

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Baltinglass District Hospital
Centre ID:	0485
Centre address:	Baltinglass Co Wicklow
Telephone number:	059 6481255
Fax number:	059 6481425
Email address:	carol.gannon@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executive (HSE)
Person authorised to act on behalf of the provider:	Mary O'Callaghan
Person in charge:	Carol Gannon
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Lead inspector:	Sheila Doyle
Support inspector:	Linda Moore
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About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Baltinglass District Hospital has a history dating back to 1838. The centre has recently reduced its capacity to 60 places and at the time of inspection there were 55 residents. Although a two-storey building, all resident areas are located on the ground floor, while the training room, file archives, store rooms, sewing room and staff facilities, including a small library, are on the first floor. A bedroom is available on this floor for relatives who may wish to stay overnight. Day-care facilities are also provided and cater for 20 persons daily from the local community.

The centre is comprised of three separate units, Primrose Place, Céidín and Willow Way.

Céidín accommodates 28 residents. Bedroom accommodation consists of two twin bedrooms and one twin cubicle and five four-bedded rooms. There are also two single rooms, one of which has en suite shower, toilet and wash-hand basin. There are two assisted shower rooms and one assisted bathroom in this unit, each containing an assisted toilet. There are five additional toilets, three of which are assisted.

Willow Way accommodates 20 residents and has three four-bedded rooms, two three-bedded rooms and one twin room. There are three toilets, two of which are assisted, two assisted shower rooms, one of which has with assisted toilet and two assisted bathrooms with assisted toilets.

Primrose Place accommodates 12 residents with dementia in a four-bedded room, three twin rooms and two single rooms. There is one assisted toilet in this unit. There is also one assisted shower room and one assisted bathroom, both of which have an assisted toilet.

Communal accommodation consists of four sitting rooms, three of which incorporate dining areas, an oratory, an activity room and a hairdressing salon. There are three sluice rooms, two treatment rooms and a separate staff dining room. There is a main kitchen with smaller kitchenettes on each unit. The laundry is situated at the rear of the building.

Some community out-patient services are also provided on the site, including radiography and phlebotomy clinics.

There is an enclosed, secure landscaped garden as well as larger gardens surrounding the building. The garden areas are well maintained with lots of seating and garden features. The centre is wheelchair accessible and adequate parking for staff and visitors is provided around the building.

Baltinglass District Hospital is situated on the outskirts of Baltinglass, Co Wicklow.

Date centre was first established:			1838	
Number of residents on the date of inspection:			55	
Number of vacancies on the date of inspection:			5	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	16	16	21	2
Gender of residents			Male (✓)	Female (✓)
			✓	✓

Management structure

Mary O'Callaghan is the Manager of Services for Older People in Kildare/West Wicklow and is the person nominated to represent the Provider, the Health Service Executive (HSE). Carol Gannon is the Person in Charge and she reports to the General Manager. An Acting Assistant Director of Nursing (ADON) supports the Person in Charge and reports directly to her. Each of the three units has a Clinical Nurse Manager Grade 2 (CNM2). Nursing, healthcare assistants and household staff report directly to the CNM2, who in turn report to the ADON. Catering assistants report directly to the Head Chef who in turn reports to the ADON. Administration staff report to the Hospital Manager. Allied health professionals and pharmacy personnel report directly to their respective professional line managers. Maintenance staff report to the Engineering Manager (off site).

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) for registration under Section 48 of the Health Act, 2007. This was the centre's second inspection having undergone a monitoring inspection in September 2010.

Inspectors met with residents, relatives, and staff members over the one day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, and a shortened interview was carried out with the ADON. The person in charge and the provider had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

While areas for improvement were identified, overall inspectors found that the provider and person in charge met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. They had established strong management processes to ensure the delivery of services to residents in a consistent and safe manner.

The provider and the person in charge promoted the safety of residents. Staff had received training and were knowledgeable about the prevention of elder abuse. Fire precautions such as fire drills, fire training for staff and servicing of equipment were in place.

The health needs of residents were met. Residents had access to medical cover, to a range of other health services and evidence based nursing care was provided. Care plans were in place and the process and documentation was regularly reviewed.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

Improvements had occurred to the premises but further improvements were required. Improvements were required around access to the services of a speech and language therapist, risk management and the provision of contracts of care. Areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

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

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

Inspectors were satisfied that the statement of purpose accurately described the service that was provided in the centre and met the requirements of Schedule 1 of the Regulations.

Inspectors observed that the service's capacity to meet the diverse needs of residents, as outlined in the statement of purpose, was reflected in practice. As described in the statement of purpose inspectors noted in particular that care was provided in a "friendly homely atmosphere" allowing residents "to live in a manner similar to that which they were accustomed to at home". This was confirmed to inspectors by residents and relatives throughout the day and in their comments in the resident and relative questionnaires submitted.

The provider had identified that one of the three-bedded rooms was insufficient to meet the needs of highly dependant residents and this is also outlined in the statement of purpose.

The statement was kept under review by the provider and was made available to residents on admission and following any reviews of the statement.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

Inspectors were satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis.

A quality improvement group had been established with representation from all grades of staff. Inspectors saw where specific issues were discussed and a plan put in place to implement changes. For example, residents and staff had identified that serving of meals would be more person-centred and enabling if each resident, while dining in or beside the bed, received a tray set with teapot, milk and sugar. Residents told inspectors how much they appreciated this change. It meant the "tea was hotter" and they could help themselves.

The drugs and therapeutic committee, which is discussed in more detail under Outcome 6, were also involved in reviewing the quality and experience of care. Inspectors read where residents were experiencing difficulties in taking some calcium medications that required chewing. The dietician was consulted and was currently sourcing evidence regarding the possibility of using calcium enriched milk as an alternative.

As part of ongoing developments in promoting dignity and respect for residents, staff were asked to observe practice over the period of a week and to comment on any time they felt that practice was not promoting dignity and respect. The results of this are currently being gathered by the person in charge. Staff spoken with said that they had learned a lot from the experience and that "sometimes they were surprised how a harmless remark sounded different when you listened from the perspective of the resident".

The person in charge had put a system in place to gather and audit information related to falls, accidents and incidents and care plan documentation. There was a robust system in place to collect clinical data. Inspectors read the minutes of the staff meetings and saw where the information on individual incidents was exchanged for learning purposes. However, as yet the person in charge had not completely analysed the data to identify possible trends and for the purpose of improving the quality of service and safety of residents. This was discussed with the person in charge who said that she and some of the staff had recently attended additional training and that she intends to collate this information.

Outcome 3

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

References:

Regulation 39: Complaints Procedures

Standard 6: Complaints

Inspection findings

Inspectors found evidence of good complaints management practice.

Management of complaints was comprehensive and learning from complaints was reflected in practice. The complaints policy was read by inspectors and details of the complaints procedure were posted publicly and described in the Residents' Guide and statement of purpose. The procedure provided clear guidelines on how to make a complaint or express a concern and how these would be addressed. Two named complaints officers were identified. The policy also identified an appeals process in the event that a complainant was unhappy with the outcome. Inspectors reviewed the complaints log, which showed that no written complaints had been received in the last 12 months. Complaints received verbally had been logged including details of how they had been resolved and the complainant's level of satisfaction with how the complaint was managed.

Residents and relatives told inspectors they felt comfortable raising any concerns with the provider/person in charge or any member of staff should the need arise. Many residents and relatives said they never felt the need to complain.

2. Safeguarding and safety

Outcome 4

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.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

All staff had received training on identifying and responding to elder abuse. A centre-specific policy was available. The provider, person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Staff said they would report any suspicion immediately as the person in charge had informed them verbally and through the centre's whistle blowing policy that their rights would be protected in the event of reporting any allegations of abuse.

Residents spoken to confirmed to inspectors that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times. Others commented that the presence of the security man in the evening gave "great piece of mind".

Several residents' finances were managed by the person in charge. Inspectors were satisfied that robust safe procedures were in place. In addition, an annual audit was carried out by an external auditor and inspectors noted that the results of the most recent audit showed evidence of safe practices.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

The provider and person in charge had sufficiently prioritised the safety of residents in the event of fire. Service records showed that the fire alarm system was serviced on a three-monthly basis, the emergency lighting and fire equipment on a yearly basis. Inspectors read the records which showed that daily inspections of fire exits were carried out along with a weekly inspection of doors and fire fighting equipment. The fire panels were in order and inspectors noted that fire exits were unobstructed. Inspectors read the training records which confirmed that all staff had attended training. All staff spoken with were very clear about the procedure to follow in the event of a fire.

The environment was kept clean and was well maintained and there were measures in place to control and prevent infection. Arrangements were in place for the segregation and disposal of waste, including clinical waste. All staff had received training in infection control and staff spoken with were knowledgeable. Staff had access to supplies of latex gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre.

The centre was waiting for the HSE emergency plan which was being developed. Inspectors read an email where the person in charge had recently enquired as to an expected completion date. As an interim measure a local plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents was available if evacuation was necessary.

Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management.

The health and safety statement was read by inspectors and it included the employers' and employees' responsibilities and the role of the person in charge. The health and safety policy identified the hazards and the control measures for food safety and safety of residents, visitors and staff. Inspectors read where staff had recently attended training in risk assessment and inspectors saw where risks identified were discussed at staff meetings.

However, inspectors were concerned that the risk management policy was still in draft format. Staff were not familiar with its contents nor did it meet the specific requirements of the Regulations. For example, it did not cover arrangements for the identification, recording, investigation and learning from untoward incidents or adverse events involving residents.

Outcome 6

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

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

Inspectors found evidence of good medication management processes.

Each unit had a secure alarmed room that was used for the storage of medication. There were comprehensive medication management policies which provided guidance to staff. Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. These medications were counted at the time of administration and at the change of each shift. Nurses kept a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balances and found them to be correct.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

A medication fridge was in place and inspectors noted that it was kept in a locked room and the daily temperatures were recorded. Medications in use were dated on the day they were opened.

Inspectors also noted that there was regular input from the pharmacist and pharmacy technician. Two nurse prescribers were among the staff of the centre and a drugs and therapeutic committee, as discussed under Outcome 2, had been established to support their practice. This committee also discussed other issues relating to safe medication practices. Inspectors read where current documentation of high alert medication therapy was being redesigned to minimise the potential risk of error.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection

Regulation 8: Assessment and Care Plan

Regulation 9: Health Care

Regulation 29: Temporary Absence and Discharge of Residents

Standard 3: Consent

Standard 10: Assessment

Standard 11: The Resident's Care Plan

Standard 12: Health Promotion

Standard 13: Healthcare

Standard 15: Medication Monitoring and Review

Standard 17: Autonomy and Independence

Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Residents had access to a range of in-house peripatetic services. Physiotherapy was available within the centre and occupational therapy on a referral basis. The benefit of these services to residents was apparent. Individual and group exercise sessions were provided, seating assessments undertaken and the selection and provision of appropriate and individualised assistive equipment. The dietician attended residents on a monthly basis or more frequently if required. Audiology services were also provided on a referral basis. Dental and optical services were provided locally or in-house if required. While reviewing residents' files inspectors noted the input of the various services who recorded their review and treatment plans for each resident. Members of the multi-disciplinary team also provided in house training and education to staff. Inspectors read the attendance records and programme contents for some of these sessions. For example, the physiotherapist was involved in training staff on falls prevention.

However, inspectors were concerned by the lack of access to the services of a speech and language therapist. On reading the care plans inspectors noted that many residents had communication or swallowing difficulties. This was discussed with staff who confirmed that currently they could not access the services of a Speech and Language Therapist other than by admitting the resident to the nearest local hospital. Outpatient referrals were no longer available. Inspectors read copies of correspondence which confirmed this. This was also discussed with the person in charge and provider.

Inspectors reviewed some residents' files and noted that a nursing assessment and additional risk assessments were carried out for residents. Comprehensive person-centred care plans were in place for all residents' needs. Inspectors read residents' care plans and the staff outlined to inspectors how they were committed to improving this documentation. Three-monthly reviews were completed, dated and signed by staff, residents and relatives. Staff told inspectors how residents and relatives were now included in the development and review of care plans. All residents spoken with knew about their care plan and their contents. Inspectors read care plans of residents who had a wound or a pressure ulcer and noted that there were adequate records of assessment and the plan in place to manage these.

Inspectors reviewed the procedures in place for responding to behaviours that challenged. Training had been provided to a number of staff and additional equipment had been purchased. There was a policy which provided guidance to staff. Inspectors reviewed residents' files and noted that appropriate intervention strategies were in place. Staff spoken to were aware of the policy and knowledgeable of appropriate strategies. Additional support, advice and training were available to staff from a sister hospital in the locality. The person in charge and provider confirmed that situations like this required on going monitoring which she undertook.

Inspectors checked the number of falls that occurred within the centre in the previous six-month period. The person in charge and staff had collected and analysed this information. Strategies were put in place for those residents who were at high risk of falling. Inspectors read the care plan of two residents who had fallen and noted that the strategies had been implemented including medication review. In addition inspectors saw where specific equipment and aids had been provided for the residents including low-low beds and crash mats.

Inspectors noted that some residents were using either one or two bedrails. Some were also using lap belts. In the sample of care plans reviewed inspectors noted that appropriate assessments were undertaken including the consideration of alternatives. A policy was in place to guide practice. Inspectors spoke to one resident who said she asked for the bedrail as she felt safer with it. Use of restraint was discussed with the person in charge and various staff members. The person in charge told inspectors that this was an area already highlighted for review. Two staff members had recently attended a "Train the Trainer" programme to assist with the implementation of the HSE national policy and documentation on the use of restraint.

Outcome 8

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.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

Inspectors were satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

This practice was informed by the centres' comprehensive policy on end-of-life care. The policy included guidelines for involving the resident and their families in planning the end-of-life care. Overnight accommodation had been set aside for families who wished to use it. Inspectors spoke with staff who were able to outline the contents of the policy.

Inspectors read where residents' end-of-life preferences were discussed and documented in care plans. The local palliative care team also provided support and advice when required.

Outcome 9

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

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

Inspectors was satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

There was a large central dining room and smaller dining rooms available in each unit. Residents chose where they preferred to have their meal. Inspectors noted that meals were well presented and tasty. Large white boards showed the menu choices for that day. Residents told inspectors they could have anything they wanted at meal times not just what was on the board. Inspectors saw where a wide variety of dishes were served including chicken nuggets to a resident who confirmed it was her favourite.

Staff were seen to assist residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. Inspectors saw that each resident was asked if they would like a second helping. Inspectors noted that as part of the residents' committee described under Outcome 11, suggestions had been made and acted upon. For example, residents asked for a more consistent approach to the evening cup of tea as sometimes the timings changed. This had been achieved by amending the catering roster to have a staff member available to carry of this role. A review of the roster confirmed that this was the case.

Inspectors saw residents being offered a variety of snacks and drinks. Fruit and jugs with a variety of juices and water were available in common areas and staff regularly offered drinks to residents. Residents told inspectors that they could have tea or coffee and snacks any time they asked for them. Relatives also told inspectors that they were often offered tea or coffee.

Residents' dietary requirements were met to a high standard. The chef discussed with inspectors the special dietary requirements of individual residents and information on residents' dietary needs and preferences. Inspectors noted that the catering staff spoke with the residents during the meal asking if everything was satisfactory. Residents also confirmed that the chef meets with them regularly to see if they are happy with the menu choices.

Inspectors saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a monthly basis. Inspectors reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

4. Respecting and involving residents

Outcome 10

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.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

This outcome had not been achieved.

No resident had received a contract of care. The person in charge and provider confirmed that they are awaiting completion of the official HSE contract of care. Inspectors read an email confirming a recent enquiry to the HSE as to when this is likely to be available.

Outcome 11

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Residents' privacy and dignity were respected by staff although some aspects of the premises made this difficult and this is discussed in more detail under Outcome 15.

Inspectors observed staff closing screens tightly around the beds in the multi-occupancy rooms when attending to personal care. They were also observed knocking on toilet and bathroom doors and waiting for permission to enter. In addition inspectors noted a double sided vacant/engaged sign hanging on the outside of the toilet and bathroom doors.

Residents were dressed well and according to their individual choice. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred name. Inspectors also heard good humoured banter which some residents were enjoying.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at the recent election. Mass took place on a weekly basis as was a prayer and communion service and several residents commented on how important this was to them. The Church of Ireland Minister visited regularly and on request. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' representative group had been established. Inspectors read the minutes of some of these meetings and noted that where suggestions made by residents and these had been addressed by the person in charge. Residents discussed what to do with some moneys that were available following a fundraiser. It was agreed that the money would be used to provide covered seating areas along the 'Slí na Sláinte' (walkway for health). The person in charge showed

inspectors the plans for this and hopes that the work will be completed by mid August.

The person in charge told inspectors how she promoted links with the local community. Photographs were displayed around the centre of various outings and activities the residents had attended. The day centre also provided a link as residents regularly attended the activities there and met up with old neighbours and friends. Residents told inspectors how much they enjoyed this.

Care plans and documentation had been updated to be more person-centred. Two additional sections entitled, 'A Key to Me' and 'My Day My Way' were currently being introduced. Inspectors read where these had been completed by or for some of the residents. The information included the residents' previous life experiences, preferences and important dates such as the birthday of the resident's spouse and family, anniversary dates and other important personal information. Inspectors saw where this information was used to inform and plan the activity programme. For example, inspectors saw where some of the residents liked classical and operatic music and how they had been facilitated to attend a concert held in the locality.

Three activity coordinators had been employed in the centre and residents were provided with an extensive range of things to do during the day. A schedule of activities was available and inspectors saw notices outlining the day's events in the sitting room. Inspectors noted that several of the arts and crafts undertaken by the residents were displayed around the centre. The knitting circle was busy during the inspection and inspectors saw that a model farm scene had been created using the garments created. Other residents took charge of gardening activities and raised planters had been built to accommodate this. Special bird tables had been designed to enable residents to feed and watch the birds.

Inspectors noted that outside sockets were strategically placed around the gardens. This allowed residents to recharge their powered wheelchairs if necessary.

Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. The person in charge had ensured that these residents were provided with opportunities for personal growth and were included in the daily life of the centre. Several staff members had been trained to deliver activity programmes such as Sonas (a therapeutic communication activity which focuses on sensory stimulation) and hand massage. Inspectors saw where the residents responded warmly to these one-to-one sessions.

Outcome 12

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.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

The laundry room was spacious and well equipped. Inspectors spoke to the staff member seen working there and found that she was knowledgeable about infection control and the different processes for different categories of laundry. A new system had recently been introduced following a review of complaints and suggestions made at the residents' representative group discussed under Outcome 11. This involved placing each resident's freshly laundered clothes into a marked box and bringing them in this box back to the residents' cupboards. This has minimised the risk of clothes going missing. In addition, additional marking equipment was made available at unit level so that all residents' clothes were sufficiently labelled.

Residents and relatives expressed satisfaction with the service provided and the safe return of their clothes to them. Residents told inspectors that they were satisfied with the laundry arrangements.

Some relatives and residents commented in their questionnaires that personal storage space was minimal. Inspectors noted that some work had already been undertaken to address this. Lockable single wardrobes had been purchased to replace existing narrower wardrobes and a resident spoken with said how much better this was.

5. Suitable staffing

Outcome 13

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

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings

The post of person in charge was full-time and held by a registered nurse with the required experience in the area of nursing older people. She had completed a BA in Psychology and more recently an MSc in Applied Healthcare Management. Inspectors observed that she had a strong and inclusive presence in the centre and there was evidence of good leadership. The person in charge's knowledge of the Regulations and Standards and her statutory responsibilities was sufficiently demonstrated both during the interview and the documentation available.

Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by on-going learning and review of practice. All documentation requested by inspectors was readily available.

Outcome 14

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

There was a robust written operational recruitment policy. Inspectors examined five staff files. All staff files contained the information required by the Regulations.

Staff turnover was very low and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents, had established a good relationship with them and inspectors saw them responding to residents' needs in an informed way. Staff were clear about their roles and responsibilities and were able to explain these to inspectors.

Formal induction arrangements for newly employed staff were in place. A robust service agreement was also in place with a staffing agency should their services be required. Inspectors read confirmation letters from the agency to the centre which confirmed that all agency staff had been through the Garda Síochána vetting process, references had been obtained and mandatory training had been provided. The person in charge told inspectors that she was currently seeking to implement a professional development plan for staff and intends to use the results to plan additional training.

The provider and person in charge were committed to providing ongoing training to staff. Extensive training had been undertaken in 2010. A plan was in place for 2011 outlining the dates and times of proposed training for the current year. This included pressure ulcer prevention, pain management and end-of-life care. All staff had attended mandatory training in moving and handling and staff spoken with were knowledgeable in this regard. A tracking system was in place to ensure that the person in charge was aware of which staff were due to attend the mandatory training.

Most health care assistants had Further Education and Training Awards Council (FETAC) Level 5 training. Staff spoken with confirmed how much they had enjoyed doing this and how it helped them in their work. The person in charge told

inspectors that she hoped the remaining staff will attend the upcoming course and inspectors saw that this was included in the training plan.

Volunteers in the centre received an acceptable level of supervision and support and were vetted appropriate to their role and level of involvement. Their roles and responsibilities were set out in a written agreement.

Inspectors confirmed that up-to-date registration numbers were in place for nursing staff.

Inspectors reviewed the roster which reflected the staff on duty and the person in charge told inspectors that staffing levels was based on the number of residents and their assessed needs using a validated tool. The reduction in bed places had resulted in a decrease in staffing numbers but inspectors were satisfied that there was sufficient staff on duty to meet the needs of residents.

6. Safe and suitable premises

Outcome 15

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

Inspectors noted several improvements to the premises since the previous inspection of November 2010.

Several of the cubicle type areas had been converted into twin rooms and additional bathrooms and toilets and storage space had been added.

The building was clean and bright throughout. Photographs and murals decorated many of the walls. 'A Collection of Memoirs' had been collated by the residents and made into a large poster. The corridors were wide and allowed residents plenty of space to walk around inside the building. Residents had access to the landscaped gardens and inspectors saw a resident helping maintain it.

There was a variety of day areas provided. The rooms were comfortably furnished and domestic in character. Residents could also sit and relax in the day rooms, seating areas, the dining rooms, recreation room, smoking room and oratory.

The main kitchen prepared meals for the residents, the day-care attendees and staff. Inspectors visited the kitchen and found that it was well equipped and had a plentiful supply of fresh and frozen food which was stored appropriately.

There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. The wide corridors enabled easy accessibility for residents in wheelchairs or those with mobility aids. They also aided safety as residents could pass each other without any difficulty. Hand rails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-date.

Cleaning staff were observed working in an unobtrusive manner which did not disturb residents. They were able to tell inspectors about the arrangements to manage the risk of infection, including the use of colour coded cleaning equipment. A high level of cleanliness and hygiene was maintained in the centre. There were three sluice rooms fully equipped with bedpan washers. Each room had a locked press for the storage of chemicals and equipment.

In some bedrooms, the beds were arranged in cubicles with partitions that did not reach the ceiling. Some of the bedroom accommodation had been upgraded and the person in charge told the inspector that this was an ongoing project to meet residents' needs for privacy, leisure and comfort. Portable screening was in use in all shared rooms.

Laundry facilities were available as discussed under Outcome 12. Staff were provided with changing facilities and kitchen staff had separate changing facilities.

The centre had several secure landscaped garden areas with lots of colourful flower beds and green areas. The gardens were safe for use by all residents, and residents told inspectors that they enjoyed spending time in the garden during fine weather. There was ample garden furniture. As stated earlier in the report under Outcome 11, a number of residents were involved in gardening, including choosing and planting vegetables and fruits for the garden.

Storage for equipment was sufficient and inspectors noted that the equipment was safely stored without impeding any walk ways. Additional storage was part of the ongoing developments.

However, there remained some significant deficits in the building. For example:

- there were an insufficient number of assisted toilets and bathrooms. In some of the units the assisted toilets were in the bathrooms which meant that if a resident was having a bath, the toilet could not be used
- some beds were arranged in cubicles with insufficient space to ensure privacy for residents
- eleven bedrooms were designed for three or four residents which will not meet the requirements of the Standards
- there was an insufficient number of wash-hand basins
- there were no stays on the windows downstairs which could pose a security threat.

This was discussed with the provider and person in charge who showed inspectors a design brief completed by an architect. They had already identified these deficits and the provider said they were going to implement changes to the building on a phased basis.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's Guide

Substantial compliance

Improvements required*

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

General Records (Schedule 4)

Substantial compliance

Improvements required*

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required*

Directory of Residents

Substantial compliance

Improvements required*

Staffing Records

Substantial compliance

Improvements required*

Medical Records

Substantial compliance

Improvements required*

Insurance Cover

Substantial compliance

Improvements required*

Outcome 17

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Outcome 18

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.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge. The ADON deputised for the person in charge. The person in charge and provider were aware of their responsibilities to notify the Authority but as yet this was not required. Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the ADON to report on inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Sheila Doyle

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

14 July 2011

Provider's response to inspection report*

Centre:	Baltinglass District Hospital
Centre ID:	0485
Date of inspection:	12 July 2011
Date of response:	2 August 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 5: Health and safety and risk management

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

The risk management policy was still in draft format. Staff were not familiar with its contents nor did it meet the requirements of the Regulations.

Action required:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A comprehensive written risk management policy meeting the requirement of the regulations, currently in draft form will be completed. Staff will be fully appraised of the detail of the risk management policy, and steps will be taken for full implementation of the risk management policy.</p>	<p>30/09/2011</p>

Outcome 7: Health and social care needs

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Residents could not access to the services of a speech and language therapist without admission to a general hospital.</p>	
<p>Action required:</p> <p>Facilitate each resident's access to speech and language services as required by each resident.</p>	
<p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 9: Health Care Standard 13: Healthcare Standard 15: Medication Monitoring and Review Standard 17: Autonomy and Independence 	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Residents assessed as needing the service of speech and language therapist, will be facilitated to access same, either from the primary care resource, or where such is not available, through the acquisition of service from a private provider.</p>	<p>August 2011</p>

Outcome 10: Contract for the Provision of Services

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>No resident had received a contract of care.</p>	
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Action required:	
Agree a contract with each resident within one month of admission to the designated centre.	
Action required:	
Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.	
Reference:	
Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: HSE corporate has designed a draft contract of care, which will cover all pertinent details in relation to the services to be provided to individual residents and the fees to be charged. On finalisation, this contract will be agreed with each resident within one month of admission.	31/08/2011

Outcome 15: Safe and suitable premises

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

There were some significant deficits in the building. For example:

- there were an insufficient number of assisted toilets. In some of the units the assisted toilets were in the bathrooms which meant that if a resident was having a bath, the toilet could not be used
- some beds were arranged in cubicles with insufficient space to ensure privacy for residents
- eleven bedrooms were designed for three or four residents which will not meet the requirements of the Standards
- there was an insufficient number of wash-hand basins
- there were no stays on the windows downstairs which could pose a security threat.

Action required:	
Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.	
Action required:	
Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.	
Action required:	
Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.	
Action required:	
Take all reasonable measures to prevent accidents to any person in the designated centre.	
Reference:	
<ul style="list-style-type: none"> Health Act, 2007 Regulation 19: Premises 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:
<p>Provider's response:</p> <p>Funding has been approved for required works. Architects have been employed.</p> <p>Building survey drawings have been issued, and will be discussed with the Authority's representatives.</p> <p>Plans will be drawn and planning permission sought.</p> <p>Following receipt of planning permission, project will be tendered. Phased work will be necessary to minimise disturbance to existing residents. Work will commence in Spring 2012.</p>	<p>July 2011</p> <p>August 2011</p> <p>Sept – Oct 2011</p> <p>December 2011</p>

<p>All actions recommended will form part of the brief of renovation/refurbishment, i.e. prevention of accidents, renewed size and layout of rooms and provision of sufficient toileting, hand-washing, showering and bathing facilities, with adequate anti-scalding devices.</p>	<p>March 2012</p>
<p>The building will be adequately secured by the provision of stays on all windows.</p>	<p>December 2012</p>

Any comments the provider may wish to make:

Provider's response:

The staff valued the opportunities afforded by the inspection to focus on specific areas of care provision. Inspector's comments and observations are appreciated. The report is a fair and accurate account of the current situation at Baltinglass.

Provider's name: Mary O'Callaghan

Date: 2 August 2011