

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated Centres under Health Act 2007



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| Centre name: | Ballygar Nursing Home |
| Centre ID: | 0319 |
| Centre address: | Ballygar |
| | County Galway |
| Telephone number: | 090 662 4818 |
| Email address: | tomthomas26@gmail.com |
| Type of centre: | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public |
| Registered provider: | Ballygar Nursing Home Ltd |
| Person authorised to act on behalf of the provider: | Tom Thomas |
| Person in charge: | Tom Thomas |
| Date of inspection: | 2 July 2012 |
| Time inspection took place: | Start: 10:30 hrs Completion: 16:30 hrs |
| Lead inspector: | Sheila Doyle |
| Support inspector: | N/A |
| Type of inspection | <input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced |
| Date of last inspection: | 15 June 2011 |

About inspection

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

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under 18 outcome statements. The outcomes set out what is expected in designated centres.

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| Outcome 1 <i>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.</i> |
| Outcome 2 <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i> |
| Outcome 3 <i>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</i> |
| Outcome 4 <i>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.</i> |
| Outcome 5 <i>The health and safety of residents, visitors and staff is promoted and protected.</i> |
| Outcome 6 <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i> |
| Outcome 7 <i>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.</i> |
| Outcome 8 <i>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.</i> |
| Outcome 9 <i>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.</i> |
| Outcome 10 <i>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.</i> |

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| <p>Outcome 11 <i>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.</i></p> |
| <p>Outcome 12 <i>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.</i></p> |
| <p>Outcome 13 <i>The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.</i></p> |
| <p>Outcome 14 <i>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.</i></p> |
| <p>Outcome 15 <i>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.</i></p> |
| <p>Outcome 16 <i>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).</i></p> |
| <p>Outcome 17 <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p> |
| <p>Outcome 18 <i>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.</i></p> |

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain

The 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

Ballygar Nursing Home is a single-story, purpose-built facility which first opened in May 1997. There are places for 16 residents providing long-term, palliative and respite care. At the time of inspection, there were 10 residents, including some with dementia. All residents were over 65 and receiving long-term care.

The entrance leads to a hall which opens onto a main corridor extending the full length of the building. Residents' bedrooms are located off this corridor. The nurses' station is located in the entrance area and is also used as an office by the person in charge.

Communal accommodation consists of a day room, dining room, a small reception room and visitors' room. The reception room is located in the entrance hall while the day room and visitors' room is off the main corridor. The kitchen is next to the dining room and a large hatch area connects the two. The laundry room is beside the kitchen and the sluice room is accessed through an assistive shower room on the main corridor.

In total there are eleven bedrooms, six single and five twin bedrooms. There are no en suite showers and toilets but all rooms have hand-washing facilities.

There are two shower rooms with assisted shower, toilet and hand-washing facilities and a separate additional toilet for residents' use. Catering and non-catering staff use the same toilet which is located beside the laundry. Visitors also use this toilet.

Car parking for relatives, staff and visitors is available to the side of the building. An outdoor space with some seating is available for residents' use.

Ballygar Nursing Home is located in Ballygar, County Galway, and nine miles from Roscommon town.

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| Date centre was first established: | 29 May 1997 |
| Date of registration: | 11 November 2011 |
| Number of registered places: | 16 |
| Number of residents on the date of inspection: | 10 |

| Dependency level of current residents as provided by the centre: | Max | High | Medium | Low |
|---|------------|-------------|---------------|------------|
| Number of residents | 5 | 1 | 2 | 2 |

| | | |
|----------------------------|--------------------|----------------------|
| Gender of residents | Male (✓) | Female (✓) |
| | ✓ | ✓ |

Management structure

The provider is Ballygar Nursing Home Ltd and Tom Thomas is authorised to act on behalf of the provider. Tom Thomas is also the Person in Charge and will be referred to for the most part as the Person in Charge throughout the report. Bernadette Thomas is the Senior Staff Nurse and deputises for the Person in Charge. She also works as a multitask attendant. Four nurses including Bernadette Thomas report directly to the Person in Charge. Multitask attendants report to the nurse on duty. Catering staff report to the Person in Charge or nurse on duty. General maintenance work is the responsibility of the Person in Charge.

| Staff designation | Person in Charge | Nurses | Care staff | Catering staff | Cleaning and laundry staff | Admin staff | Other staff |
|---|-------------------------|---------------|-------------------|-----------------------|-----------------------------------|--------------------|--------------------|
| Number of staff on duty on day of inspection | 1 | 1 | 2 (multitask) | 0 | 0 | 0 | 0 |

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 set out the findings of an unannounced inspection. This inspection took place over one day. As part of the inspection the inspector met with residents, relatives, and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

At this inspection, the inspector found that the health care needs of residents were met to a high standard and residents were provided with a range of interesting things to do during the day. Servicing of equipment was up to date and infection control procedures were robust.

Ongoing improvements were noted in auditing and care plan documentation and there was a planned training programme in place to ensure staff had the required skills. Further improvement was required around the use of restraint.

The inspector was concerned that there was a risk to residents because of inadequate fire safety procedures and immediate action was required to address this.

Other improvements required related to the checking of drugs that required strict controls and recruitment practices including vetting of volunteers and service providers. The Residents' Guide also required review. Previous issues regarding the layout and size of some parts of the building remained.

These are discussed further in the report and included in the Action Plan at the end of the report.

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

The inspector read the statement of purpose which was updated in July 2012 and noted that it met requirements of the Regulations.

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

The person in charge had started to collect data for the purpose of reviewing the quality and safety of care provided. An environmental audit had been completed looking at areas such as cleaning, pressure relieving equipment and checking call bells.

Residents were also asked to give comments on the activity programme. One resident had suggested that more bingo sessions in the afternoon would be nice and the inspector saw that this was now included. A care plan audit was completed on a three monthly basis to ensure that all assessments and interventions were carried out.

Residents had been asked to comment on the menu choices but no suggestions had been made. Plans were in place to audit complaints and incidents but there were none recorded in the previous 12 months. There were no reports of falls in the last 12 months.

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

The complaint's policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display in the centre. Residents who spoke with the inspector knew the procedure if they wished to make a complaint. No complaints have been received in the last 12 months.

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

The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. No allegations of abuse had been received.

Some residents' monies were managed by the person in charge and a policy was in place to guide the practice. The inspector checked the balances and saw that they were correct. Deposits and withdrawals were recorded and verified by two signatures.

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 inspector was concerned that appropriate measures were not in place to safeguard residents in the event of fire. There was no evidence of fire training since July 2010. There was no documented evidence that fire doors and fire exits were checked. Although a full service of all equipment and the fire alarm was conducted the previous week, the inspector could find no documented evidence that servicing of the fire alarm was carried out on a quarterly basis. Staff spoken with were familiar with the fire system. These issues were discussed with the provider who was required to take immediate action. Fire training was organised for four days later. A letter of confirmation from the training company was received by the inspector.

There was a health and safety statement in place. A risk management policy was in place which met the requirements of the Regulations.

An emergency plan was in place and included details of alternative accommodation for residents should evacuation be necessary.

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. 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.

Outcome 6

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

References:

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

Inspection findings

The inspector found evidence of good medication management practices although immediate improvements were required regarding the checking of medications that required strict control measures (MDAs).

Counts were not carried out at the change of shifts as required by national guidelines for the safe custody of MDAs. The medication management policy did not provide sufficient guidance for staff around this practice. MDAs were kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of MDAs. Two nurses signed and dated the register on administration. The inspector checked the balances and found them to be correct.

The inspector observed the administering process and noted that this was in line with the policy and best practice guidelines. Medication reviews were carried out by the GP and pharmacist on a three-monthly basis.

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

The inspector noted that regular audits of medication prescribing and administration were carried out by the pharmacist and person in charge. In addition all nurses had undertaken medication competency assessments.

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

Although there was ample evidence of good practices, the inspector was concerned that the use of restraint could pose a risk to the safety of residents.

Although improvements were noted since the previous inspection, further work was required around the use of restraint. Two residents were using bedrails at the time of inspection. Although assessments had been undertaken there was no evidence of consideration of alternatives. There was no documented evidence that residents were checked whilst the bedrails were in use nor that the use was reviewed. This was discussed with the nurses and one nurse confirmed that she was due to attend additional training that week.

Otherwise, residents' health care needs were met to a high standard. General practitioner (GP) services were provided and residents had access to a range of peripatetic services - occupational therapy (OT), speech and language therapy (SALT) and physiotherapy was by referral basis to the local hospital or privately. The dietician also attended residents on a referral basis. Audiology services were also provided on a referral basis. Chiropody, dental and optical services were provided locally if required. Psychiatry of later life also provided services when required. While reviewing residents' files the inspector noted the input of the various services who recorded their review and treatment plans for each resident.

The inspector reviewed some residents' files and noted that a nursing assessment and additional risk assessments were carried out for residents. Three-monthly reviews were carried out and there was evidence of resident or relative involvement.

Residents were seen enjoying various activities during the inspection. Some residents commented to inspectors how much they enjoyed these. Each resident's preferences were documented in their care plan and this information was used to plan the activity programme. For example, it was recorded in a care plan that a resident liked to hear the local news and the inspector saw a care assistant reading the local newspaper to the resident. 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. 'A Key to Me' documentation had been added to the care plans to collect relevant data on hobbies, interests and other information such as important dates. Residents' level of participation and enjoyment was recorded including comments such as 'smiling'.

A programme of events was displayed and included religious ceremonies, music, art and many more.

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

The inspector was 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. Inspectors read where residents' end-of-life preferences were discussed and documented in care plans. The local palliative care and home care teams 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 discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Inspection findings

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 three-monthly basis. The inspector 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.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The menus had been reviewed to ensure they were sufficiently wholesome and the person in charge said they would do this from time to time.

Staff were seen to assist residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. They told the inspector they could have anything they wanted at meal times and the inspector saw that a wide variety of choices were available. Residents who required their food in a modified consistency enjoyed the same choices as other residents.

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

The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

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

The inspector was satisfied that each resident's privacy and dignity was respected, including residents' right to receive visitors in private. It was identified at previous inspections that there was insufficient screening in shared rooms and the inspector saw that this was addressed.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at the recent referendum. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' committee had been established. All residents were invited to attend. The inspector read the minutes of some of these meetings and noted that suggestions made by residents had been addressed by the person in charge. These included items such as DVDs of old films and card games. The inspector saw a resident and staff member playing cards in the afternoon and also saw that a selection of DVDs and CDs were available in the centre.

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 organised and well equipped. The inspector spoke to the staff member working there and found that she was knowledgeable about the different processes for different categories of laundry. The clothes were sorted after laundering and brought back to each resident's room. Adequate storage space was provided. Residents expressed satisfaction with the service provided and the safe return of their clothes to them.

Some of the rooms were nicely personalised and the inspector saw that residents had brought in small items from home. Others had family pictures on display. Lockable storage space was available.

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

Tom Thomas is the person in charge. He is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

The inspector observed that he was well known to staff and residents. The person in charge had maintained his continuous professional development and continued to undertake numerous clinical courses such as medication management and palliative care.

Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents. He works with other centres in the area for sharing and learning purposes. All documentation requested by the inspector 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

Although there was evidence of good recruitment practices, further improvement was required in order to meet the requirements of the Regulations.

The recruitment policy or staff files did not meet the requirements of the Regulations and there was insufficient data collected on the volunteers and outsourced service providers.

The inspector examined a sample of staff files and found that there was a self declaration of fitness in each file. There was no evidence as to why it was impractical for the person to obtain a certificate of fitness. The recruitment policy did not meet the requirements of the Regulations as it made no reference to the requirement for evidence of physical and mental fitness.

Several volunteers and outsourced service providers such as the hairdresser attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. However, as yet there was no written agreement setting out their roles and responsibilities nor was appropriate vetting in place as required by the Regulations.

The inspector was satisfied that the staffing levels, qualifications and skill mix were appropriate for the assessed need of residents. Because of the small number of residents, many of the health care assistants (HCA) worked as multitask attendants with time allocated for housekeeping, laundry and catering duties. The coordination of activities was the responsibility of the senior nurse. Each staff member spoken with was clear about their role and responsibilities.

Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The person in charge promoted professional development for staff. Training was tailored to meet residents' needs. Staff told the inspector they had received a broad range of training which included caring for the person with dementia, meaningful activities, and infection control. Training records were reviewed which confirmed this.

Staff spoken to were very familiar with behaviour management. Staff also spoke about changes to practice as a result of courses attended. One nurse told the inspector how she was better able to manage behaviour that challenged as a result of a dementia course she had undertaken. All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately.

The inspector read the records which confirmed that up to date registration numbers were in place for nursing staff.

Limited changing facilities were provided for all staff.

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

As identified at previous inspections the layout and size of some parts of the building were not suitable to comfortably meet the residents' individual and collective needs.

For example:

- resident's bedrooms were not of adequate size to meet the needs of individual residents
- an assistive bathroom was not available to offer residents with choice in having a bath or shower
- there was no visitors' toilet.

This was discussed with the provider who has plans in place to meet the requirements of the Regulations through building works with a completion date of June 2015.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing and maintenance records for the equipment and found they were up to date.

The inspector found that the sluice room, toilets, laundry and assisted shower rooms were clean, organised and complied with the Regulations.

The inspector was satisfied that there was suitable and sufficient communal space for residents. There were a good size day room and two smaller sitting rooms. A sufficient sized dining room was provided for residents who wished to use it, with some residents choosing to stay in the day rooms or their bedrooms.

A small garden area had been secured to allow safe access for residents.

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

Improvements were required in some of the documents reviewed.

The insurance policy did not meet the requirements of the Regulations as it did not specify that the liability to any resident shall not exceed €1,000 for any one item.

The Residents' Guide did not meet the requirements of the Regulations - it did not contain the most recent inspection report.

Other documents reviewed such as the Directory of Residents were in order.

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 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

Inspection findings

The provider was aware of his responsibility to notify the Authority of the absence of the person in charge but as yet this was not required. The inspector was 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 nurse manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the co-operation 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

5 July 2012

Provider's response to inspection report*

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| Centre: | Ballygar Nursing Home |
| Centre ID: | 0319 |
| Date of inspection: | 2 July 2012 |
| Date of response: | 19 July 2012 |

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

There was no evidence of fire training since July 2010.

There was no documented evidence that fire doors and fire exits were checked.

Although a full service of all equipment and the fire alarm was conducted the previous week, the inspector could find no documented evidence that servicing of the fire alarm was carried out on a quarterly basis.

The provider was required to take immediate action to ensure that all staff had fire safety training.

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

| | |
|---|-------------------|
| Action required: | |
| Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals. | |
| Action required: | |
| Provide suitable training for staff in fire prevention. | |
| Reference: | |
| Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: Fire training for all staff took place on 6 July 2012 and training cert has been forwarded to Chief Inspectors office. Fire doors and fire exits are now checked for faults and documented on a daily basis in fire register. Service of fire alarm will be carried out on a quarterly basis and documented in fire register. | Complete |

Outcome 6: Medication management

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|--|
| 2. The provider is failing to comply with a regulatory requirement in the following respect: |
| Checking of medications that required strict control measures was not carried out at the change of shifts as required by national guidelines. |
| 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 policies and procedures. |
| Reference: |
| Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management |

| | |
|--|-------------------|
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| <p>Provider's response:</p> <p>MDA drugs will be counted and checked by two nurses at 9.00 am and 9.00 pm and documented in an MDA stock book. Medication policy has been amended to reflect safe custody of MDAs.</p> | Complete |

Outcome 7: Health and social care needs

| | |
|---|-------------------|
| 3. The provider is failing to comply with a regulatory requirement in the following respect: | |
| <p>There was no evidence of consideration of alternatives prior to using restraint. There was no documented evidence that residents were checked whilst the bedrails were in use nor that the use was reviewed.</p> | |
| Action required: | |
| <p>Provide a high standard of evidence-based nursing practice.</p> | |
| Reference: | |
| <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations</p> | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| <p>Provider's response:</p> <p>Following recent training on the use of restraint we are now, in every case, considering alternatives to the use of bedrails. Where alternatives are not successful, we are developing a risk assessment appropriate to the centre which will consider the balance of risk of using bedrails with the risk of not using bedrails. These assessments will be reviewed regularly or after any change in the resident's condition. All information will be recorded in the resident's care plan. We have put in place a checklist for residents wellbeing while bedrails are in use. This will be signed by the nurse on duty two hourly and will be reviewed on a regular basis.</p> | 20/8/2012 |

Outcome 15: Safe and suitable premises

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

The layout and size of some parts of the building were not suitable to comfortably meet the residents' individual and collective needs. For example:

- resident's bedrooms were not of adequate size to meet the needs of individual residents
- an assistive bathroom was not available to offer residents with choice in having a bath or shower
- there was no visitors' toilet.

Action required:

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Action required:

Provide sufficient numbers of toilets, and wash-hand 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.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

Provider's response:

Plans have been drawn up and submitted to the Authority with a completion date of June 2015. These include bedrooms which meet the needs of individual residents, an assistive bathroom and a visitors toilet. Hot and cold water will be supplied incorporating thermostatic control valves and other suitable anti-scalding protection as appropriate.

20/06/2015

Outcome 16: Records and documentation to be kept at a designated centre

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

The insurance policy did not meet the requirements of the Regulations.

The Residents' Guide did not meet the requirements of the Regulations.

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|---|--------------------------|
| <p>Action required:</p> <p>Put insurance cover in place against loss or damage to the property of residents including liability as specified in the Regulations.</p> | |
| <p>Action required:</p> <p>Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.</p> | |
| <p>Action required:</p> <p>Supply a copy of the resident's guide to the Chief Inspector.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 21: Provision of Information to Residents Regulation 26: Insurance Cover Standard 1: Information</p> | |
| <p>Please state the actions you have taken or are planning to take with timescales:</p> | <p>Timescale:</p> |
| <p>Provider's response:</p> <p>Liability, as specified in the Regulations with regard to insurance cover has been submitted to office of Chief Inspector. The Residents' Guide has been submitted to the office of the Chief Inspector which includes a summary of the statement of purpose, the terms and conditions in respect of accommodation provided, a contract of care, the most recent inspection report and a summary of the complaints procedure. It also includes the address and telephone number of the Chief Inspector.</p> | <p>Complete</p> |

Any comments the provider may wish to make:

Provider's response:

None received.

Provider's name: Tom Thomas

Date: 22 July 2012