a sample contract of care which clearly laid out details of services to be provided for residents and fees to be charged.

Residents' accounts

The centre had clear policies and guidelines on the management of residents' accounts. Inspectors reviewed the accounts of two residents who could not look after their own finances and found the system to be robust, transparent and accurate. The insurance policy was reviewed and found to meet regulatory requirements.

Protection of vulnerable adults

Staff received training in the detection and reporting of elder abuse. Staff interviewed had appropriate knowledge of the topic.

Some improvements required

Providers had not appointed any safety representatives which contravenes health and safety legislation.

Significant improvements required

Policies

The centre's written and operational policies were not current and did not have local application.

Health and safety

The centre's risk management policy was not comprehensive. In addition, the safety statement did not identify risks associated with specific areas, for example in the kitchen area. The risk assessment did not include visitors.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

There was a homely character to the centre and the relationship between residents and staff supported a person-centred approach to the provision of care. Inspectors noted that staff were knowledgeable about important aspects of residents' lives and they took measures beyond their duties to bring satisfaction to the residents.

Meals

Residents were offered a varied and nutritious diet. Inspectors joined residents for lunch. There were six tables for the 18 residents. The table settings were attractive, with table mats, condiments and a floral centrepiece. Residents' independence was promoted by the use of cups for soup rather than bowls and spoons which could have been difficult for some residents to manage on their own. A sauce boat was placed on the table when the main course was served. Residents were offered milk or water to drink and were given adequate time to enjoy their meal. Staff sat with residents who required full assistance or supervision. Residents were seen to engage in conversation and banter during the meal. The chef served the meal and was well acquainted with residents and their likes and dislikes. Some residents were offered choices in their meals. Inspectors saw a staff member sensitively place a fork in the hand of a man who had begun using his knife to put food in his mouth. Staff could access a variety of food from the kitchen during the day or at night for residents who required food at times outside the regular meal times.

Fulfilment

Inspectors found that the person in charge and other staff at the centre, supported and encouraged residents to have a fulfilling life with opportunities to contribute to the centre in a meaningful way.

The nursing assessment process involved gathering and using information about individual resident's hobbies and interests. This information fed into a plan for the individual's psychological and social needs to be met. For example, one resident explained how she used her professional skills to benefit the other "patients". She looked out for anyone who was unwell and she always let the "matron" know.

Another resident had agreed to take on role of advocate for people who could not participate in the residents' forum.

Religious practices

Religious services and observances were held in the day room as there was no oratory. Inspectors observed residents participating in a taped rosary service before lunch. Daily Mass was relayed via local radio from the parish church. There was a Mass celebrated weekly and residents received Communion on Sundays.

Activity provision

Inspectors found that there was a sophisticated approach to activity provision in the centre. The activity programme for the week was displayed in the home but discussions with relatives and staff indicated that the list did not capture all the activities on offer. A care assistant was designated to activity provision in the day room after lunch. She played soft ball with residents. She also held a Sonas programme, where inspectors saw residents participating by reciting a favourite piece of poetry or singing a song with a sense of pride.

A musician entertained residents and relatives once a fortnight. Children visited from the local community and weekend outings in fine weather also formed part of life at the centre.

Feedback from the residents' forum had fed into the activity plan and this had led to the introduction of visits by "Sasha" the dog on Saturdays, and some hand and nail care sessions for residents. The mobile library called to the centre every month and the hairdresser visited weekly. Beautician services were available on request.

Privacy and dignity

Relatives commented on and inspectors observed that the privacy and dignity of residents was valued by staff. Residents' personal space was respected. Staff knocked and waited for a response before entering the residents' room and adequate screening was provided in shared bedrooms.

Some improvements required

Residents did not have safe lockable storage in their room.

While the centre supported residents and visitors to raise issues, make suggestions or complaints in a spirit of openness, the complaints procedure did not provide for an independent appeals process should a complainant be dissatisfied with the outcome.

The pleasure of the meal was diminished for some residents by a poorly presented modified diet. The pureed dinner was unappealing, as all the ingredients were blended together. One resident who seemed reluctant to eat her pureed dinner remarked "Look at thatI hate it".

Not all the residents who wore "bibs" required them. Other ways of managing this issue had not been considered, such as perhaps tucking a large serviette under the chin.

Inspectors saw urine drainage bags on stands beside two residents in a communal area although the use of leg bags during the day would be more discreet and dignified.

Significant improvements required

Residents' privacy and dignity was compromised as communal bathroom and toilet doors did not have a locking device.

Choices in routines

Residents were bathed or showered routinely every second day. Although relatives commented favourably on standards of personal hygiene for residents in the centre, the residents' wishes did not appear to inform this practice. One resident who completed a questionnaire said that she wished she "did not have to shower so often".

The residents' guide stated that breakfast was served between 8am and 10am. However, staff and residents informed the inspectors that with few exceptions the breakfasts were served by the night staff before they go off duty at 8am. This practice was institutional and designed to suit staffing requirements rather than to meet residents' individual needs. Residents receiving early breakfast had dementia and did not have the capacity to share their views on the subject with inspectors. Residents who could voice their preference stated that they choose to have a later breakfast and this was provided for them.

Not all residents were offered a choice at dinner. Residents who required a pureed diet were not offered a choice of main course – for example, one resident was handed a bowl of Semolina. When she stated that she liked the inspector's bread and butter pudding, staff could not provide a satisfactory explanation as to why the resident was not offered a choice of dessert. A staff member suggested that diabetics received different desserts, however, the lady in question was not a diabetic.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Care plans

The centre provided a good standard of healthcare. Residents had individual care plans which addressed their assessed needs. The views of residents and relatives informed the care planning process. Care plans were reviewed on a three-monthly basis or more frequently as required. Health was promoted with a good diet, exercise programmes and attention to psycho-social aspects of life.

Healthcare services

Residents and staff stated that they were satisfied with the GP services provided to residents. GPs visited monthly or more often if required. Mid-Doc provided an out-of-hours GP service.

The mental health team visited patients in the centre and a chiropodist visited monthly. A visiting optician service ensured that residents have at least two eye tests yearly. Residents can also attend a local audiology clinic or have audiology services provided at the centre. Physiotherapy and dental services are provided when required. Inspectors reviewed medical files and the entries reflected the level of healthcare provision described.

The centre avails of dietician services provided by a company which provided nutritional supplements. All supplements were appropriately prescribed by a doctor.

Medications

Inspectors accompanied the nurse administering the midday medications and checked the drug supplies and storage. The administration of medications was appropriately recorded. Inspectors were satisfied with the system in place for the safe storage and checking of drugs which required additional safety precautions.

Some improvements required

Some of the air mattresses were set incorrectly. For example, a resident who appeared to weigh less than 60kg had a mattress set at 100kg with no record of the resident's weight on their file.

Significant improvements required

Monitoring

Systems were not in place for monitoring the nutritional status of residents. There were no scales for weighing residents who could not bear weight. Consequently, the weights of a group of vulnerable residents were not monitored and these residents were not screened for nutritional risk.

Medication policy

The medication policy reviewed by the inspectors was not in line with legislative requirements or An Bord Altranais Guidelines 2007 in the following ways:

- there was no guidance in relation to transcribing of prescriptions by nurses
- when inspectors examined the medication record sheets, they found that although the GPs had signed the prescriptions appropriately, the nurse's signature was absent where prescriptions had been transcribed
- arrangements for medicinal refrigeration did not demonstrate a correct temperature setting.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

Residents and visitors told inspectors that the centre offered a very homely and warm environment. Most residents had single rooms with spacious toilet and shower facilities. Inspectors were also satisfied that the number of bathrooms was adequate to meet the needs of residents. The newer part of the building had accessibility equipment such as ergonomically designed door handles and anti-slip flooring.

Residents had small personal possessions and photographs in their rooms. Inspectors observed a high standard of cleanliness throughout, and residents and relatives expressed satisfaction with the facilities provided and the standard of maintenance and cleanliness in the centre.

Adequate equipment was provided to meet residents' requirements. Assistive devices such as pressure relieving mattresses, specialist seating and mobility aids were provided by the centre. Inspectors noted that equipment was well maintained with a full service history available for inspection.

The kitchen was clean and well organised. The chef had received Hazard Analysis Critical Control Points (HACCP) training. There were adequate supplies of meat, fruit and fresh vegetables in stock. The chef explained that information about special dietary requirements was sent by memo from nursing staff. Inspectors reviewed the menus and saw the list where the kitchen staff recorded the amount of dinner eaten by each resident daily.

The household staff member interviewed was clear about her role and responsibilities. This included managing spillages and carrying out cleaning duties according to the cleaning schedules.

Some improvements required

Facilities

There was limited room in the centre and communal space was restricted to the dining room which was used at mealtimes and the lounge area where residents spent their day. Activities also took place in the lounge. It was difficult to find a private space or a quiet room. A relative spoke with an inspector on the corridor and explained that she did not wish to be interviewed in the bedroom as her mother was ill. Interviews with staff were held outside the building as there was no private space available. Bedrooms were small and inadequate for the management of residents with higher dependency levels. Inspectors talked to two residents who were reading the newspaper during the rosary. They asked them how they felt about the rosary being held in the day room. One said she did not mind at all. The other said it was like the television – “you hardly noticed it was on”. Although these residents did not express concerns, the situation was not ideal.

Significant improvements required

Fire safety

Inspectors had a number of serious concerns about fire safety:

- people entering and exiting the premises usually did not sign in or out
- directional signage (to fire exits) in the original building was inadequate and an emergency exit sign directed people to an enclosed courtyard via a dangerous exit route to take in the event of a fire
- the access to six fire extinguishers was blocked as items were placed in front of them at various times throughout the day
- the fire exit in the dining room was blocked on two occasions
- the fire officer's report, dated 17 July 2007, recommended self-closing devices on 11 doors and only three closing devices were provided. Two closing devices needed repair
- seven doors did not have a closing device
- the sluice room did not have a fire door and it was accessible to residents
- the gate near the fire assembly point was padlocked. This would prevent emergency services from gaining entry
- the emergency plan did not specify the roles and responsibilities of post holders in an emergency situation.

Slip, trip and falls hazards

A drop to a lower level in the courtyard posed a trip hazard. Wet floor signs were not used while the floor was being washed. The staff member called out to be careful when the inspector approached.

Laundry

Laundry space was limited and this presented challenges to the segregation of clean and dirty laundry. Inspectors saw that the sleeve of a shirt being ironed was hanging close to a basket of dirty laundry.

The iron was later unplugged and left unattended whilst still hot.

A double adaptor was in use in the laundry which contravened local policy.

Infection control

There were no staff changing facilities and this posed a serious risk of cross-infection.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors observed the interactions between staff and provider / person in charge, and between staff and residents or relatives. A culture of open communication within the organisation was noted.

Relatives and families reported feeling welcome. The person in charge had a proactive approach when communicating with families and this was identified as particularly beneficial. Relatives explained how she telephoned or arranged to meet them to discuss aspects of a resident's life or to give an update if there was a change in a resident's condition. A relative stated that they were confident that they would be contacted if there was anything amiss and that this provided them with peace of mind, as they "never had to worry" about their relative.

The residents' guide provides key information to residents and relatives about aspects of service provision. Contracts of care were provided to all residents with clearly stated terms and conditions.

A notice board displayed information on local events and telephone numbers for local services. Information for residents was available through local papers. A notice informed residents that the "Laois Talking Newspaper" was available to anyone with visual impairment. A resident drew the inspector's attention to an article about the world's oldest man. He explained that the man in question had local connections.

There was a forum for residents to input into the running of the centre. Inspectors reviewed the minutes of the residents' meetings and were satisfied that identified issues were acted upon by the providers. Some arrangements were in place to represent the views of those who could not participate in the residents' forum.

Inspectors observed excellent practice in communicating with people who had dementia. Staff spoke to each resident using the name by which they wished to be addressed. This was documented in the care plan. Staff positioned themselves at the level of the resident and made eye contact when speaking which also allowed for residents to lip read if they required.

The tone and pitch used by staff was appropriate and humour was often seen to be used in verbal interactions. Inspectors saw staff use physical touch in a therapeutic manner to communicate understanding and empathy with residents. Photographs on a bedroom door provided a unique identifier which assisted residents with memory problems to find their own room.

Some improvements required

Residents stated that they were not aware of what was being served for dinner. The menu was written on a whiteboard at the end of the dining room. Residents seated at the other end were asked to read the menu and they said they could not clearly see or read the writing.

There was a comments box in the hall for visitors' feedback to inform service improvement. It was noted that residents were not clear on the purpose of this box and did not use it. Other methods of eliciting feedback were not yet developed.

Insufficient consideration had been given to the provision of advocacy services for those who have difficulty with communication or participating in the residents' forum.

Although information about hobbies and interests informed the plan of care, biographical or life story information about residents was not formally gathered from them or from family members by the staff. This could create a particular deficit of information about residents with dementia who were unable to provide the information independently.

Minor issues to be addressed

Inspectors observed that the badges which staff wore identified their job title but not their name for example, "care assistant" or "matron". The inclusion of the staff member's name would enhance communication especially for residents or visitors with short-term memory problems.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Inspectors found that there were sufficient staff members on duty to meet the needs of residents. Residents' dependency was calculated by using the Barthel Score. Staff, residents and relatives agreed that staff were available in sufficient numbers and with the skills and competencies to meet the needs of the residents. There were usually two nurses and six care assistants on duty in the morning, two nurses and three care assistants on duty in the afternoon and one nurse and one care assistant on night duty from 8pm. A care assistant on day duty worked until 11pm to help with dinner and assist residents in getting ready for bed. The provider or the person in charge was on call at the weekend.

Each staff nurse had responsibility for care planning with six residents.

When inspectors spoke with staff they stated that they were satisfied with their work and identified the good atmosphere in the small centre and their relationship with residents as key aspects of job satisfaction. Low rates of turnover were evident in the organisation. A performance appraisal system was in place and this was linked to professional development for each staff member.

Inspectors read the training records which confirmed the provision of ongoing professional development for staff, tailored to meet the needs of this service. The two providers had completed a postgraduate diploma in gerontological nursing. The person in charge and a staff nurse have training in bereavement counselling. Eleven care staff had undertaken Further Education and Training Awards Council (FETAC) level-5 healthcare support module on care of the older person. Mandatory manual handling and elder abuse training were undertaken by all staff. In the past year, staff had training in infection control, continence, nutrition, first aid, CPR (cardiopulmonary resuscitation), pain management and syringe driver techniques.

Two staff were interviewed and gave favourable accounts of their comprehensive induction and ongoing education. Their accounts of training were supported by documentary evidence when their files were reviewed.

Significant improvements required

Inspectors reviewed two personnel files and found that references were not on file and Garda Síochána vetting was sourced for one employee and not for the other. The providers explained that one employee had worked with the person in charge in a previous employment. A favourable verbal reference had been given by telephone for the second employee, but this had not been documented or followed up with a written reference.

Report compiled by

Mary O'Donnell,
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Health Information and Quality Authority

30 September 2009

Action Plan

Provider's response to inspection report

Centre:	Ballard Lodge
Centre ID:	0011
Date of inspection:	14 September 2009
Date of response:	20 October 2009

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that residents were provided with freedom to exercise choice in relation to breakfast time, choice of main meal and personal hygiene practices.

Action required:

Put arrangements in place to ensure that residents are provided with freedom to exercise choice to the extent that freedom does not infringe on the rights of other residents.

Reference:

Health Act 2007
Regulation 10: Residents' Rights, Dignity, and Consultation
Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All communal bathrooms and toilets now have a locking device in place.</p> <p>Many of the residents due to physical illnesses are in bed early or perspire a lot and are therefore offered showers daily. If a resident refuses they are never forced. Someone with cognitive impairment could refuse washing every day so in order to maintain their personal hygiene / dignity encouragement is often required. Breakfast times now changed and are all between 8am-10am. Staff rosters altered accordingly. All residents now offered a choice despite their medical condition such as Dementia. All diets have individually liquidised portions. This is served on a plate and not in a bowl. This also enhances colour and feedback as discussed on feedback.</p> <p>As regards the resident who remarked that she hated her dinner – we believe we know this lady very well and can state, as would her family members, that this is a very common statement not only about her meals, but about things in general. This is also noted in her care plan.</p>	<p>Completed</p>

<p>2 The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The policy, procedure and guidelines on medication did not provide guidance for nurses transcribing prescriptions. The nurse's signature was absent when prescriptions were transcribed. There are 2007 An Bord Altranais Guidelines, which the centre are not following.</p>
<p>Action required:</p> <p>Put in place suitable practices and written operational policies relating to the ordering, prescribing and administration of medication. Ensure staff are familiar with such policies and procedures.</p>
<p>Reference:</p> <p>Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 13: Healthcare Standard 14: Medication Management</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Originally our policy on medication did not provide guidance on nurse transcribing prescriptions – this has been rectified and nurses are now all aware of transcribing medications.</p>	Completed

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The provider did not provide the centre with a comprehensive, written risk management policy. The risk assessment was generic and did not identify risks associated with specific areas or visitors.</p>	
<p>Action required:</p> <p>Implement a comprehensive, written risk management policy and ensure that it is put into practice throughout the centre.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 31: Risk Management Procedures Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
<p>Provider's response:</p> <p>At present all policies and risk assessments are being reviewed, updated and are site specific.</p>	<p>Ongoing. To be completed as soon as possible</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Personnel files did not have references or Garda Síochána vetting documents.</p>	
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Action required:	
Provide written policies and procedures relating to the recruitment, selection and vetting of staff in accordance with Schedule 2, Health Act Care and Welfare Regulations.	
Reference:	
Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
We have a policy in place relating to recruitment, selection and vetting of staff.	Completed
Following the staff meeting held following the feedback of inspection all staff have submitted references and Garda Síochána vetting on all staff has been posted off for vetting.	Completed

5. The provider is failing to comply with a regulatory requirement in the following respect:	
The standard of written policies procedures and guidelines were unsatisfactory. They were not informed by residents' views or current best practice and did not guide practice in the centre.	
Action required:	
Develop written operational policies and procedures in accordance with current regulations, guidelines and legislation. Put systems in place to ensure that policies and procedures inform and guide staff practice.	
Reference:	
Health Act 2007 Regulation 27: Operating Policies and Procedures Standard 13: Healthcare Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
All policies are being updated and made site specific to incorporate residents' views and current best practice. Staff are also being	Ongoing – to be completed

educated on each policy.	as soon as possible
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6. The provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to take reasonable measures to prevent accidents to residents. Vulnerable residents were exposed to risks both inside the centre and in the courtyard.

Action required:

Take reasonable measures to prevent accidents to residents both inside and outside the centre.

Reference:

Health Act 2007
 Regulation 31: Risk Management Procedures
 Standard 25: Physical Environment
 Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
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<p>Provider's response:</p> <p>Building contractors contacted and quotes to be submitted regarding dip in courtyard.</p> <p>Sign in and out register at door in reception area. All families have again been written to and asked to comply with this procedure. Notice for ALL visitors regarding this put on entrance door. During staff meeting it was highlighted to all staff members to keep access to fire extinguishers unblocked and to make sure that the fire exit in the dining room was unblocked.</p> <p>Regarding self closing devices on doors, these are currently being fitted and repaired. Fire door being fitted in sluice room. Sluice room kept locked at all times.</p> <p>Padlock removed from side gate and fire officer to advice about an alternative device which will also provide security to residents.</p> <p>Roles and responsibilities of post holders have now been specified in the emergency plan.</p> <p>Wet floor signs are being used as was practice. It was pointed out to us on the day of the inspection that the signs were too far away from the wet area. Staff have been informed of this and same rectified.</p> <p>Double adaptor removed from the laundry and ironing now being done out of house in the main.</p> <p>Regarding staff changing we are looking into alternatives.</p>	<p>Ongoing. Fixed within one month</p> <p>Completed</p> <p>Completed</p> <p>Ongoing. To be completed within Two months</p> <p>Within two months</p>
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<p>7. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The provider failed to implement a comprehensive policy for monitoring and documentation of nutritional status. Residents who could not weight bear were not weighed and did not have a nutritional risk assessment done.</p>	
<p>Action required:</p> <p>Provide training to relevant staff to enable them to use a nutritional assessment tool. Provide equipment for weighing non-weight bearing residents. Review and update the nutrition and hydration policy and procedures in line with best current best practice.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 9: Health Care Regulation 17: Training and Staff Development Regulation 20: Food and Nutrition Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare Standard 19: Meals and Mealtimes</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>New sit on weighing scales has been purchased and is in use. Nutrition and hydration policy updated and staff training provided on the use of nutritional assessment tools.</p>	<p>Completed</p>

<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The provider failed to provide staff facilities for the purposes of changing their clothes.</p>	
<p>Action required:</p> <p>Provide staff facilities for the purposes of changing their clothes.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 19: Premises Standard 26: Health and Safety</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We are looking into alternative staff changing areas as we are very limited on space.</p>	<p>Ongoing as we are very limited on space</p>

<p>9. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Residents were not given privacy to undertake personal activities. There were no locks on the toilet or bathroom doors.</p>	
<p>Action required:</p> <p>Put arrangements in place to provide privacy for residents to undertake personal activities.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Locks have now been placed on all bathroom and toilet doors so that residents may have privacy for their private activities.</p>	<p>Completed</p>

<p>10. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The provider failed to make adequate arrangements for detecting, containing and extinguishing fires. Providers did not provide adequate means of escape. The Fire Officer's report recommendations were not implemented. There was inadequate signage. Fire extinguishers were blocked. The gate at the assembly point was padlocked.</p>	
<p>Action required:</p> <p>Provide adequate arrangements for detecting, containing and extinguishing fires. Provide adequate means of escape.</p>	

Reference: Health Act 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Padlock removed from gate. To be advised by fire officer to alternatives. Fire door in dining room unblocked. Staff educated regarding blocking fire exits and extinguishers. New signage in place.	All completed

11. The provider is failing to comply with a regulatory requirement in the following respect: The provider failed to put measures in place to ensure that pressure relieving mattresses are set appropriately to meet the needs of the individual resident.	
Action required: Provide suitable and sufficient care to maintain the residents' welfare and wellbeing having due regard to the nature and extent of the residents' dependency and needs as set out in the care plan.	
Reference: Health Act 2007 Regulation 6: General Welfare and Protection Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Education provided to all staff re pressure settings on air mattresses. Booklet obtained from mattress provider - Coffey Healthcare - regarding individual mattresses. These have been included in each individual care plan.	Completed

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 1: Information	<p>State employee's name on name badges.</p> <p>Provider's response:</p> <p>All badges changed. Badges now have the staff members' name and job title on same.</p>
Standard 18: Routines and Expectations	<p>Consider how to enhance communication with residents who have dementia, through the use of life stories, advocacy and other interventions.</p> <p>Provider's response:</p> <p>Continually updating this area.</p>
Standard 19: Meals and Mealtimes	<p>Display the daily menu in a suitable format so that residents know what is available at each mealtime.</p> <p>Present modified consistency diets in a manner which is attractive and appealing.</p> <p>Provider's response:</p> <p>Daily menu now on each table in large print and easy to read in hardback containers. All liquidised meals individually presented on a plate and not in a bowl.</p>

Any comments the provider may wish to make:

Provider's response:

We would like to point out that our inspection was only 10 weeks after the commencement of HIQA. We believed that we would be given an adjustment period from the old to the new inspection process. As we had commenced many changes to meet these new standards, we do not believe that this was reflected in the report.

Provider's name: Bernadette Brennan

Date: 20 October 2009