

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ballinderry Nursing Home
<b>Centre ID:</b>	OSV-0000318
<b>Centre address:</b>	Kilconnell, Ballinasloe, Galway.
<b>Telephone number:</b>	090 968 6890
<b>Email address:</b>	ballinderrynursinghome@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Ballinderry Nursing Home Limited
<b>Provider Nominee:</b>	Mary Noone
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	39
<b>Number of vacancies on the date of inspection:</b>	5

## 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:	To:
21 September 2015 12:00	21 September 2015 19:30
12 January 2016 10:00	12 January 2016 13:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This inspection report sets out the findings of two inspections which focused on the provider's request to remove conditions attached to the registration and a notification to change in the person in charge arrangements.

Ballinderry Nursing Home is a purpose-built facility that is registered to accommodate 44 residents who need care on a long or short term/respite basis. There were thirty eight residents in the centre at the time of both inspections. Some residents had problems associated with dementia or long term mental health problems.

The inspector talked to residents and staff and observed aspects of the delivery of care including social. Documents that underpinned care practice such as assessments, care plans and medication records were reviewed. The inspector found that staff had made good efforts to ensure the procedures and systems in place met the needs of residents and contributed positively to their quality of life. The refurbishment of the centre had eliminated all multiple occupancy rooms and

residents were now accommodated in 14 single and 15 double rooms. Dementia friendly features such as memory boxes outside bedroom doors, and primary colours on doors that indicated the main facilities were in place to promote residents independence. A variety of communal spaces enabled residents to have a choice about where they spent time during the day. The inspector found staff working in the centre to be committed to providing a good standard of care to residents. They were found to be respectful and courteous to residents and to visitors who came in throughout the day. The staff group was up to date with training on the required topics of adult protection, fire safety and moving and handling.

Residents that the inspector talked to said that they enjoyed living in the centre, that the food was "varied and very tasty", and "we can order a different meal if we don't want to have what is on offer" and also said that they were offered snacks and drinks throughout the day. Staff received positive comments for their kindness, the sensitivity with which they conveyed information and for their compassion. Residents said that staff talked to them about their needs and wishes regularly and two residents described how their end of life care wishes had been outlined to their satisfaction and said that they were confident that staff would carry out the actions they had described in consultation with their families. There were good descriptions of residents' backgrounds and leisure interests in care plans and this information was used to plan activities. Care plans for a range of social and healthcare matters including end of life care outlined the specific wishes and preferences of residents including their religious and spiritual practices. The inspector found that more specific information on background, hobbies and interests and end of life care was gradually added to care records as residents and their relatives provided this information during the regular review process or discussions with staff.

The inspector found that the centre was in compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland in relation to the majority of outcomes inspected. There was some premises work ongoing to improve storage for cleaning products and equipment. The areas that were noted to require attention during the inspection visits were a lack of fixed hand rail supports in bathrooms and toilets, and wardrobe storage in some rooms that was shared.

**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 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:**

The person in charge appointed in November 2015 previously held the role of provider nominee for three years. He has qualifications in general and mental health nursing. He also had health management qualifications and had undertaken training in clinical audit, health and safety, venepuncture and a range of training related to the mental health act and freedom of information. The inspector found that he was appropriately knowledgeable about the regulations and standards that apply to designated centres. He demonstrated that he had the required three years experience within the last six in the care of older people. He has been actively involved in the day today management of the service and from the information relayed to the inspector it was evident that he knew residents well, was familiar with their care needs and their day to day life patterns in the centre. He has a full time role in the centre and is actively involved in the governance and management on a day to day basis.

Recruitment practices reflected good practice standards and the appropriate safeguards were observed for staff who work with vulnerable people. Both the person in charge and the director of nursing (who was previously the person in charge) interview prospective new staff and assess their competence and suitability. An audit of staff files conducted during 2015 provided assurance that all the required schedule 2 documents were available for staff.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.***

**Theme:**

Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The directory of residents was maintained electronically and contained all the required information in relation to residents. This had been highlighted in the action plan of the last report as it did not contain all the required information.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

An action plan in the last report required that the procedures in place in relation to safeguarding required review to guide staff through the steps to be followed should an allegation or suspicion of abuse be reported. This had been addressed and information on the method for conducting an investigation and the required reports to be made was available.

A notification in relation to safeguarding was sent to the Authority by the new person in charge. The designated social worker in the Health Service Executive was also informed and the inspector saw that this was being investigated comprehensively in the interest of the resident. Staff were not involved in this safeguarding matter.

All staff had attended training in adult protection and this was updated annually by one of the nurses was the trainer for the centre. Staff could describe aspects of adult

protection including how to recognise types of abuse and outlined appropriate steps they would take if they witnessed abuse. They knew the notifications and reports they were required to complete.

There were safeguards in place where residents had bed rails in place. An initial assessment was carried out to determine if other measures would provide the required support and bed rails were only put in place when alternatives had not provided appropriate levels of safety.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that there were appropriate arrangements in place to support the safety of residents, staff and visitors. The centre has a health and safety committee and a range of policies and procedures to guide safe practice. This included a safety statement that had been revised in 2014. The safety guidance included information on areas of risk such as slips, trips and falls, fire, moving and handling, hazards associated with the kitchen, infectious illness and violence and aggression. There was a risk matrix that identified a range of risks and the associated arrangements in place to reduce risk. The areas described included clinical issues such as deterioration if therapy assessment and treatment is not put in place, compromised nutrition and unsafe practice if training is not completed. Other risks included bed rail use, disturbed behaviour and infection management.

The centre was well organised, all areas viewed during the inspection visits were visibly clean and free from obstructions that could be a trip hazard for residents and the entrance and other doors were secure. Hazardous substances were placed in a secure area when not in use and areas such as sluices and the laundry had risk control measures in place. Hand rails were provided in circulation areas. The centre had safe floor covering and all areas inspected had good levels of natural and artificial light. Accidents and incidents were recorded and reviewed to prevent recurrences and to enable staff to learn and revise practice. For example, a review of incidents and the times that they took place had resulted in revised arrangements for staff breaks to ensure adequate staff were available to supervise residents at all times. There were up to date moving and handling assessments for residents and the information indicated the number of staff required and the equipment needed for safe manoeuvres. Falls risk

assessments were completed and sensory deficits such as hearing or visual impairments were identified as additional risk factors for falls.

The fire safety arrangements complied with regulations. Staff had received training during 2015 and fire drills undertaken had included an evacuation of some residents. The inspector was told by staff that the training had included prevention measures, the use of fire extinguishers, fire blankets and fire evacuation sheets. There was a list of all fire fighting equipment as required and this was serviced quarterly on a contract arrangement. The fire alarm panel was located in a prominent area and was checked daily together with fire exits. It was activated weekly in different areas and a record of these checks was noted to be up to date with no gaps. A residents list that was updated weekly with residents mobility needs and dependency was available with the fire register. The fire safety arrangements were reviewed during the refurbishment by a fire prevention officer and local fire station staff have also visited the premises and are aware of the client group accommodated.

There were some residents with behaviours that required additional management. The inspector saw that staff had measures in place to reduce the impact of such behaviours. Staff the inspector talked to described distraction and talking to the residents as interventions they used usually with good effect. There were missing person profiles completed and these were noted to contain a range of relevant information such as a description of appearance, mobility needs and a photograph. However, other information such as communication problems or confusion should be included to guide staff and ensure all relevant information is available.

**Judgment:**  
Substantially 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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The inspector found that there were safe systems in place for the management of medication. There was clinical space where medication trolleys and supplies of medication were securely stored. Fridges used to store medication products were clean and functioning at an appropriate temperature which was checked and recorded daily by staff. Staff were well informed about the medication in use and residents' medication regimes. Medication is supplied in blister packs that are issued monthly by the pharmacist. There is a checking system for medication supplied to the centre and this is undertaken by two nurses. The inspector was told that residents admitted for respite



care take in their own supplies of medication for the duration of their stay. Resident's medication was noted to be reviewed every three months by the GP, nursing staff, by specialist services or when residents' needs change.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

The inspector observed that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines however there were some instances where medication had not been given but there was no reason for this recorded on the medication record. This was evident during the inspection conducted on 21 September 2015. The person in charge demonstrated that there were ongoing audits of medication management in the centre and this had been identified during a medication audit. It was attributed to some residents not taking medication when it was offered and staff making efforts to do this at a different time. Nurses were subsequently encouraged to use the appropriate code where medication is not given. The action plan in the last report in relation to audits not identifying particular issues was assessed as noted to be addressed. At that time medication errors had not been identified in the audit. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication.

**Judgment:**  
Substantially Compliant

***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):**

**Findings:**  
There were 39 residents in the centre during both inspections. There were 60% who were assessed as having maximum or high level care needs and the remaining residents

had medium or low level care needs. The majority of residents were noted to have a range of complex healthcare issues and were being treated for more than one medical condition.

The arrangements to meet residents' assessed needs were set out in individual care plans which were maintained on a computer programme. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements. Four residents' care plans and certain aspects of other care plans related to the management of nutrition, complex care and dementia were reviewed. Care plans for residents at end of life and mental health conditions were also examined.

The inspector found that good standards of personal and nursing care were in place and this was supported by timely medical and allied health professional input when required. The risk assessments completed were suitably linked to care plans where a need/risk was identified. Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. The inspector saw evidence that the ethos of person centred care was promoted each day. Residents could for example get up at times of their choice and could remain in bedroom areas or go to the communal areas to meet others or take part in activity. The sitting areas were supervised and staff were observed to engage with residents when they entered rooms. They greeted them and asked how they were for example.

Care plans provided a good overview of residents' care and how care was delivered. The action plan in the last report that required that assessments and care plans that fully outline residents' needs were available was complete. The inspector found that on admission, a detailed nursing assessment and relevant risk assessments were completed for all residents. Assessments were based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspector noted that the assessments were used to inform care plans and that care was delivered in accordance with established criteria to ensure well being and prevent deterioration. They were updated at the required intervals or in a timely manner in response to a change in a resident's health condition.

Residents had access to GP services and there was evidence of medical contact at least three monthly and more frequently when required. A review of residents' medical notes showed that GP's visited the centre to review medications and to respond to changes in health care. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists and community mental health nurses was available. There was evidence that residents and relatives were involved in care plans and their views were recorded and incorporated into daily care practice. Care plans for residents at end of life were noted to provide good detail on residents' wishes, their spiritual and physical care needs and who they wished to have with them in their final days. One care plan viewed described how a resident wished to have particular prayer books nearby and another described the religious input that she would like at end of life.

The inspector was told that family members were always welcomed and supported to stay with residents if that was their wish.

There were good descriptions of particular aspects of life for residents who had dementia. Care plans contained information on levels of orientation, life styles and what activity residents like to do now. A "key to me" document had been completed and this outlined hobbies and interests that residents had pursued throughout life and the social activities that they attended in the centre. There was a record of residents' health condition and treatment given completed each day and night. Reviews and evaluations of care were undertaken at the required intervals and the inspector noted that the information in reviews conveyed the progress residents had made and the impact of the social and psychological support provided to ensure residents well-being. For example where staff had outlined a comprehensive plan to manage a weight loss problem and the situation was now stable this change was evident in the information recorded. Also residents who had problems such as anxiety were noted to have psychological support from staff and the impact of this and other measures in place to reduce anxiety were recorded.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and shared between providers and services. Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. There were specific activities that were suitable for residents with dementia. These included an exercise group, a Sonas session (this is a sensory and reminiscence activity for people with dementia) and an imagination gym session. Residents were noted to have access to newspapers, radios and televisions. The inspector noted that some fluid and food record charts maintained daily in instances where residents were being monitored were not fully complete. Fluids were recorded however dietary intake was not evident which did not enable staff to make a professional judgement on the adequacy of the diet.

**Judgment:**  
Substantially 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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre had undergone a major refurbishment during 2015. The multiple occupancy bedrooms that had been the subject of an action plan in previous reports had been reconfigured and now all rooms were single or double occupancy. In all there were 14 single and 15 double rooms available. The refurbishment was found to have enhanced the environment for residents particularly the personal and bedroom space available. The centre was noted to be visibly clean and equipment such as commodes and hoists were clean and in good condition.

The premises were noted to be comfortable, appropriately warm and were decorated to a good standard. Residents' rooms had personal items such as photographs, ornaments and pictures which reflected their lifestyle and personal taste. There were handrails in hallways and in communal facilities. There was appropriate equipment in place to support and promote the independence of residents. This was maintained in good working order and associated service records were available. Call bells were readily accessible and the inspector noted these were left within reach of residents when they were in bed. Residents had a choice of sitting room and there was a variety of chairs including specialist chairs where residents needed postural support. The dining area was well organised and had a varied layout with round and rectangular tables. There were tea and coffee making facilities for residents and staff.

The laundry was noted to be well organised with adequate equipment for washing and drying general laundry and personal clothing. It was possible to access the area behind machines so that debris and dust did not accumulate to present a fire hazard. Laundry staff were aware of this risk and all areas were noted to be clean and hazard free. There was a system to label clothing and to return items to bedrooms to prevent loss or damage.

There were some areas that were noted to require attention were: Some toilets had raised toilet seats to assist mobility however some were not fixed securely which could present a hazard, some disposal bins had chipped paint which presented an infection control risk and wardrobe space was shared in some rooms which compromised privacy.

The centre had several features that reflected good dementia design and that promoted independence. These included bright colours on room doors and memory boxes by doors to help residents identify their rooms, good lighting and varied areas to sit or to take part in activities. There was appropriate equipment for use by residents and staff which was maintained in good working order. Equipment, aids and appliances such as hoists, call bells, hand rails were in place to support and promote the independence of residents. Service records indicated that equipment was maintained in good working order.

**Judgment:**

Non Compliant - Moderate

***Outcome 13: Complaints procedures***

***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.*

**Theme:**

Person-centred care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that all complaints were recorded and addressed. The assistant director of nursing had responsibility for addressing complaints and the operations manager (who is now the person in charge) provided an overview to ensure the procedure was followed appropriately. The inspector reviewed two complaints and found that they had been recorded, investigated and addressed to the complainants' satisfaction. Arrangements to prevent a repeat of similar complaints had been put in place. Some of these changes included better supervision by staff of personal property.

Residents were aware that there was a complaints procedure in place and told the inspector they would approach the person in charge or any member of staff should they have concerns.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents rights were respected and that they were encouraged to live as independently as possible in the centre. They had access to a range of social opportunities that were suitable to their needs, were age appropriate and reflected their interests. There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment. The inspector observed that staff engaged with residents throughout the day and ensured that residents were included in activities or in

conversation if they did not wish to take part in the activity under way. Contacts were noted to be cheerful, pleasant and respectful with plenty of general conversation in evidence.

Residents who had dementia were noted to be well supported and staff described how they helped residents orientate to their environment and participate in day to day life to their maximum capacity. They described spending time with residents, giving them choices, time to respond to questions, speaking slowly and also providing reminders so that they knew when meal times for example were to take place.

There were arrangements in place for consultation with residents through regular meetings and there was an established network with residents' families. There is a residents' forum and regular meetings took place which were facilitated by staff. Information on the advocacy service available locally was on display. The inspector was told there had been some disruption to the service and an additional advocacy arrangement was in place.

Residents confirmed that they could follow their religious beliefs and said that they could attend mass or have priests or ministers visit them in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits. The inspector saw that visitors came in at varied times during the day. The centre had a closed circuit television system in place. This covers public areas such as hallways, the reception area and entrances/exit doors. There was easy to read signage to indicate that this equipment was in use.

**Judgment:**  
Compliant

***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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector reviewed staffing levels and discussed the staff allocation with the person in charge during both visits. The inspector was found that the day and night staff allocation was appropriate to meet the needs of residents. The new arrangements for the person in charge role with two senior nurses available has strengthened management capacity in the centre and allowed for the delegation of some functions such as staff supervision, complaints management and audit activity. The inspector talked to varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and said that the person in charge provided good leadership and guidance.

The inspector was provided with details of the training that had been provided to staff during the past two years. This was noted to be identified in a systematic way that ensured that all mandatory training was completed within the required time frames. There were regular staff meetings and the inspector reviewed the records and found that a range of topics were discussed. These included health and safety matters, training and meeting the needs of residents who had dementia.

Residents and staff were observed to have good relationships and residents said they valued the way staff remembered their preferences and the ways they liked their daily routines and personal care to be carried out. The inspector observed that call-bells were answered promptly, staff were available to assist residents and there was appropriate supervision in the dining room and sitting areas during both inspection periods. There was an appropriate role outline for volunteers who visited the centre for prayer meetings and who had contact with residents.

**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:***

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

## Action Plan

### Provider's response to inspection report<sup>1</sup>

Centre name:	Ballinderry Nursing Home
Centre ID:	OSV-0000318
Date of inspection:	21/09/2015
Date of response:	09/03/2016

### 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 08: Health and Safety and Risk Management

**Theme:**

Safe care and support

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

Resident profiles in use as part of the missing person procedures required review to include information on residents capacity to communicate , levels of disorientation or the presence of conditions such as dementia.

**1. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout

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



the designated centre.

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

All resident profiles to be reviewed and updated.

Proposed Timescale: 31st March 2016 for current Residents and Ongoing.

**Proposed Timescale: 31/03/2016**

### **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:**

In instances where medication was not administered there was no indication or code used to convey why the medication was not given.

#### **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:**

(a) All staff nurses have been reminded of the necessity to record the appropriate code on MAR charts.

(b) Refresher Medication Management Training being organised.

(c) This aspect will receive particular attention at the next medication audit.

Proposed Timescale:

(a) Completed.

(b) 30th June 2016.

(c) 31st July 2016.

**Proposed Timescale: 31/07/2016**

### **Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

Some fluid and food record charts maintained daily in instances where residents were being monitored were not fully complete. Fluids were recorded however dietary intake

was not evident which did not enable staff to make a professional judgement on the adequacy of the diet.

**3. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

(a) Staff have been reminded of the importance of monitoring and completion of the residents dietary intake charts.

(b) Training by the dietician modified to stress the importance of the comprehensive completion of these charts .

(c) The Nutritional Audit will pay particular attention to the completion of these documents.

Proposed Timescale:

(a) Completed and Ongoing.

(b) 30th June 2016.

(c) 31st July 2016.

**Proposed Timescale: 31/07/2016**

**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:**

There were some areas that were noted to require attention were:

Some toilets had raised toilet seats to assist mobility however some were not fixed securely which could present a hazard

Some disposal bins had chipped paint which presented an infection control risk and Wardrobe space was shared in some rooms which compromised privacy.

**4. 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:**

(a) An O.T. report has been compiled on all bathrooms and toilets, and an implementation is being developed.

(b) The offending bins have been removed.

(c) A comprehensive review of resident wardrobe space will take place.

Proposed Timescale:

(a) 31st May 2016

(b)Completed and ongoing.  
(c) 30th June 2016.

**Proposed Timescale: 30/06/2016**