

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Community Nursing Unit Ballymote
<b>Centre ID:</b>	0330
<b>Centre address:</b>	Ballymote Co Sligo
<b>Telephone number:</b>	071-9183195
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<b>Type of centre:</b>	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered providers:</b>	Nazareth House Management Limited
<b>Person in charge:</b>	Suzanne Keenan
<b>Date of inspection:</b>	18 April 2012
<b>Time inspection took place:</b>	<b>Start:</b> 09:50 hrs <b>Completion:</b> 16:30 hrs
<b>Lead inspector:</b>	P.J Wynne
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input type="checkbox"/> Follow-up inspection

## About the inspection

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

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

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

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.

## About the centre

### Description of services and premises

Community Nursing Unit Ballymote is a single-storey building which was built in 1985 with an extension added in 1995 to include facilities for day-care services.

The centre has bed capacity for 25 residents and provides long-term care for dependent older people and respite care for seven people. The accommodation consist of one single bedroom, three twin bedrooms and four bedrooms each accommodating five residents. All bedrooms are en suite with a toilet and wash-hand basin. There is one suitably adapted bathroom with a shower.

Other facilities include a day sitting room for residents and another larger sitting room utilised for people attending for day care. There is a private visitor's room, dining room with a large hatch which opens to the kitchen, a treatment room and a chapel.

There is an enclosed courtyard provided with decking accessible by residents where seating has been provided.

The external grounds provide car parking space for visitors.

### Location

The centre is located within the town of Ballymote. It is set in well attended grounds which are shared with 28 sheltered housing units. There is a pedestrian footpath leading to the shops, train station and business facilities in the immediate vicinity of the centre.

<b>Date centre was first established:</b>	1985
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	1

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	7	7	6	4

## Management structure

The Provider is Nazareth House Management Limited, a voluntary organisation managed by a board of eight Directors. Pat Gaughan is the Chairperson of the Board of Directors and is the nominated Provider on behalf Nazareth House Management Limited. The Person in Charge is Suzanne Keenan who reports the provider.

All nursing grades, care assistants, cleaning, laundry and maintenance report to a Clinical Nurse Manager (CNM2) who in turn reports to the Person in Charge.

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

## Background

The purpose of this inspection was to follow up on the action plan agreed with the provider from the inspection which took place on 28 and 29 June 2011 and is published on the Authority's website and can be viewed at [www.higa.ie](http://www.higa.ie). This inspection was carried out as part of the Authority's inspection programme to check progress on any outstanding actions from previous inspections.

The Action Plan from the inspection report highlighted 12 areas for improvement. The provider submitted an action plan following the inspection within a specified timeframe. This provided details of how he proposed to address areas of non compliance. The action plan was agreed with the inspector. This outlined the timeframes for addressing the issues and the actions already taken or in progress to bring about improvements.

The key findings from the previous inspection identified a need for training of staff in cardiopulmonary resuscitations techniques and end of life care. Some policies were identified as requiring review including the complaints, risk management and adult protection policy. Aspects of restraint management required review to reflect best practice. Structural improvements to the physical environment were identified to ensure compliance with the 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*.

## Summary of findings from this inspection

This follow up inspection was unannounced and was the fourth inspection of the centre by the Authority. The inspection was carried out over one day. The inspection focused on those areas of practice that required improvement as set out in the action plan of the inspection report. The provider and person in charge had addressed 5 of the 12 actions in the previous inspection report satisfactorily. One was partially progressed and six actions were not completed. These actions are repeated in the action plan of this report.

The centre's management team demonstrated a positive attitude towards complaints and ensured an environment conducive to residents and their families to raise issues. The numbers of staff on duty and skill-mix were appropriate to meet the needs of residents on the day of the inspection.

The inspector found aspects of the service that needed improvement to include a review of risk management to ensure accessibility to exit doors did not pose a hazard to residents' safety. Aspects of restraint management required review to reflect best practice. The inspector identified care plans were not reviewed at the required three monthly intervals in the sample examined.

The Action Plan at the end of the report identifies areas where improvements are required to comply with the Regulations and Standards.

## Issues covered on inspection

### **Operational Governance**

The certificate of registration was displayed inside the main entrance. The provider was operating in compliance with the conditions included in the certificate of registration.

Practice in relation to notifications of incidents was satisfactory. The inspector reviewed a record of all incidents/accidents that had occurred in the centre since the previous inspection and cross referenced these with the notifications received from the centre.

The provider had valid insurance cover against accidents and injuries to residents, staff and visitors. The insurance cover was reviewed by the inspector and seen to include indemnity for the personal property of residents which was reflective of the regulations.

The person in charge maintained a record of An Bord Altranais PINs (professional identification numbers) for all registered nurses. This was reviewed by the inspector and seen to be up to date for all nurses presently employed.

### **Statement of Purpose**

A written statement of purpose was available. It outlined the aims, objective and ethos of care and included all matters required by Schedule 1 of the Regulations.

The range of needs that the centre intended to meet were outlined in the statement of purpose and included general care, residents with physical disability, convalescent and respite care needs. The statement of purpose was clear. The ethos of care outlined in the statement of purpose was delivered upon on a daily basis in the view of the inspector. The inspector noted that care was provided in a "happy atmosphere", in which each person feels at home, cared for and contented". This was confirmed by residents in conversation with the inspector throughout the day. However, the statement of purpose was not revised to reflect recent changes which had occurred in the centre. Namely, the maximum occupancy had decreased to 25 residents and the number of beds available for respite had increased.

### **Staffing Levels**

The provider employs 32 staff which includes a whole-time equivalent of 8 registered nurses and 12 care assistants. In addition, there is catering, cleaning, administration and maintenance staff employed. The inspector viewed the staff duty rota for a two week period. The rota showed the staff complement on duty over each 24-hour period. The inspector noted that the planned staff rota matched the staffing levels on duty. The inspector was able to form the view that the numbers of staff on duty and skill-mix were appropriate to meet the needs of residents on the day of the inspection. This included nursing staff, care staff, catering, and cleaning staff. There was a low staff turnover within the past 12 months ensuing continuity and consistency in care.

### **Safe and Suitable Premises**

The inspector had concerns a resident may be at risk of leaving the centre unaccompanied or unknown to the person in charge. There were three doors around the building, two at the back and one at the side which were not closely monitored due to their location at the end of corridors. These doors were not secured and easily opened from inside. One of the doors was open throughout the entire time of the inspection. Staff were very familiar with the routine of residents accommodated on a continuing care basis and ensured close supervision. However, a number of residents were accommodated for respite and new admissions occurred each week. Therefore staff were not as familiar with such residents, their routines and behaviour. A risk assessment with adequate controls had not been carried out to ensure exit doors and their accessibility did not pose a risk to the safety of residents with confusion/cognitive impairment or those who may be at risk of leaving the centre due to finding the environment unfamiliar.

### **Health and Social Care**

The arrangements to meet residents' assessed needs were set out in individual care plans. Each resident had a care plan completed in the sample reviewed. The assessment tools used to evaluate resident's progress and to assess levels of risk for deterioration were in relation to vulnerability to falls, moving and handling, dependency, nutrition and continence risk assessment. The inspector reviewed four residents' care plans. However, not all plans of care were reviewed at a minimum of three monthly intervals in the sample examined.

## **Actions reviewed on inspection:**

### **1. Action required from previous inspection:**

Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

This action was completed.

The complaints procedure was displayed at the main entrance alongside a comments box. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wished otherwise. A record of all complaints to include both formal and informal was retained in the complaints log.

The complaints policy and procedure was reviewed. This had been updated since the last inspection. The policy contained all procedures as required by the Regulations including, a named person to whom complaints can be made, a nominated person who would monitor that the complaints process was followed and recorded and an independent appeals process if the complainant is not satisfied with the outcome of their complaint.

### **2. Action required from previous inspection:**

Revise the elder abuse policy to include procedures to manage an allegation of abuse against a senior member of the management team and outline clear procedures to investigate an allegation of suspected or confirmed abuse.

This action was partially completed.

The elder abuse policy was under review however, it was not finalised. All staff had been trained in adult protection.

The person in charge could clearly explain to the inspector the protocol they would follow to protect residents and the procedure to investigate allegations of abuse. However, the policy was not completed as required to include procedures to manage an allegation of abuse against a senior member of the management team and outline clear procedures to investigate an allegation of suspected or confirmed abuse.

### **3. Action required from previous inspection:**

Review and update the identification and assessment of risks throughout the designated centre and assess the precautions in place to control the risks identified. Outline the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents in the risk management policy.

Provide training for staff in the moving and handling of residents.

This action was not completed.

A program of safe moving and handling of residents was undertaken since the last inspection. However, the inspector identified five staff as requiring updated training in safe moving and handling of residents as their current certificate of training had expired.

There was a health and safety policy in place which included an environmental and clinical identification and assessment of risk throughout the centre. Precautions to control or minimise risk were specified for the care environment, catering areas, communal rooms and external grounds. A register of risk was maintained and updated. A recent risk assessment indicated restricted access to the main entrance at certain times. This issue was resolved by having a designated clear way painted at the main entrance to ensure unobstructed access for emergency services if required.

There was a missing person policy, an emergency plan and procedures to guide staff in the event of violence or aggression in place. However, the risk management policy did not clearly outline the governance arrangements to manage risk situations. The policy reviewed did not specify who had the overall role and responsibility for health and safety procedures. The policy did not outline the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or near miss events. While risk assessments were completed they were often in the aftermath of an event. There was a limited pro active approach as routine safety audits were not up to date or actioned in a timely manner.

### **4. Action required from previous inspection:**

Provide suitable training for staff in fire prevention.

This action was completed.

The inspector viewed evidence staff were trained in fire safety and evacuation techniques. The inspector viewed evidence of an on going training program by a competent person employed from an external agency to train staff. Seventeen staff completed training in January 2012 and further training was planned for April 2012. Staff spoken with were familiar with the procedures to follow on hearing the fire alarm sound.

**5. Action required from previous inspection:**

Put in place appropriate and suitable practices relating to the prescribing of medicines to residents.

This action was completed.

The inspector reviewed residents' medication prescription sheets. The inspector noted the GP's signature in place for each medication on the prescription sheet in the sample reviewed.

**6. Action required from previous inspection:**

Put in place appropriate and suitable practices relating to the restraints in accordance with evidenced based practice.

This action was not completed.

The inspector reviewed the number of residents with a restraint measure. Records for these residents indicated restraint measures were mostly used at the resident/representatives request as an enabler or for safety reasons. A risk assessment tool was completed prior to the use of the restraint. Consent was obtained for the use of restraint. However, care plans in relation to restraint were not fully reflective of best practice. For example, risk assessments did not provide a consensus judgements that the intervention was in the best interests of the resident, was the least restrictive solution and was being put in place as previous less restrictive interventions had failed in all care plans reviewed. There was no evidence of other health professionals' involvement in the concluding decision to use bedrails or lap belts. Furthermore, there was not evidence in the sample of care plans examined the need for restraint was reviewed periodically.

**7. Action required from previous inspection:**

Revise the written operational policies and protocols for end of life care.

Identify and facilitate personal wishes in relation to end of life care.

This action was completed.

There was a policy on end of life care in place. Spiritual plans of care were in place for residents. In the selection of care plans reviewed personal wishes in relation to end of life care were outlined including choices in relation to cultural and religious beliefs. The end of life plans included discussions in relation to life sustaining treatments. A multidisciplinary approach was undertaken to include the resident, their representative and medical practitioner. This was further evidenced by a review of medical files where the GP had documented a consensus judgement.

**8. Action required from previous inspection:**

Agree a contract with each resident within one month of admission to the designated centre.

This action was not completed.

Residents had not been provided with a contract of care. The person in charge explained to the inspector that a national contract of care had been devised and they were awaiting this contract.

**9. Action required from previous inspection:**

Provide adequate facilities for each resident to appropriately store, maintain and use his/her own clothes.

This action was not completed.

Each resident was provided with a lockable facility by their bedside to allow them secure personal possessions. However, there was limited space for residents to store their clothing within their own personal space in multiple occupancy bedrooms. This restricted residents' choice and independence. Some residents' wardrobes were located on the corridor outside their bedroom. Other wardrobes were not easily accessible to residents, as beds in some bedrooms were placed against the wardrobes due to the limited space available.

**10. Action required from previous inspection:**

Provide staff members with access to training on end of life care and CPR techniques to enable them to provide care in accordance with contemporary evidence-based practice.

This action was completed.

The clinical nurse manager was a link nurse for end of life care. All nurses had completed training on end of life care. A staff member described the person-centred care provided recently, such as a residents' family being facilitated to be with them, and the emphasis on providing appropriate care and comfort to each resident approaching end of life. As outlined under the findings of action plan seven, staff worked to ascertain residents' wishes in a timely manner to facilitate and meet their end of life care needs.

The inspector viewed evidence staff were trained in CPR since the last inspection. All staff nurses had completed this training and a continued program of training was in place for care staff. Staff spoken with confirmed they had completed training and were familiar with the procedures to follow in the event of an emergency. An automated external defibrillator (AED) was available to assist in responding to medical emergencies. The training undertaken by staff included the procedures to operate and use the AED machine.

**11. Action required from previous inspection:**

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Ensure the physical design and layout of the premises meets the needs of each resident and there is suitable storage space for equipment and assistive devices. Provide a sufficient number of baths and showers having regard to the number of residents in the designated centre.

Provide a sufficient number of toilets which are designed to provide access for residents in wheelchairs, having regard to the number of residents using wheelchairs in the designated centre.

This action was not completed.

The number of residents accommodated since the last inspection had decreased by two. The person in charge confirmed to the inspector work was in progress to ensure the structural environment complied with the Regulations and Standards within the required timeframe. A strategic plan for the centre with an overall aim of meeting the requirements of the Regulations was presented to the inspector. The plan outlined the future vision for the centre, its purpose and function taking account of the regulatory requirements.

**12. Action required from previous inspection:**

Produce a Residents' Guide which includes the terms and conditions in respect of accommodation to be provided for residents and a standard form of contract for the provision of services and facilities to residents.

This action was not completed.

A Residents Guide was available and distributed around the centre. However, the Residents' Guide did not contain all the information required by the Regulations. Namely, a standard form of contract for the provision of services and the terms and conditions in respect of the accommodation to be provided. The person in charge explained they were awaiting the national of contract of care and the Residents' Guide would be updated subsequently, outlining the terms and conditions in respect of the accommodation to be provided for residents.

**Report compiled by:**

P.J Wynne

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

30 April 2012

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
9 and 10 February 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
15 February 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
28 and 29 June 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

## Provider's response to inspection report \*

<b>Centre:</b>	Ballymote Community Nursing Unit
<b>Centre ID:</b>	0330
<b>Date of inspection:</b>	17 April 2012
<b>Date of response:</b>	22 May 2012

### Requirements

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

#### 1. The provider has failed to comply with a regulatory requirement in the following respect:

The inspector had concerns a resident maybe at risk of leaving the centre unaccompanied or unknown to the person in charge. Doors were not secured and easily opened from inside.

#### Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

#### Reference:

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

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Both the PIC and CNM2 have received updated training in Risk Management and Health and Safety Procedures following this inspection. All staff working in the unit are aware of the risks and hazards to residents who are mobile and experiencing confusion. The unit and its environment is not suitable for persons who are mobile and experiencing severe levels of confusion. This is explained to all perspective residents including respites and their circle of support during all pre-admission assessments. In conjunction with a comprehensive physiological assessment to establish the cause of a sudden onset of confusion with existing residents, the nursing home has commenced using a validated tool to assess and monitor mobile confused residents. Risk assessments are then completed on any residents who become confused and are mobile. Finally the person in charge recognises that the safety of the residents is paramount. If a safe environment cannot be maintained for a resident at the Ballymote Community Nursing Unit an alternative placement will be sought for a resident in a more secure nursing home. In addition, the health and safety policy and statements are currently being updated to include a management system responsible for the governance of Health and Safety within the unit. A health and safety committee will be set up within the unit. Its first meeting before the end of May 2012.</p>	<p>End of May 2012</p>

<p><b>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Not all plans of care were reviewed at a minimum of three monthly intervals in the sample examined.</p>
<p><b>Action required:</b></p> <p>Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances as and no less frequent than at three-monthly intervals.</p>
<p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>Health Act, 2007</li> <li>Regulation 8: Assessment and Care Plan</li> <li>Standard 3: Consent</li> <li>Standard 10: Assessment</li> <li>Standard 11: The Resident's Care Plan</li> </ul>

<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>Regular audit of nursing documentation will take place in the unit by the CNM2. All nursing staff have been debriefed regarding formal residents review. This action will be completed with the current key worker system.</p>	End of May 2012

<p><b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The statement of purpose was not revised to reflect recent changes which had occurred in the centre. Namely, the maximum occupancy had decreased to 25 residents and the number of beds available for respite had increased.</p>	
<p><b>Action required:</b></p> <p>Keep the statement of purpose under review.</p>	
<p><b>Action required:</b></p> <p>Make a copy of the statement of purpose available to the Chief Inspector.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 5: Statement of Purpose  Standard 28: Purpose and Function</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>Please find attached an updated copy of the statement of purpose. All future changes within the unit will be reflected in the statement of purpose.</p>	Completed

<p><b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The elder abuse policy was not completed as required to include procedures to manage an allegation of abuse against a senior member of the management team and outline clear procedures to investigate an allegation of suspected or confirmed abuse.</p>	
<p><b>Action required:</b></p> <p>Revise the elder abuse policy to include procedures to manage an allegation of abuse against a senior member of the management team and outline clear procedures to investigate an allegation of suspected or confirmed abuse.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>This action was completed immediately post inspection.</p>	<p>Complete</p>

<p><b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The inspector identified five staff as requiring updated training in safe moving and handling of residents as their current certificate of training had expired.</p> <p>The risk management policy did not meet the requirements of the Regulations.</p>	
<p><b>Action required:</b></p> <p>Provide training for staff in the moving and handling of residents.</p>	
<p><b>Action required:</b></p> <p>Put in place a comprehensive written risk management policy and implement this throughout the designated centre.</p>	
<p><b>Action required:</b></p> <p>Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</p>	

<b>Reference:</b> Health Act, 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All staff in the unit are trained in manual handling. Updates have been arranged for 12 June 2012 for five staff.  In addition, the health and safety policy and statements are currently being updated to include a management system responsible for the governance of health and safety within the unit. A health and safety committee will be set up within the unit. Its first meeting is before the end of May 2012.	12/06/2012

<b>6. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>  Care plans in relation to restraint were not fully reflective of best practice. For example, risk assessments did not provide a consensus judgements that the intervention was in the best interests of the resident, was the least restrictive solution and was being put in place as previous less restrictive interventions had failed in all care plans reviewed. There was no evidence of other health professionals' involvement in the concluding decision to use bedrails or lap belts.	
<b>Action required:</b>  Put in place appropriate and suitable practices relating to the restraints in accordance with evidenced based practice.	
<b>Reference:</b> Health Act, 2007 Regulation 8: Assessment and Care Plan Regulation 6: General Welfare and Protection Standard 11: The Resident's Care plan Standard 13: Healthcare	
<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 PIC and a member of nursing staff have completed training in the national restraint policy and guidelines for its use in residential settings. This will be rolled out to all nursing and care staff and its guidelines implemented with immediate effect. At the moment there are 14 direct care and nursing staff trained in the area. The unit hopes to have all staff trained and all residents assessed by the end of June 2012.</p>	<p>End of June 2012</p>
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<p><b>7. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Each resident had not been provided with a contract of care.</p>	
<p><b>Action required:</b></p> <p>Agree a contract with each resident within one month of admission to the designated centre.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 28: Contract for the Provision of Services  Standard 1: Information  Standard 7: Contract/Statement of Terms and Conditions</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>A Contract of Care has been developed by the HSE. The documents are been reviewed by the legal advisor for Nazareth Management Ltd on 30 May 2012. The drawing up of individual contracts will commence immediately following this review. It is envisaged that all residents will have a Contract of Care by September 2012.</p>	<p>September 2012</p>

<p><b>8. The person in charge is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was limited space for residents to store their clothing within their own personal space in multiple-occupancy bedrooms.</p>	
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<b>Action required:</b>	
Provide adequate facilities for each resident to appropriately store, maintain and use his/her own clothes.	
<b>Reference:</b>	
Health Act, 2007 Regulation 13: Clothing Standard 4: Privacy and Dignity	
<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>Ballymote care unit now occupies 1,000m2 and now provides care for 25 residents, based on two five-bedded wards, two four-bedded wards, three two-bedded rooms and one single bedroom. As has been outlined in the Business Plan submitted following our last inspection, a further staged reconfiguration of the unit will be implemented as funding becomes available and will be completed by June 2015.</p> <p>In the interim, we will continue to negotiate with all of the stakeholders at the campus at Ballymote to ensure that the unit becomes compliant by June 2015.</p>	30/06/2015

<b>9. The provider is failing to comply with a regulatory requirement in the following respect:</b>
<p>The physical environment did not comply fully with the Regulations. The residents' personal space was not designed and laid out in a manner to encourage and aid their independence and assure their comfort and privacy.</p> <p>There was limited storage space for equipment and assistive devices.</p> <p>There were an insufficient number of bathing facilities to meet the individual needs of the residents.</p> <p>Many toilets were not suitable to meet the needs of residents. Toilets were not accessible by residents using wheelchairs and were not of sufficient size to accommodate those requiring the use of a hoist.</p>
<b>Action required:</b>
Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

<b>Action required:</b>	
Ensure the physical design and layout of the premises meets the needs of each resident and there is suitable storage space for equipment and assistive devices.	
<b>Action required:</b>	
Provide a sufficient number of baths and showers having regard to the number of residents in the designated centre.	
<b>Action required:</b>	
Provide a sufficient number of toilets which are designed to provide access for residents in wheelchairs, having regard to the number of residents using wheelchairs in the designated centre.	
<b>Reference:</b>	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<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>Ballymote care unit now occupies 1,000m<sup>2</sup> and now provides care for 25 residents, based on two five-bedded wards, two four-bedded wards, three two-bedded rooms and one single bedroom. As has been outlined in the Business Plan submitted following our last inspection, a further staged reconfiguration of the unit will be implemented as funding becomes available and will be completed by June 2015.</p> <p>In the interim, we will continue to negotiate with all of the stakeholders at the campus at Ballymote to ensure that the unit becomes compliant by June 2015.</p>	June 2015

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

The Residents' Guide did contain a standard form of contract for the provision of services and facilities. The terms and conditions in respect of the accommodation to be provided were omitted.

**Action required:**

Produce a Resident's Guide which includes the terms and conditions in respect of accommodation to be provided for residents and a standard form of contract for the provision of services and facilities to residents.

**Reference:**

Health Act, 2007  
Regulation 21: Provision of Information to Residents  
Standard 1: Information

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

**Timescale:**

Provider's response:

A Contract of Care has been developed by the HSE. The documents are been reviewed by the legal advisor for Nazareth Management Ltd on 30 May 2012. The agreed contract of care will then be added to the Residents' Guide.

01/06/2012

**Any comments the provider may wish to make:**

**Provider's response:**

We welcome the finding of this unannounced inspection report which was the fourth inspection of the unit in the past sixteen months. The person in charge and the CNM2 who manages the unit on a day to day basis will continue to work address the issues identified in this report and to maintain the standards that have been achieved thus far. Residents, families, managers and staff were satisfied that the inspection process was carried out in a professional and respectful manner. The business plan outlines how the service intends to proceed, stakeholders involved in the funding of the service are working in partnership to ensure that the unit will be compliant by June 2015.

**Provider's name:** Mr Pat Gaughan

**Date:** 22 May 2012