

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007, as amended**



Centre name:	Ballinamore House Nursing Home
Centre ID:	0317
Centre address:	Ballinamore
	Kiltimagh
	Co. Mayo
Telephone number:	094 9381919
Email address:	ballinamorehouse@hotmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Raicam Holdings Ltd
Person authorised to act on behalf of the provider:	Hugh O'Boyle
Person in charge:	Caroline McGing
Date of inspection:	30 May 2013
Time inspection took place:	Start: 08:50 hrs Completion: 19:00 hrs
Lead inspector:	Geraldine Jolley
Support inspector(s):	N/A
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	8

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 17 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.

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

This monitoring inspection was unannounced and took place over one day. During the inspection the inspector spoke with residents and staff members. The delivery of care was observed at times throughout the day and documentation such as care plans, medical records, accident/incident reports and some policies and procedures were reviewed.

Staffing levels were found to be adequate during the inspection. Residents were noted to be occupied throughout the day, there was a programme of activities and a high level of engagement between staff and residents. Staff were observed to talk and chat to residents and there was good emphasis on encouraging residents to be

independent and undertake activities by themselves. One resident was noted to go out for walks unaccompanied and another was encouraged to mobilize without assistance to ensure that he retained his independence.

The inspector reviewed the 13 actions which comprised 25 requirements from the previous inspection and found that the person in charge and provider had made substantial progress in addressing the required actions. The measures taken to address deficits since the previous inspection included:

- some staff had received training and information on restraint management
- an audit system was in process for the auditing and monitoring of several areas of practice including incidents/accidents, restraint use and medication management
- a review of key policies and procedures had been undertaken
- standards of privacy had been improved
- parts of the building had been redecorated and refurbished improving the environment for residents.

The following improvements were in progress but required further development:

- care plans for residents were available but some needed further development to include an overview of all their needs including information that led to admission, end of life care and personal choices
- further amendment to the risk management policy to include areas of clinical risk
- there were ongoing premises matters that needed attention.

The commitment of staff to providing care in an individualised and person-centred way is supported by the comments of residents interviewed during the inspection, observation of care practice and the way staff described how they organised their work to meet specific wishes and expectations of residents. For example, staff helped residents get up throughout the morning and several residents said that they could get up or go to bed at whatever time they wished.

The Authority had been provided with information that indicated that an injury to a resident had not been medically assessed in a timely way and that family members had not been informed of the incident that resulted in injury. This information was not substantiated following enquiries made.

The inspector identified further improvements that were required to risk management arrangements, aspects of the premises and information provided at the time of admission. The areas for improvement are discussed further in the body of the report and actions required are included in the Action Plan at the end of the report. The provider has a plan in place to address the premises deficits of this listed building. Work was scheduled to commence later in 2013.

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: Leadership, Governance 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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the centre's statement of purpose which described the required matters outlined in Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The profile of the residents reflected the information outlined in the statement of purpose. The centre provides long-term and respite care to dependent persons over the age of 18. At the time of this inspection the age profile of residents was mainly older people who had physical care needs, dementia and mental health problems. There were six residents under the age of 65. Some residents had complex conditions related to neurological illnesses and acquired brain injury.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed a sample of residents' contracts of care. These had been signed by the resident or their next of kin. The contracts outlined the fees to be charged and the services that were included.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The registered person in charge was on planned leave. During her absence her role was undertaken by Sharon O'Boyle who was on duty and facilitated the inspection. She had a thorough knowledge of her responsibilities in the areas that were inspected and the inspection findings indicate that she was competently managing the service.

She displayed a good knowledge of the current residents and could provide detailed information on the social and clinical care needs of residents to the inspector. She displayed a positive attitude towards compliance and said that both she and her husband were working to ensure that the centre achieved a high level of compliance with Regulations and the Authority's Standards.

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' GuideSubstantial compliance Improvements required * **Records in relation to residents (Schedule 3)**Substantial compliance Improvements required * **General Records (Schedule 4)**Substantial compliance Improvements required * **Operating Policies and Procedures (Schedule 5)**Substantial compliance Improvements required * **Directory of Residents**Substantial compliance Improvements required * **Medical Records**Substantial compliance Improvements required * **Action required from previous inspection:**

Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years as a number of policies for example the policies on restraint, infection control and challenging behaviour were not in line with current evidence based practice.

This action was in progress. The inspector saw that policies and procedures had been reviewed. All policies were not fully examined but the policy on restraint that was reviewed contained relevant good practice guidance as outlined in the HSE national guidance. The policy on nutrition also contained good practice guidance including maintaining regular checks of weight where residents had indicators of

vulnerability and this practice was noted to be in place according to care records examined.

There were some improvements to care records identified particularly in relation to the information provided and compiled at the time of admission. This is discussed fully in Outcome 11. There were also some improvements required to the checks related to fire safety arrangements and this is discussed in Outcome 7.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The required notification advising the Authority of the absence of the person in charge on planned leave and the replacement arrangements had been received. The inspector was told that she was due to return to duty in July 2013.

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

Action(s) required from previous inspection:

Put in place all reasonable measures to protect each resident from all forms of abuse.

Inspection findings

This action was in progress.

Records were available to support that all staff had up to date training in recognition, investigation, reporting and management of elder abuse. Staff who spoke with the inspector were clear about their responsibility to report abuse and what constituted abuse. Training on this topic was provided regularly and was noted to have taken place on five occasions in 2012 and in May 2013.

The elder abuse policy contained a range of information to inform staff of the specific care and procedures appropriate for each type of abuse. The contact details of the local adult protection officer and for the local HSE offices were documented in the policy. The inspector found that some details that would assist staff in such a situation had been omitted such as how to protect residents after an event and how to protect evidence where it may be required to do so.

There were no ongoing investigations with regard to allegations, disclosures or suspected abuse at the time of this inspection. However, there was one complaint recorded that had been withdrawn. This related to an allegation of assault made by a resident against a staff member. It was established that the incident did not happen, however, the inspector concluded that the incident would have been more appropriately recorded as an alleged incident of abuse rather than a complaint.

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

Action(s) required from previous inspection:

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

2. Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence and self-harm.
3. Provide a lift where residents are maintained on two, or more, floors.
4. Ensure safe floor covering is provided.
5. In relation to infection control, take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Inspection findings

1 and 2. These actions were in progress.

There was a health and safety policy in place and staff had recorded that they had read and were familiar with the policy. The inspector noted that while a range of risk and hazard situations had been identified clinical risks such as vulnerability to pressure area problems or falls risks had not been included as areas for risk management. It is acknowledged that these risks were outlined in care records but the inspector concluded that these high risk areas should be included in the risk management procedures to ensure that risk assessment was appropriately comprehensive.

3. This action was not complete but will form part of the building programme scheduled to commence later in 2013. There were four stair lifts to assist residents with mobility problems gain access to the upper floors. In accordance with a condition of registration residents with mobility difficulties were not accommodated on the upper floor.

4. The worn floor had been replaced, was level and did not present risk.

5. This action was in progress. The overall arrangements for infection control management were found to be satisfactory. Hand towels and soap dispensers were available and accessible to staff on all floors and in bed room areas. There was an infection control policy in place. The risk associated with residents and staff not having the seasonal influenza vaccine should be outlined in the risk register.

Fire Safety Management

Staff interviewed were aware of the fire safety procedures and the location of the nearest fire exits should an evacuation of the building be required. All means of escape were found to be unobstructed and clearly marked the inspector noted when walking around the building. Smoke detectors were located throughout the centre. The fire safety equipment was serviced regularly and the last service date for fire extinguishers was noted to be 15 January 2013. The annual test and certificate had been issued in June 2012 and was in date.

Fire drills to reinforce the training provided to staff to ensure they are confident of the procedure to be followed in the event of a fire were carried out. Records available confirmed that the most recent fire drill had taken place on 15 May 2013. All staff on duty had attended. One fire drill was noted to have taken place at night in December 2012. The inspectors viewed the fire training records and found that all staff had been provided with fire safety and evacuation training over three sessions during 2013. The inspector found that there were improvements to the fire safety plan needed as outlined below:

- the four fire exits were visible from varied points in the building and the inspector was told that they were checked regularly to ensure they were clear however, this check was not recorded
- an unplanned activation of the fire alarm took place on 4 February 2013. Staff adhered to procedures, however, there was no explanation for the activation recorded.

Manual Handling Training

Records were available to support that all staff had up to date moving and handling training. All staff interviewed confirmed that they had completed manual handling within the last two years. The inspector observed staff practices with regard to safe moving and handling and noted that residents were assisted in line with best practice and that equipment was appropriate to their needs.

Infection Control

The centre was noted to be visibly clean throughout. The equipment in use was also noted to be clean and critical areas such as the sluice areas and laundry were well maintained and clean. Curtains around beds had been replaced with disposable curtains and the date for disposal was clearly identified. The person in charge said that records of staff and residents who had availed of the influenza vaccine were maintained.

Accident and Incident Management

Records were maintained of all accidents and incidents. There were seven incidents recorded for 2013. All records were dated and signed by the staff on duty making the record. When residents fell the person in charge reviewed the incident to determine possible causes and to identify preventative measures. The actions that were being taken to prevent recurrences included reviews by a physiotherapist, medication review, provision of alarms or low-low beds. Staffing levels had been adjusted during the evening period as it was identified that more falls occurred at this time. The carer who normally went off duty at 18:00hrs was now scheduled to work until 19:00hrs.

A review of falls/incidents was completed three monthly. The review identified the dates, times, location and the number of staff on duty when the event occurred. Measures in place to prevent accidents included hand-rails in hallways, grab-rails and safe floor covering. The environment was noted to be uncluttered and equipment was appropriately stored to prevent tripping incidents.

The following premises hazards were identified during the inspection:

- rooms inspected had window restrictors, however, room 12 did not have an effective restrictor in place
- there were trip hazards at the entrance to some rooms, for example, room 5.

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:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The person in charge shall ensure that staff are familiar with such policies and procedures.

Inspection findings

These actions were complete. The system for checking controlled medication had been revised. A controlled drugs register was in use. The supply of all medication was now checked and recorded by two nurses at each shift change. One resident was in receipt of such medication and the inspector found that the balance in stock was in accordance with the amount documented in the record.

Medication was administered via a monitored dosage system. There was photographic identification on medication administration charts and on the individual cassettes that contained medication to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error.

Regular medication audits were undertaken by the person in charge. The areas that had been identified as requiring attention during audits included the need to date and time entries and that all medication needed to be signed when administered.

The maximum doses of "as required" (PRN) were recorded on all administration charts examined.

The inspector noted that some residents were receiving psychotropic medication in depot format. Staff could describe the associated side effects and the medication that was used to remedy any side effects that arose. Other medication such as medication that required regular blood tests was also in use. This was noted to be managed appropriately and medication was not administered if the appropriate blood

test results did not indicate it was safe to do so. Residents who had epilepsy had prescriptions for medication to be administered in an emergency and this medication was found to be in date.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the accident and incident log maintained at the centre and cross referenced this with the notifications submitted to the Authority. The inspector found that where any serious injury to a resident had occurred this had been reported as required by the Regulations. Completed incident and accident forms were audited by the person in charge at the end of each month. Quarterly notifications were submitted within the statutory timeframe by the person in charge. Where further information has been requested this has been submitted within the requested timeframe.

An incident report sent to the Authority outlined where an injury had been sustained prior to admission. This was referred for physiotherapy and medical assessment. Follow-up care in hospital was identified as necessary and this was arranged. Information relayed to the Authority indicated that this injury had not been dealt with in a timely manner and that relatives had not been informed about the incident. This information was not substantiated. The injury had been noted on admission and was discussed with relevant family members. A treatment plan was now in place the inspector noted.

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 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:

1. Revise each resident's care plan, after consultation with him/her.
2. Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at 3-monthly intervals
3. Facilitate each resident's access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.
4. Provide a high standard of evidence based nursing practice in relation to restraint.

Inspection findings

Action 1

The inspector found that this action was in progress. Care plans contained resident-centred information and provided staff with good guidance for the delivery of care. The inspector observed that residents had a wide variety of care needs that included dementia, mental health problems and neurological disorders. Over a third of residents had dementia. The remaining residents had care needs related to enduring mental health problems such as schizophrenia, alcohol problems or brain injury. Thirteen residents were assessed as maximum dependency, 10 had medium care needs and a further 10 had low care needs. One resident was in hospital. The inspector found that there were a range of assessments that informed care plans. These included assessments of dependency, vulnerability to pressure area problems, falls risks, moving and handling and nutrition needs. There were supplementary assessments where residents had specialist needs. For example, there was information that indicated cognitive impairment and where challenging behaviour could be a problem. The inspector found that these assessments and the associated care plans provided a good overview of residents care needs to staff and informed them of the actions to take to address residents day to day personal and social care needs. There was evidence that some residents were consulted about their care and care plans indicated their choices relating to aspects of their care. There was also information that conveyed that staff engaged with residents particularly when specialist programmes were put in place, for example, to assist with behaviour management. The contribution of residents and family members were included in some care records and used in the overall care plan to inform care practice. The person in charge told the inspector that consultation with residents and family members is not always possible due to residents' capacity and the availability of family members. However, this has been made a priority when reviews are undertaken and the inspector acknowledged the significant progress that had been made.

Action 2

The inspector found that care plans were reviewed at three-monthly intervals.

Action 3

This action was complete. The inspector reviewed the admission procedures for a resident who had complex care needs and who was recently admitted to the centre. There was detailed information that outlined his past circumstances and current care needs. There was a plan for medical follow up care and the person in charge said that she intended to ensure that regular reviews took place as several episodes of unpredictable behaviour had occurred and she wanted to ensure that they had appropriate strategies in place to manage this. There was evidence in other care records that referrals for specialist assessments and interventions were made to ensure that residents well being and safety was maintained. The inspector saw that residents were regularly reviewed to ensure that anti convulsant medication was appropriate and mental health referrals and the outcomes were also evident in residents nursing and medical records. Two referrals to occupational therapists had been made during May to assess residents for specialist chairs and seating. Several

residents were noted to have specialist chairs that met their needs and ensured that they could sit comfortably.

The centre has had a service from a private company to supply physiotherapy services for the past four years and has had a consistent responsive service when required.

The inspector found that aspects of the admission procedures needed review as there was insufficient background information available in an instance where a resident with substantial care needs was admitted. There was no overall assessment of his care needs or any judgement on the most suitable placement for his long-term care to guide and inform staff in the centre despite a number of specialist community services being involved in the residents care prior to admission.

There were no residents in receipt of end of life or palliative care.

Social Care Provision

All residents had information on their choices and interests recorded in care documentation. An activity coordinator worked part-time at the centre and an activity schedule was in place. Carers support the activity coordinator to ensure the activity scheduled takes place and to assist residents to participate to their maximum ability.

The provider had arranged for an occupational therapist to assess residents who needed specialist seating or pressure relieving equipment. Several residents were noted to have specialist chairs that met their needs and ensured that they could sit comfortably.

Medical Records

There was good evidence of medical review by doctors and expedient access to GP services. There was evidence available that reviews were conducted three-monthly and when residents care needs changed.

Restraint

The action on restraint was partially complete. The person in charge told the inspector that the procedure on restraint had been reviewed and was now reflective of the good practice guidance published by the HSE on the promotion of restraint free environments. The centre's policy on restraint provided good guidance to staff on best practice.

The inspector noted that risk assessments were completed for the use of bedrails. Consideration of the risks associated with the use of bedrails formed part of the risk assessment and there was evidence of alternatives being put in place before the bed rails were introduced. Staff had been provided with information on restraint management and training was due to take place when courses were available. The person in charge informed the inspector that they had purchased two low-low beds, sensor mats and staffing levels had been increased due the period in the evening when falls were noted to take place more frequently.

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

Action(s) required from previous inspection:

1. Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.
2. 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.
3. Keep all parts of the designated centre clean and suitably decorated.
4. Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.
5. Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

Inspection findings**Actions 1, 2 and 5.**

These actions were in progress.

The centre, is a listed period building that is over two hundred years old. It is a large three-storey mansion that includes a basement and it has been converted and modified over recent years for use as a nursing home. It is located in a rural area surrounded by spacious grounds and large garden areas. This provides an attractive outlook, the grounds are accessible to residents and there is outdoor seating in several areas. There is car parking space to the front and side of the building. A number of significant improvements have been made over the last four years. There are more safety features in place and access to the stairwells has been restricted. The laundry area and basement has been refurbished and flooring in several areas has been replaced or made safe.

Accommodation for residents is provided in single and multi-occupancy rooms on all floors. There were aspects of the environment that did not comply with the Authority's Standards and previous reports have outlined the areas of non-compliance. These included five bedrooms that were multiple-occupancy and

accommodated more than two residents. There is no shaft lift and although there are a number of chair lifts a degree of mobility is required in some areas as there is a space between where one chair lift stops and another begins. Currently only residents who are mobile are accommodated on the first floor. The provider has informed the Authority that he plans to address this through the provision of an extension to the building which has received planning approval and which is scheduled to commence later in the year.

Action 3.

The areas of dampness evident throughout the centre at the last inspection had been repaired and decorated. There was an ongoing maintenance programme in place to address this. Areas that needed painting had been appropriately decorated.

The electro-magnetic door closure had been repaired. The serving hatch between the kitchen and dining room had been repaired. The floor and wall surfaces in the new laundry area had been renewed and now provided an appropriate safe environment that could be effectively cleaned. The privacy curtains surrounding beds had been replaced.

Action 4.

The condensation problem impacting on the window and walls of the blue staircase lobby had been remedied.

The following premises matters were noted to need attention during the inspection:

- there is a large garden and patio to the front which can be used by residents, however, as described in previous reports this area is not enclosed and car parking spaces are provided in close proximity making it hazardous for residents without supervision
- rooms inspected had window restrictors, however, room 12 did not have an effective restrictor in place
- the door of the toilet and bathroom near the nurse's station was badly damaged and had several areas of chipped paint
- there were trip hazards at the entrance to some rooms, for example, room 5
- there was floor damage in the bathroom near room 17
- there was damage above the sink in the upper floor sitting room
- some windows were in poor condition.

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:

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

Inspection findings

These actions were complete.

There was a record of complaints and a number of complaints had been recorded. The complaints procedure was on display and there was access to an appeals procedure independent of the centre. The inspector saw that complaints that were made by residents were taken seriously and addressed.

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

Action required from previous inspection:

Identify and facilitate each resident's choice as to the place of death, including the option of a single room or returning home.

Inspection findings

This action was in progress. There was evidence that some work had been completed in this area. The inspector saw that staff had recorded that some residents had refused to discuss this topic and the person in charge was aware of all residents where end of life care wishes could not be established. Some care records did indicate family members that should be contacted at times of illness or critical events.

This action is repeated in this report and the inspector concluded that training for staff in this area would be beneficial to enable them to approach this topic in a timely and knowledgeable way so that appropriate care and the interventions of residents choice could be put in place.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector viewed the serving of the lunch and tea time meals and spoke with residents about their views of the catering arrangements. Residents said that the "food was very good" and they had a choice at each meal time. They said that food portions were good and if they required smaller or larger portions these were provided. Residents were able to have meals in the dining areas on each floor or in their rooms according to their choice.

There were systems in place to monitor weight changes and the person in charge was proactive in ensuring that changes were identified early to ensure residents well being. Nutritional assessments using a validated nutritional screening tool were carried out for all residents. There were three residents with some evidence of weight loss who had been assessed by a dietician. The specialist advice and additional nutrition recommended was being provided. Two residents had responded well and the third was being closely monitored.

Catering staff could describe the individual needs of residents and the particular choices that some residents preferred that had been brought to her attention. She was aware of residents who had special requirements and ensured the consistency of meals was in accordance with specialist advice. The inspector was satisfied that the catering arrangements were satisfactory and that the specialist dietary needs of residents were appropriately met.

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

Action(s) required from previous inspection:

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Inspection findings

This action was complete.

New privacy curtains had been fitted around beds in communal rooms. These were noted to fully enclose beds and provide a good standard of privacy for residents. Notices indicating residents personal requirements had been removed from residents bedrooms and bathrooms to protect their privacy and this information was available for staff in care records held elsewhere.

The inspector noted that staff assisted residents discreetly and ensured that they could undertake personal activities in private.

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

Action required from previous inspection:

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

Inspection findings

This action was complete.

Twenty new wardrobes had been purchased and placed in the residents' rooms where they were needed. The inspector noted during the inspection of the premises

that residents clothing was folded or hanging neatly in wardrobes or cupboards. Residents said that they had a good laundry service and that there were no problems with lost items.

The laundry area had been refurbished and there was a system in place for the labelling of clothing to ensure that items were returned appropriately and to prevent loss.

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

Action required from previous inspection:

1. Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents and the size and layout of the designated centre.
2. Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

Inspection findings

Action 1.

This action was complete.

Following the last inspection two additional carers had been employed for 30 hours a week each to supplement the care staff team and support the activity staff. This had ensured that scheduled activities could take place as planned. The inspector saw that

there was an activity planned and undertaken during the morning and afternoon periods on the upper floor.

Action 2.

This action was in progress.

Staff had been provided with information and guidance on restraint practice which had been identified for attention during the last inspection. This is being supplemented by attendance at training on the HSE good practice guidance which was being scheduled as courses became available.

The inspector found that there were appropriate numbers of staff on duty during the day and night to meet the needs of residents. During the day there were two nurses and three carers on duty. There was also an activity coordinator, one catering staff, two cleaners and one laundry staff on duty. The provider also worked in the centre full-time. A maintenance man was available two days a week and more frequently if needed. The night staff allocation was one nurse and two carers. The inspector formed the view that staffing levels continued to need ongoing review despite the additional staff employed. This judgement was made in the context of the design of the centre which spread over several floors and the complex care needs of residents that included challenging behaviour.

Residents interviewed said that staff were able to attend to their care needs at times that suited them and said that when care was in progress that they were not rushed or hurried. The sitting areas on both floors were noted to be supervised when occupied by residents and there were sufficient staff to assist residents who needed help at mealtimes.

Staff employment records were not reviewed. The inspector was told that Garda Síochána vetting applications were in progress for new staff recruited.

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 inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

17 June 2013

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report *

Centre Name:	Ballinamore House Nursing Home
Centre ID:	0317
Date of inspection:	30 May 2013
Date of response:	25 July 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: Safe care and support

Outcome 6: Safeguarding and safety

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

The policy on elder abuse needed review to ensure staff had adequate guidance to support their actions in such a situation, for example, information on how to protect residents after an event and how to protect evidence where it may be required to do so. The record completed in the complaints record of an allegation of assault would be more accurately recorded as an alleged incident of abuse.

Action required:

Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

Action required:	
Take appropriate action where a resident is harmed or suffers abuse.	
Action required:	
Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>As highlighted on page nine of your report you have acknowledged that all staff have been trained in recognising and responding to elder abuse and that the current policy contains a range of information pertaining to this topic. We have amended the current policy to reflect the procedure to follow to protect a resident after the event and a procedure to protect evidence at the scene of the alleged abuse.</p> <p>In relation to the allegation, we concur that we should have recorded it as an NFO6 and not a complaint. Staff have been re-educated in relation to the differences between an allegation and a complaint.</p>	23 July 2013

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect:
A range of risk and hazard situations had been identified, however, clinical risk areas such as vulnerability to pressure area problems or falls risks had not been included in the risk management procedure. The procedure needed further review to ensure that it provided a comprehensive overview of all risks in the centre.
Action required:
Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Action required:	
Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety 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>Each resident on admission to this nursing home have a comprehensive assessment carried out. As part of this assessment each individual has a Waterloo assessment carried out which reflects an individuals vulnerability to pressure areas. Each resident has an individual falls risk assessment carried out and this is also carried out seperately by the physio when she conducts her individual assessment. A plan of care is then put in place as part of the residents care plan to reflect the assessment. There are risk management procedures, health and safety policies in place, however, since the inspection each individual resident has now had another clinical risk assessment carried out.</p>	Completed 26 June 2013

The provider is failing to comply with a regulatory requirement in the following respect:
<p>There were improvements to the fire safety plan needed as follows:</p> <ul style="list-style-type: none"> ▪ the four fire exits were visible from varied points in the building and the inspector was told that they were checked regularly to ensure they were clear, however, this check was not recorded. ▪ an unplanned activation of the fire alarm on 4 February 2013 was recorded, however, there was no explanation for the activation recorded.
Action required:
Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.
Action required:
Maintain, in a safe and accessible place, a record of all fire alarm tests carried out at

the designated centre together with the result of any such test and the action taken to remedy defects.

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:

All fire exits are checked on a daily basis. Our fire test list was only ticked to signify everything was ok. Since the inspection the fire check list is now signed.

Completed

We have a comprehensive emergency plan in force with all arrangements clearly noted and an agreement with a local hotel for the safe placements of our residents

Established in 2009

A record of all fire alarm activations are recorded in our register which is located at the nurses station. I have reviewed the fire register for 4 February 2013 and it is recorded the alarm was activated at 14:20hrs for a fire drill.

Completed

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

The following risk areas were identified during the premises inspection:

- the majority of rooms inspected had window restrictors, however, room 12 did not have an effective restrictor in place
- there were trip hazards at the entrance to some rooms, for example, room 5.

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A new window restrictor was fitted in room 12 and the trip hazard was repaired at room 5.	Completed 5 June 2013

Theme: Effective care and support

Outcome 11: Health and social care needs

<p>The persn in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>The contribution of residents and family members were included in some care records and used in the overall care plan to inform care practice, however, practice in this area was inconsistant.</p>	
<p>Action required:</p> <p>Revise each residents care plan, after consultation with him/her.</p>	
<p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standrd 17: Autonomy and Independence 	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: As stated in your report on page 15, signifcant progress has been made and that evidence of contribution of residents and family is seen in the care plans. As discussed with you on the day of inspection it is sometimes restrictive in relation to residents capacity and family involvement as to how much consultation can be obtained from residents and relatives. We do review care plans on a three-monthly basis (if changes occur in the interim time changes are made as and when they occur) and where appropriate we will endeavour to have full involvement of residents and families. When this consultation is not always possible we as professionals will review their care in a holistic manner and plan their care to meet the residents potential thus enabling them to carry out their day to day activities as	Care plans are reviewed three monthly next due in September 2013

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

The inspector found that aspects of the admission procedures needed review as there was insufficient background information available in an instance where a resident with substantial care needs was admitted. There was no overall assessment of his care needs or any judgement on the most suitable placement for his long-term care to guide and inform staff in the centre despite a number of specialist community services being involved in the residents care prior to admission.

Action required:

Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.

Action required:

Have in place an admission procedure in accordance with Schedule 5 of the Regulations.

Action required:

Ensure that all appropriate health care is facilitated and that each resident is supported on an individual basis to achieve and enjoy the best possible health.

Reference:

- Health Act, 2007
- Regulation 9: Health Care
- Regulation 27: Operating Policies and Procedures
- Standard 29: Management Systems

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

Timescale:

Provider's response:

Prior to accepting a new resident we carry out a pre-admission assessment in conjunction with our admission policy, through this we ascertain information pertaining to the new residents medical and personal needs. We will review this assessment document to reflect the overall assessment of needs and document if we feel through our assessment we can facilitate the needs of the resident.

As discussed with you we have found that when referrals come to us via other other multidisciplinarys, and family members, we

18 August 2013

are not always given full disclosure in relation to their needs and find out information retrospectively. We therefore have to make informed decisions on the information given to us and reassess situations and care decisions once new information has come to our attention.	
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Outcome 12: Safe and suitable premises

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

There were aspects of the environment that did not comply with the Authority's Standards. These included:

- bedrooms that were multiple-occupancy and accommodated more than two residents
- there is no shaft lift and although there are a number of chair lifts a degree of mobility is required in some areas as there is a space between where one chair lift stops and another begins.

Action required:

Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

Action required:

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:

Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

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:
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Provider's response: Building works will be undertaken to ensure full compliance with regard to reducing multiple occupancy to a maximum of two residents per room. A lift will also be installed. We are fully aware	Autumn 2014
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of the regulatory notice regarding standard 25 effective from July 2015 and we will be fully compliant.	
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The provider is failing to comply with a regulatory requirement in the following respect:

The following premises matters were noted to need attention during the inspection:

- there is a large garden and patio to the front which can be used by residents, however, this area is not enclosed and car parking spaces are provided in close proximity making it hazardous for residents to use independently
- the door of the toilet and bathroom near the nurse's station was badly damaged and had several areas of chipped paint
- there was floor damage in the bathroom near room 17
- there was damage above the sink in the upper floor sitting room.

Action required:

Keep all parts of the designated centre clean and suitably decorated.

Action required:

Provide and maintain external grounds which are suitable for, and safe for use by residents.

Action required:

Provide adequate private accommodation for residents.

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:
<p>Provider's response:</p> <p>Work has commenced on the patio area to make this area more secure for residents and to make it more visible to vehicles.</p> <p>The bathroom and toilet area specified has been attended to and repainted</p> <p>A new sink has been installed in the upper sitting room and new work tops and cupboards installed as well</p>	<p>Will be completed by 31 July 2013</p> <p>Completed 30 June 2013</p> <p>Completed 30 June 2013</p>

Floor damage in bathroom will be repaired.	31 July 2013
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Theme: Person-centred care and support

Outcome 14: End of life care

<p>The provider and person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>End of life care wishes were not routinely recorded in residents care plans.</p>	
<p>Action required:</p> <p>Identify and facilitate each resident's choice as to the place of death, including the option of a single room or returning home.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation: End of Life Care Standard 16: End of Life Care</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>As stated on page 19 for your report there is evidence that work has been carried out in this area and you have acknowledged that some residents have refused to discuss this issue. The staff are fully aware from admission of whom each residents next of kins are, and whom is to be contacted. We are looking at incorporating End of Life care as part of the admission process and developing an appropriate form to reflect this. If a resident becomes unwell and is palliative every effort is made to ensure that the residents and families wishes are carried out and we utilise the services of the community palliative care team. Study days on End of Life Care are occasionally available from the Centre of Nursing and Midwifery Education in Castlebar and staff are actively encouraged to attend study days for their own professional updates.</p>	<p>September 2013</p>

Theme: Workforce

<p>The provider and person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>The design and layout of the centre and the complex care needs of some residents accommodated indicated that staff numbers and skill mix needed to be kept under</p>
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regular review as residents needs changed.	
Action required:	
Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.	
Reference:	
Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications.	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>As stated in your report on page three, staffing on the day of your inspection was adequate. Staffing and staffing levels are monitored on a regular basis depending on the needs of the residents and the dependency level, if it is felt that more staff are required on a day to day basis then working shifts are amended. As your report reflects we had recently extended the working hours of one of the afternoon shifts as it was felt there was a gap during a particular timeframe. New staff have recently been employed and we are currently shortlisting applicants from a recent advertisement.</p>	<p>Reviewed on a regular basis depending on needs and dependency levels</p>

The person in charge is failing to comply with a regulatory requirement in the following respect:
All staff who had responsibility for assessing and managing restraint use had not had training to ensure evidence based practice was in place.
Action required:
Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.
Reference:
Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: training and Supervision

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>While no formal training session had been arranged in relation to restraint management there is a comprehensive policy which reflects HSE guidelines available for all staff to read, and informal training was conducted with staff who had responsibility for assessing and managing restraint. Any resident that uses any form of restraint i.e. bedrail, lapbelt have full restraint assessment completed, signed by the General Practitioner and reviewed on a weekly basis.</p> <p>Formal training on assessing and managing restraint use will commence in September 2013.</p> <p>Staff are encouraged to attend relevant study days both in the Centre of Nurse and Midwifery Education in Castlebar and to utilise the online training programme provided by hseland.ie as this is both beneficial for the nursing home and from a professional aspect.</p>	<p>September 2013</p>