

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballard Lodge Nursing Home
Centre ID:	OSV-0000011
Centre address:	Borris Road, Portlaoise, Laois.
Telephone number:	057 866 1299
Email address:	angeladuggan@hill16.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Springwater Home Limited
Provider Nominee:	Angela Duggan
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 November 2015 09:30 To: 03 November 2015 19:10

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

As part of the inspection, the inspector met with residents, staff, the person in charge and the provider nominee. The inspector observed practices and reviewed documentation such as policies, care plans, medical records, audits, training records and staff files.

Throughout the inspection, the person in charge demonstrated competency in relation to her role and a commitment to providing a good quality service to residents. In addition, both the person in charge and the provider nominee demonstrated knowledge of their requirements under the Regulations.

Residents spoken with said they felt safe and were listened to. In addition, residents were complimentary of the food, the activities and of staff working in the centre.

There was evidence of good practice in all areas of the centre. 8 of the 11 outcomes inspected were found to be in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (hereafter called the Regulations) with 1 outcome judged as

substantially compliant, 1 outcome judged as moderate non compliant and 1 outcome judged as major non compliant.

Areas identified as requiring improvement were:

- there was no annual review of the quality and safety of care in the centre
- the premises did not meet the requirements of the Regulations and Standards
- errors in the administration of a medicine to a resident had not been identified.

The findings are outlined in the report and the actions required are included in the action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that accurately described the service that was provided in the centre.

The services and facilities outlined in the centre's Statement of Purpose, and the manner in which care was provided, reflected the different needs of residents.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure that identified who was in charge, who was accountable and what the reporting structure was. The Director of Nursing held the role of person in charge of the centre. Staff nurses reported to the person in charge and were in charge of the centre when the person in charge was not on the

premises. The provider nominee, who was a registered nurse, deputised in the absence of the person in charge.

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. This included a system of auditing the service. Audits had been carried out in a number of areas including food preparation, falls, staff understanding of residents' oral care needs, documentation and the SONAS programme.

It was evident the information compiled from audits was being used to identify improvements to the care and welfare of residents. For example, information compiled from an audit on residents who were prescribed anti depressant medicines was being used to ascertain if the use of these medicines could be reduced.

Although an annual review of the quality and safety of care in the centre had not taken place it was evident the care and welfare of residents was being reviewed through the auditing in the centre. The person in charge outlined her intention to use the information from the audits to compile an annual review at the end of 2015.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a guide to the centre available to residents which included information regarding the services and facilities provided in the centre.

Each resident had a written contract. The inspector was told these contracts were agreed on the resident's admission to the centre.

The inspector viewed a sample of contracts and found the contracts dealt with the care and welfare of the resident in the centre, set out the services to be provided and the fees being charged to the resident.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a full-time nurse in charge of the designated centre. She was suitably qualified and had a minimum of three years experience in the area of nursing of the older person within the previous six years.

The person in charge was present on the day of inspection and it was evident she was knowledgeable of her role and her statutory responsibilities.

She was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

She was observed speaking with residents and it was evident residents knew her. She was knowledgeable of the residents and their needs.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent from the centre for a period which would require notifying the Authority. The provider was aware of his responsibility to notify the Authority in the event the person in charge would be absent for a period of 28 days or more.

The provider nominee was identified as the person who would undertake the person in charge role if the person in charge was absent from the centre for an extended period of time. The provider nominee was a registered nurse and was present on the day of inspection. It was evident she was aware of her role and responsibilities should she be required to fulfil the role of person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had implemented measures to protect residents from being harmed or suffering abuse. The inspector was told there had been no allegations of abuse in the centre and this was verified in that no notifications had been received.

There was a policy and procedures in place for responding to allegations of abuse. Staff had received training in the prevention, detection and response to suspected or confirmed allegations of abuse. Staff spoken with were knowledgeable of their role in safeguarding residents, responding to allegations of abuse and informing the person in charge or provider nominee of any concerns.

Residents spoken with said they felt safe and said they would speak with the person in charge or a staff member if they had any concerns.

There were systems in place to safeguard residents' money and valuables. The provider was not acting as agent for any resident at the time of inspection.

There was a procedure for the use of restraint. Risk assessments on the use of restraints such as bedrails and lap belts had been carried out and the person in charge outlined ways in which the centre had reduced the use of restraints by using low low beds.

There was a policy in place for responding to behaviour that is challenging. There were no residents with behaviours that challenge on the day of inspection. The person in charge outlined the supports provided to residents who had displayed behaviours that

challenge in the past. These measures were comprehensive and included referral to professional services where required.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had policies and procedures in place in relation to health and safety. It was evident residents' health and safety was promoted in the centre.

The centre had measures in place to respond to the risks of abuse, the unexplained absence of any resident, accidental injury to residents, visitors or staff, aggression and violence, and self-harm.

Risk assessments had taken place. These included risks in regard to resident welfare, medication management, infection control, facilities, equipment, personal protective equipment, occupational hazards, staff recruitment and training, staff welfare and fire safety. Control measures were in place and the person in charge was in the process of reviewing these and assessing if additional control measures were required.

Staff had received training in moving and handling and the inspector observed good moving and handling practices in the centre.

Fire exits were unobstructed and corridors were clear of any items which could impede evacuation in the event of an emergency.

Suitable fire equipment was provided throughout the centre. There was documentary evidence fire equipment was serviced on an annual basis and the fire alarm was serviced on a quarterly basis. Staff spoken with were knowledgeable of the response to be taken if the fire alarm was activated or if the centre required evacuation.

Judgment:

Compliant

***Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures***

for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a policy and procedures for prescribing, administering, recording, storing and disposing of medication and there was a system for reviewing and monitoring safe medication management practices.

The procedures for storing medication which required specific control measures were viewed. The medication was stored securely and it was documented as counted by two nurses at the change of each shift. An inspector counted a sample of these medications and found they were consistent with the records maintained.

A sample of residents' medication was viewed. Medications were stored securely and the nurse on duty held the keys. A medication trolley was used by nurses to administer medications in the centre. The trolley was locked and stored in the office when not in use.

Some residents' medication prescription sheets were viewed. The prescription sheets contained all required information.

The fridge for storing medication which needed refrigeration was viewed. Medications requiring temperature control were stored in the fridge. The temperature of the fridge was recorded on a daily basis.

The inspector identified a drug error which had not been identified by staff nurses or the person in charge. A medicine had been prescribed for administration on 'alternate days' however, this medicine had not been administered in line with the prescriber's direction. It had not been administered on three occasions in a three week period. There was no documented reason for this. This was brought to the attention of the person in charge.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were supported to access allied health professionals as required and had a choice of remaining with their current GP or the centre would support residents to choose a GP. Residents were supported to access to a range of allied health professionals such as speech and language therapy, ophthalmology, audiology, dental services, chiropody and occupational therapy.

A range of assessments had been carried out which informed care plans. Areas such as residents' risk of developing pressure ulcers, risk of falling, moving and handling assessments and personal care assessments had been carried out. Each assessment outlined the care required and comprehensive care plans were in place where required. It was evident that changes in residents' needs had been reviewed and responded to.

The centre had a pet dog and chickens. The dog was a new addition to the centre in response to pet therapy which residents had availed of and had found beneficial. There was evidence of consultation with residents in regard to the addition of the dog to the centre. Residents spoken with said they liked the dog and were observed interacting with the dog.

The centre had employed activities coordinators to deliver activities to residents Monday to Friday. The activities coordinators were implementing activities based on residents' identified needs and preferences. Residents spoken with said they liked the activities. The inspector observed activities taking place and found they were delivered in line with residents needs.

The inspector met with an activities coordinator and reviewed a sample of residents' activity assessments. The assessments outlined residents' previous life histories and preference for activity provision. A policy on the provision of activities was in place and provided clear guidance for staff in regard to supporting residents. Staff said they had noted a beneficial impact in residents' mood when the provision of activities was increased from two afternoons per week to five days per week.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations

2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The action pertaining to the improvement required to the physical premises had not been addressed by July 1 2015 as outlined in the previous action plan response.

The provider nominee was present on the day of inspection and she outlined the reasons the timeline was not adhered to. This included some delays in regard to the planning application. She showed the inspector the plans and said she had received a call from the engineer who stated that the remaining items had been addressed. She said she would outline the date of completion of the building as part of her action plan response to this inspection.

Judgment:

Non Compliant - Major

Outcome 18: Suitable Staffing

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector viewed the staff rota and observed staffing levels on the day of inspection. The person in charge outlined the staffing levels which were based on residents' assessed needs and the person in charge's professional experience and knowledge. She stated that staffing levels and skill mix were reviewed regularly and adjusted in response to residents' needs.

Training records showed that all staff had undertaken training in a variety of areas relevant to their roles including manual handling, fire evacuation, prevention, detection and response to suspected or confirmed allegations of abuse, CPR (cardiopulmonary resuscitation) and first aid.

All care assistants working in the centre had undertaken training in Care of the Older Person or were in the process of undertaking this training. The activities coordinators had received training in SONAS. Training records showed there was planned training in HACCP (Hazard Analysis Critical Control Point) for some staff.

One staff nurse was undertaking a postgraduate course in gerontology, one staff nurse was undertaking a course in people management and the administration staff member was completing a course in administration. An online training in all aspects of nutrition had been sourced for all staff and staff were in the process of completing these training modules.

From a review of the records maintained and from speaking with staff and the person in charge it was evident that training for staff was prioritised and valued in the centre.

An inspector reviewed a sample of staff files and found that all required documents such as Garda Síochána vetting, references from previous employments and proof of identity were maintained.

Volunteer files were reviewed by the inspector. Evidence of Garda Síochána vetting and a signed agreement of roles and responsibilities were maintained for volunteers.

Staff spoken with were knowledgeable of residents needs, the centre's policies and procedures and the measures to be taken if they received an allegation of abuse. Staff were observed interacting with and supporting residents in a respectful and warm manner. From interactions observed it was evident there were good relationships between residents and staff.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ballard Lodge Nursing Home
Centre ID:	OSV-0000011
Date of inspection:	03/11/2015
Date of response:	23/11/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was no annual review of the quality and safety of care in the centre.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

¹ 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:

All annual reviews will be completed on or before 31st December 2015

Proposed Timescale: 21/12/2015

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A medicinal product had not been administered in accordance with the directions of the prescriber.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

In-service was held for all staff nurses and nurse management. Our medication policy and procedures were reviewed and incidents that were highlighted following our recent inspection were outlined and dealt with in detail.

Proposed Timescale: 15/11/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The premises did not meet the requirements of Schedule 6 and Standard 25.

3. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Due to unforeseen circumstances our project was delayed but is now firmly back on track. We hope to commence construction in February 2016 and have completed all of the development before 31st May 2017. Our aim is to open the new

extension/development on or before 1st June 2017

Proposed Timescale: 01/06/2017