

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



<b>Centre name:</b>	Care Choice Ballynoe
<b>Centre ID:</b>	0210
<b>Centre address:</b>	White's Cross
	Cork
<b>Telephone number:</b>	021-430 0534
<b>Email address:</b>	ballynoe@carechoice.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Care Choice Ballynoe Limited
<b>Person authorised to act on behalf of the provider:</b>	Aisling Lane and Paul Kingston
<b>Person in charge:</b>	Dorothy Nolan
<b>Date of inspection:</b>	23 January 2013
<b>Time inspection took place:</b>	<b>Start:</b> 09:25hrs <b>Completion:</b> 18:25hrs
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	n/a
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	50 plus one in hospital
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of 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*.**

This inspection report sets out the findings of a monitoring inspection, in which 18 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint.

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

<b>Outcome 1:</b> Statement of Purpose	<input checked="" type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input checked="" type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input checked="" type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input checked="" type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input checked="" type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input checked="" type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input checked="" type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input checked="" type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input checked="" type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input checked="" type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input checked="" type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input checked="" type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This report sets out the findings of an unannounced inspection. This was the fifth inspection of CareChoice Ballynoe by the Health Information and Quality Authority's Regulation Directorate. This inspection took place over one day on 23 January 2013. As part of the inspection the inspector met with the person in charge, the providers, the assistant director of nursing, clinical nurse managers, senior nurse, residents, the facilities manager, relatives and numerous staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The findings of the inspection are set out under 18 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) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Residents' comments are found throughout the report.

In summary, the person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. A wide variety of social and recreational activities, both on-site and outside the centre, are available to residents. Family involvement is encouraged with relatives stating they are welcomed and many are participating in the shared care programme.

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

The care provided to residents was of a good standard but there were some improvements required with recruitment procedures, medication management, contracts of care and policy updating.

These improvements and other improvements as outlined below are required to comply 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*. The provider was required to complete an action plan to address these areas.

These improvements included:

- medication management
- updating policies and procedures
- recruitment procedures needed to be more robust
- contracts of care.

All these will be discussed in the report and outlined in the action plan at the end of the report.

#### **Section 41(1)(c) 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*.**

#### **Theme: Governance, Leadership and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

**Outcome 1**

*There is a written statement of purpose that accurately describes the service 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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The statement of purpose and function was viewed by the inspector, and it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The statement of purpose had recently been reviewed and updated to include the registration date, expiry date but the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 also need to be included as required by legislation.

**Outcome 2**

*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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings:**

Contracts of care had been implemented for the majority of the residents and were seen by the inspector. The contracts were comprehensive, were agreed within a month of new admissions and they stipulated details of the service provided, the fee to be paid and what was included and excluded from that fee. However, one contract viewed by the inspector was found not to include the fee and a contract could not be located for another resident at the time of the inspection.

**Outcome 3**

*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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The person in charge was very clear on her roles and levels of responsibility and was committed to creating an environment that supported quality improvement. She is a registered nurse and holds a diploma in health service management and had attended numerous courses to keep her knowledge base current. She was very involved in the day-to-day management of the organisation. The nursing and care staff all reported to her. The person in charge visited all the residents on a regular basis and was knowledgeable about the residents and their care needs.

Staff and residents identified the person in charge as the one with overall authority and responsibility for the service. She displayed a good knowledge 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*.

**Outcome 4**

*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:**

Regulations 21-25: The records to be kept in a designated centre  
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.*

**Residents' 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 \*

A number of policies required updating.

**Directory of Residents**

Substantial compliance

Improvements required \*

**Staffing Records**

Substantial compliance

Improvements required \*

Some staff records were found not to include all the information required in Schedule 2.

**Medical Records**

Substantial compliance

Improvements required \*

**Insurance Cover**

Substantial compliance

Improvements required \*

**Outcome 5**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated 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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

There had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection and there had been no change to the person in charge. The providers were aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence.

There was a clear management structure and staff were aware of the reporting mechanisms. Acting up arrangements were comprehensive, for both day and night duty. The deputy director of nursing was in charge when the person in charge is off duty. There was always a clinical nurse manager (CNM) on duty during the weekends and a senior staff nurse on night duty. The person in charge, deputy and clinical nurse manager's share acting up rota. Staff are aware via the rota who is on call and they informed inspectors that they have easy access to their phone numbers to contact them in any situation where they are unsure what to do.

**Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Staff demonstrated to the inspectors an awareness of what to do if an allegation of abuse was made to them and clearly told the inspector there was a policy of no tolerance to any form of abuse in the centre. Previous cases of allegations of abuse were fully investigated, correct action taken and reported to the authority as required by legislation.

The inspector viewed records maintained of staff attendance at elder abuse training. The person in charge is completing a train the trainer course in the delivery of elder abuse and protection training and plans to roll out a new programme of training to all staff.

**Outcome 7**

*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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

There was a risk management policy which covered organisational clinical and non-clinical risk implemented in 2011. A centre-specific safety statement dated February 2010 dealt with risks to the environment and set out actions to manage these. The facilities manager who is responsible for health and safety met with the inspector and told the inspector the safety statement and risk assessments were currently being reviewed and updated and all areas of risk are being identified and reviewed. Procedures for evacuation in the event of fire were posted throughout the building. Staff spoken with outlined the procedure to the inspector and demonstrated their knowledge of what to do in the event of fire. Documentation of fire checks was reviewed and found to be satisfactory. Records of fire training and fire drills were reviewed by the inspector. Fire training and fire marshal training had taken place in July 2012. Fire drills had been taking place on a monthly basis since April 2012 and the person in charge reported improvements in understanding and response times as

a result of these. Fire fighting and safety equipment had been serviced in September 2012 and the fire alarm and emergency lighting in October and December 2012.

Although emergency plans were in place in relation to fire and staff demonstrated their knowledge of what to do in an emergency situation, this needed to be formalised and documented in a centre-specific emergency plan to take into account all emergency situations and where residents could be relocated to in the event of being unable to return to the centre.

Close circuit television (CCTV) is positioned in communal areas and outside in the grounds helping to maintain the safety of the residents.

The premises were very clean and infection control practices were of a good standard; the member of household staff interviewed was able to clearly demonstrate to the inspector best practice in the prevention of the spread of infection. Personal protective equipment such as gloves and aprons were available and the inspector saw that staff used good infection control practices. The inspector observed staff using the alcohol gels provided frequently throughout the day. Records of infection control training provided to staff were viewed by the inspector. Both residents and relatives commented on the cleanliness of the centre. Arrangements for the disposal of domestic and clinical waste management were appropriate.

#### **Outcome 8**

*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

#### **Actions required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

The inspector found that medications are generally prescribed, stored and disposed of appropriately in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). The inspector observed a nurse administering the morning medications, and although she had checked the medications against the prescriptions and administered the medication appropriately to the residents, she had not used best practice in infection control, had handled some medications and had signed for medication prior to administration.

Other improvements were identified as being required in medication management and in the medication policies in order to be compliant with best practice guidance:

- liquid medication were being administered in pots that did not have an identifiable measurement on them
- the instruction for medications to be crushed for a resident receiving crushed medications was not signed by the general practitioner (GP) on one prescription sheet seen by the inspector
- the residents date of birth and GP's name were not present on the prescription sheet
- the medication policy did not reflect the best practice shown by nursing staff in the signing and checking of transcriptions of medications. Policies should reflect practice
- the medication policies had a review date of 28 February 2011 and there was no evidence of a review of same.

The supply, distribution and count of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift. The pharmacist was involved in the reviewing the residents' medications on a regular basis and provided advice and support to the GP and staff. Regular audits of medication management were taking place including the use of benzodiazepines which has led to a reduction in their use. An annual audit of medication management is conducted and the inspector would recommend including the issues outlined above in the next and future audit.

Medication errors were being recorded in line with best practice; a number of errors were identified through the wrong medications being put into the monitoring dosage system by the supplying pharmacy. A number of these errors were identified by the nursing staff using correct checking procedures prior to administration of medications. The person in charge and the provider said these errors were identified to the pharmacist in the past, however, there continued to be errors so this needs to be highlighted again and corrective action taken to minimise reoccurrences.

#### **Outcome 9**

*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

#### **Actions required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

### **Inspection findings**

The inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

On the previous inspection some notifications were not being sent into the Authority. Following on from that inspection the person in charge had notified the regulation directorate of all incidents, allegations of abuse and quarterly returns as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Notifications that were sent in were reviewed prior to and throughout the inspection and the inspector was satisfied with the outcomes and measures that were put in place.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 10**

*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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The person in charge, the providers and staff displayed a strong and clear commitment to continuous improvement in quality person-centred care through regular audits of all aspects of resident care utilising key performance indicators, staff appraisals and provision of staff training.

The inspector looked at accidents and incidents that had occurred in the centre and found they were all recorded in line with best practice. Regular audits were in place and changes to practice were made to prevent recurrence.

There is a comprehensive quality improvement programme in place. The inspector viewed the yearly continuous improvements projects programme to facilitate quality improvements throughout the centre. These included policies and procedures that are to be reviewed, as well as team meetings and staff training calendar and recreation calendar. Various audits have been completed which included areas such

as medication, facilities, risk management and various ongoing clinical audit. The person in charge told the inspector they were also commencing a project to streamline their documentation and prevent duplication of information.

A shared care programme was in place where residents and relatives were invited to regular meetings with the staff. These meetings were set up for residents and relatives to discuss and participate in this programme whereby they become more actively involved in their own or family member's care. This has proved to be very successful and a number of relatives told inspectors how it had helped in communication with the staff and a better understanding of their relatives care and enabled them to evaluate care provided.

### **Outcome 11**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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

### **Actions required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

Inspectors observed that residents were encouraged to maintain their independence wherever possible and many residents were seen freely walking around the building and out in the courtyard.

Physiotherapy services were available weekly for assessments and some residents had one-to-one work which was included in the fee. Exercise bars and exercise bikes were seen in the activity room by the inspector and residents spoke about their use of same. The individual physiotherapy service was further enhanced by the fit for life

programme of regular exercises geared to the ability levels of the residents. Many residents and relatives commended the physiotherapy service and the assistance given to enable residents to remain independent and in some residents cases regain independence.

A large number of residents were under the care of one GP practice that provided a comprehensive service. The GP visited on a three weekly basis or more frequently as required. Residents received a full review of all their medical care in which bloods were taken frequently and medication was reviewed on a three monthly basis or sooner if required. This was documented on the drug card and in the medical notes. The on-call doctor service, SouthDoc, was accessed for out-of-hours service whenever required. Residents and relatives commended the medical care available.

A chiropody service is provided to the residents on a regular basis. Dietician services were provided by a dietician from a nutritional company who was also contactable by telephone for advice as required. All supplements were appropriately prescribed by a doctor. Optical assessments were undertaken on residents in-house by an optician from an optical company. But some residents choose to go out to their own optician. Audiology services were provided on a referral basis.

Residents had a risk assessment for falls, prevention of pressure areas and nutrition. The assessment and care plans seen by the inspector reflected the personalised care prescribed and administered to residents and were reviewed and updated at least three monthly and more frequently as required. Each resident had a social care plan detailing their social interests.

**Outcome 12**

*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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges, dining room, activities room and other communal areas were inspected and found to be of a good standard and appropriate to the client group.

The building was very clean and bright, with furnishings and colours appropriate to the needs and wishes of the residents and domestic in character. It was well-

maintained both inside and externally. The inspector observed household staff cleaning the floor and surface areas and the equipment. The inspector viewed the cleaning schedules.

The kitchen was clean, spacious and well maintained and organised. Catering staff interviewed had all received training in food hygiene and records viewed by inspectors confirmed this. The chef was providing food hygiene training to the staff.

There was a dedicated activities room with appropriate equipment to enhance and promote independence; for example an exercise bicycle, moving bars, musical instruments and exercise balls. Appropriate assistive equipment such as, hoists, pressure relieving mattresses, appropriate beds, wheelchairs and walking appliances were available to meet the residents' needs. Equipment was well maintained and service contracts were viewed by the inspector and found to be up to date.

There was an easily accessible secure courtyard available to the residents who told the inspector that they used and enjoyed the courtyard mainly in the good weather. Plenty of seating and tables were provided for residents' and relatives' use. There were walkways at the front of the building and seating for residents and relatives to enjoy the view of the countryside.

#### **Theme: Person-centred care and support**

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

#### **Outcome 13**

*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

#### **Actions required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

There was a policy and procedure for making, investigating and handling complaints. The policy is displayed in the main reception area and is also outlined in the statement of purpose and function and in the Residents' Guide. The person in charge informed the inspector that complaints are discussed at staff meetings and informed changes to practice.

Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspector viewed a comprehensive complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant. Shared care meetings with the resident, relatives and staff are being held for a large number of residents and these also assist in the resolution of any issues that may arise.

**Outcome 14**

*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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Religious needs were facilitated with mass taking place weekly in the main sitting room. Residents from other religious denominations were visited by their ministers regularly as required.

Care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were at end of life stage.

Links were maintained with the community palliative care team who visited as required.

**Outcome 15**

*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 discreet and sensitive manner.*

**References:**

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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

Residents had access to fluids throughout the day. Jugs with water were seen in bedrooms and communal areas and plenty of fluids were offered and encouraged at mealtimes and drinks rounds.

The variety, quality and presentation of meals was found to be of a high standard. The dining room was seen by the inspector to be bright and homely where tables were set with condiments and appropriate cutlery. Residents expressed satisfaction with the food and the dining experience. The menus that were displayed in the dining room and in other resident areas, which enabled residents to make a choice about what they wanted to eat and they confirmed that there was a good choice on a daily basis.

The inspector saw staff assisting residents with their meals. The assistant was seated beside the resident and conversed with him/her, whilst offering assistance. Carers were observed encouraging residents to be as independent as possible whilst eating by encouraging them to hold their own cutlery and glass wherever possible. Meal times were relaxed and unhurried with many residents remained at the table after their meal to socialise.

Any residents who were found to be losing weight or nutritionally compromised were identified for high calorie diets and regular monitoring of food intake and more frequent weight checks. These were seen in residents care plans.

There was good communication between the catering staff and the nursing staff and the chef was able to clearly identify special diets and residents likes and dislikes. There were adequate supplies of dry goods, meat, fresh fruit and vegetables in stock. Inspectors reviewed the menus and saw that there was a choice at all mealtimes.

### **Outcome 16**

*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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

A residents' committee was established in 2009 and numerous meetings have been held to date and the inspector saw minutes of the last meeting held in October 2012. This committee offers residents' an opportunity to participate and engage in the running of the centre, residents made detailed suggestions about the meals and social schedule and practices in the centre. Residents who spoke with the inspector were complimentary about the residents' committee and felt that their issues and suggestions were taken seriously by the person in charge and by the staff.

A number of residents informed the inspector that the ability to vote in local and national elections was very important to them and that they were facilitated to do that in the centre.

The inspector observed that privacy and dignity of the residents was respected and promoted at all times in the delivery of personal care, signs were placed outside the doors saying personal care was being delivered which prevented visitors and staff entering until the care was completed. The manner in which staff spoke with residents was observed by the inspector, they were cheerful and respectful and staff knocked on residents' bedroom doors and waited for response before entering. The residents' dining room overlooking the countryside, but was also by the main entrance to the centre. To protect the residents' privacy when eating a covering had been put on the windows which allowed the residents to see out but did not allow anybody outside to see in. Residents confirmed that they felt this was a very good idea to protect their privacy and dignity at meal times.

The inspector viewed the comprehensive programme of activities that residents said met their needs and were of interest to them. The director of activities and the activities coordinator were very proactive in the ongoing development of these programmes and actively sought residents' input. Every month a "ladies' coffee morning/afternoon tea" is held. Residents stated that they loved using the "fine bone china tea set". The "Ballynoe bar" drinks trolley "bar" is available for residents under supervision. Musicians were contracted to come and provide musical events for the residents regularly. Residents also had an opportunity of having their hair done by a hairdresser who visits twice weekly. Other activities included art, cards, baking, bingo, Sonas (a therapeutic activity focused on communication), movie showings, mobile library, gardening, outings, spa Ballynoe hand massage and manicures, newspapers and magazines.

The practice of the visitor's room transformed on a Sunday for a private couple's dinner has continued. The resident and his or her spouse or family are treated to a private dinner with wine and music. The spa bathroom is also very popular. A bathroom has been transformed into a luxurious setting by voile curtaining, candles, petals, piped music and a variety of bath oils, creams and lotions. Residents are

treated to a relaxing bath with their favourite music playing, some of the ladies are treated to a facial. Residents told the inspector how much they enjoyed the experience.

During different stages of the inspection, the inspector saw residents enjoying afternoon tea and enjoying music.

#### **Outcome 17**

*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

#### **Actions required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

Residents' finances were maintained in accordance with best practice and the inspector viewed the signing in and out book for money or valuables stored on behalf of residents. These records were the subject of audit and checking by the management team.

The resident's bedrooms were bright, clean and cheerful. Residents interviewed said that they were happy with the accommodation provided and they were encouraged to personalise their rooms with pictures of family and friends and individual items and possessions. Locked storage space was made available to any residents who wished to store or lock away private items, money or valuables.

The laundry system was seen by the inspector and found to be satisfactory; residents said they were happy with the laundry facilities. Clothes were discreetly marked and residents reported that generally they did not go missing and were always returned to residents laundered and in a timely fashion.

#### **Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*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

**Actions required from previous inspection:**

Ensure staff records contain all the information outlined in Schedule 2.

**Inspection findings**

Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity.

The human resource manager had developed a yearly training matrix identifying mandatory training for staff as well as other pertinent training including dementia care and challenging behaviour, venepuncture, infection control, food hygiene, wound care management and cardio-pulmonary resuscitation. Training records viewed by the inspector confirmed the provision of an appropriate level of training to all staff.

The assistant director of nursing, along with the clinical nurse managers and nursing staff had attended a management development programme for nurses looking at all aspects of management and leadership within the nursing home setting.

Care staff had undertaken the Further Education and Training Awards Council (FETAC) level five training and were able to describe to inspectors changes to practice they had implemented as a result of the training and further education.

The inspector reviewed the planned and actual rotas and noted that there were adequate staff numbers on the day of the inspection to meet the needs of the residents. There was low turnover of staff and staff reported feeling valued in looking after the residents well.

The human resource manager for the CareChoice group managed all aspects of recruitment and human resource issues for the centre. Robust induction procedures

were in place for staff probation and induction processes. All staff signed contracts of employment within the first month of commencing employment. A company handbook and job descriptions were also made available to staff on commencement. An appraisal system was in place to allow each staff member to be informed of their progress and strengths, and have an opportunity to develop their capabilities. However the recruitment procedure viewed by the inspector for a staff member was not sufficiently robust in the scrutiny of documents specified in Schedule 2, in particular in the verification and authenticity of references. The inspector also found that appropriate action and supervision of the staff member was not put in place in response to information received in a reference.

Although the inspector saw a number of comprehensive staff files, a small number of new staff members' personnel files did not have copies of three written references, or evidence of medical fitness.

### **Closing the visit**

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

### **Acknowledgements**

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

### ***Report compiled by:***

Caroline Connelly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

1 February 2013

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report \*

<b>Centre Name:</b>	Care Choice Ballynoe
<b>Centre ID:</b>	0210
<b>Date of inspection:</b>	23 January 2013
<b>Date of response:</b>	14 February 2013

### Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

### Theme: Governance, Leadership and Management

#### ***Outcome 2: Contract for the provision of services***

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

Contracts of care had been implemented for residents and a number were seen by the inspector fully completed. However, one contract viewed by the inspector was found not to include the fee and a contract could not be located for another resident at the time of the inspection.

#### **Action required:**

Agree a contract with each resident within one month of admission to the designated centre which includes details of the services to be provided for that resident and the fees to be charged.

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

<b>Reference:</b> Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The resident involved with the contract with the missing fee has passed away.  The contract which could not be located has been reissued as we believe the original had been archived in error.	Completed

***Outcome 4: Records and documentation to be kept at a designated centre***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>  A number of operational policies and procedures required reviewing and updating.  All staff records seen did not contain all the information outlined in Schedule 2 of the Regulations.
<b>Action required:</b>  Ensure staff records contain all the information outlined in Schedule 2.
<b>Action required:</b>  Review all the written operational policies and procedures of the designated centre on or before the recommendation review date.
<b>Reference:</b> Health Act, 2007 Regulation 21: Provision of Information to Residents Regulation 23: Directory of Residents Regulation 27: Operating Policies and Procedures Standard 1: Information Standard 32: Register and Residents' Records Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We continue to work with staff to ensure all necessary documentation has been submitted.</p> <p>As explained during the inspection feedback meeting this is a challenge that we have created for ourselves. We have begun the process of reviewing all policies that are due. This will take 2013 as it involves all staff re-reading the reviewed policies even if there hadn't been any changes required.</p>	<p>December 2013</p>

**Theme: Safe care and support**

***Outcome 7: Health and safety and risk management***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was not a comprehensive written emergency plan, with emergency procedures and contact numbers to cover all emergencies and where to relocate residents to in the event they were unable to return to the centre.</p>	
<p><b>Action required:</b></p> <p>Put in place an emergency plan for responding to emergencies.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 30: Health and Safety  Regulation 31: Risk Management Procedures  Standard 26: Health and Safety  Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The plan to relocate our residents in the event of being unable to return to the centre is in progress. This will be incorporated into our Emergency Plan.</p>	<p>31 March 2013</p>

**Outcome 8: Medication management**

**The person in charge is failing to comply with a regulatory requirement in the following respect:**

The inspector observed a nurse administering the morning medications, and although she had checked the medications against the prescriptions and administered the medication appropriately to the residents she had not used best practice in infection control in her handling of some medications and had signed for medication prior to administration.

Other improvements were identified as being required in medication management and in the medication policies in order to be compliant with best practice guidance:

- liquid medication were being administered in pots that did not have an identifiable measurement on them
- the instruction for medications to be crushed for a resident receiving crushed medications was not signed by the GP on one prescription sheet seen by the inspector
- the residents date of birth and GP's name were not present on the prescription sheet
- the medication policy did not reflect the best practice shown by nursing staff in the signing and checking of transcriptions of medications; policies should reflect practice
- the medication policies had a review date of 28 February 2011 and there was no evidence of a review of same.

**Action required:**

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such practices, policies and procedures.

**Reference:**

Health Act 2007  
 Regulation 25: Medical Records  
 Standard 14: Medication Management

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

**Timescale:**

Provider's response:

The nursing team has been re briefed as to our policy and procedure regarding infection control and medication administration.

Completed

New liquid medication pots have been purchased.

Completed

The GP has now signed this prescription.

Completed

All residents dates of birth are now included.	Completed
All our medication management policies are in the process of being reviewed.	30 April 2013

**Theme: Workforce**

***Outcome 18: Suitable staffing***

<b>The provider has failed to comply with a regulatory requirement in the following respect:</b>	
<p>The recruitment procedure viewed by the inspector was not sufficiently robust in the scrutiny of documents specified in Schedule 2, in particular in the verification and authenticity of references.</p> <p>Appropriate action and supervision of the staff member was not put in place in response to information received in a reference.</p>	
<b>Action required:</b>	
Put in place recruitment procedures to ensure no staff member is employed unless there is full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.	
<b>Action required:</b>	
Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.	
<b>Action required:</b>	
Supervise all staff members on an appropriate basis pertinent to their role.	
<b>Reference:</b>	
<p>Health Act 2007  Regulation 18: Recruitment  Regulation 17: Training and Staff Development  Standard 24: Training and Supervision  Standard 22: Recruitment</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The reference in question was followed up and did not result in any concerns.</p>	Completed

However we have again reviewed our procedure to ensure there is clarity as to who needs to follow up all references.

Completed

**Any comments the provider may wish to make<sup>1</sup>:**

**Provider's response:**

We would like to thank the inspector for her professionalism during this inspection. We will of course work on the areas highlighted during the inspection and are very motivated by the good practice observed and included in the report.

**Provider's name:** Aisling Lane

**Date:** 14 February 2013

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