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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Ballymote Community Nursing Unit
Name of provider:	Nazareth House Management
Address of centre:	Carrownanty, Ballymote, Sligo
Type of inspection:	Unannounced
Date of inspection:	17 April 2024
Centre ID:	OSV-0000330
Fieldwork ID:	MON-0040895

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Ballymote Community Nursing Unit is registered to accommodate 32 residents who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. The centre is located in a residential area a short walk from the town of Ballymote. The building is single storey and is decorated in a homely way. A large extension was added in 2019 and a refurbishment programme of the original building was completed in 2020. Accommodation is made up of 14 single and five twin rooms and two three bedded rooms which are used for short stay residents. Residents' bedroom areas are personalised and there is appropriate screening in shared bedrooms. Signage and points of interest are located throughout the building to guide residents around the centre. The centre has safe garden areas that are centrally located and cultivated with raised beds and shrubs to make them interesting for residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	22
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 17 April 2024	09:00hrs to 16:00hrs	Lorraine Wall	Lead

## What residents told us and what inspectors observed

Overall, residents were generally happy and content living in the designated centre and felt that their needs were being met by staff who knew them well. On the day of the inspection, the inspector observed resident and staff interactions and found that residents appeared to be content and relaxed in the company of staff.

This was an unannounced inspection and on arrival to the centre, the inspector met with the Person in Charge. An introductory meeting was commenced followed by a walkabout of the centre. This gave the inspector the opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. There was a relaxed and calm atmosphere in the centre. Residents were being assisted to get up from bed, having breakfast or were being supported by staff to the dining and communal rooms.

Ballymote Community Nursing Unit provides long term and short term care for both male and female adults with a range of dependencies and needs. The designated centre can accommodate a maximum of 32 residents. There were 22 residents accommodated in the designated centre on the day of the inspection. Most of the residents were from the local community or nearby communities.

The inspector observed many positive interactions between staff and residents on the day of the inspection. Staff were observed to be kind, empathetic and respectful in their interactions with residents. Visitors were observed attending the centre to meet their relatives. Residents who spoke with the inspector said that they were "quite content" and that "staff were all very nice" and "can't do enough for you". Residents appeared to be well-dressed and were neat and tidy in their appearance.

The inspector observed that breakfast was served at an appropriate time of 9.30am. During mealtime the inspector observed that staff assisted residents in a patient and respectful manner. The dining room was airy and spacious. Some residents ate their meals in the dining room while other residents chose to eat in their bedrooms. There was a varied menu available for both breakfast, dinner and teatime. Residents complimented the food and the menu choices available. The inspector observed that staff were required to take their breaks in the residents' dining room. There was minimal interaction between staff and residents at this time.

Most residents spent their day in the communal day room. The day room was nicely decorated and contained fresh flowers and an electric fire. Residents had access to an oratory. A number of activities were taking place on the day, facilitated by an activities coordinator. Residents were seen to enjoy the activities in the day room, including music and ball games. The residents in the day room were also observed watching mass during the morning of the inspection. The weekly activities schedule was available for review in the reception. A cinema trip had taken place the week prior to the inspection and another trip was planned for that week and residents who wished to go would be attending a local theatre to see "Calamity Jane".

Residents were given the opportunity to access television, radio and the newspaper. Many residents' bedrooms were personalised with photographs and personal belongings. Residents in twin bedrooms had access to two televisions to enable individual choice of viewing.

Inspectors reviewed minutes of residents meetings and found that there was evidence of consultation with residents about the day to day running of the centre and that their suggestions were addressed. Residents told the inspector that they would know how to make a complaint and were aware of who was in charge.

Overall, the designated centre was clean and tidy on the day of the inspection. The general environment, including residents' bedrooms, communal areas and toilets were clean, however, the en-suites in the vacant bedrooms were not adequately cleaned. There was one housekeeper on duty on the day and another member of staff working in the laundry service. Alcohol hand gel dispensers were available for use on the corridors.

A new call bell system had been installed since the last inspection and the inspector noted that the screens dotted around the centre displayed the day and time, which helped to orientate residents.

The next two sections present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This inspection found that the provider had made significant improvements in the management and oversight of the quality and safety of the service since the last inspection on 17 November 2023. The standard of care and services provided to residents had improved and was found to be safe and appropriate, which resulted in good outcomes for residents.

This was an unannounced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The registered provider of Ballymote Community Nursing Unit is Nazareth Care. The provider had recently applied to remove a restrictive condition which was placed on the registration of the centre following the last inspection, which prohibited new residents from being admitted to the centre until the provider achieved compliance with Regulation 15: Staffing and Regulation 23: Governance and Management.

There were 22 residents living in the centre on the day of the inspection. The provider had recruited sufficient staffing resources to meet the needs of these residents. Since the last inspection, the provider has filled the vacant clinical nurse manager post and hired seven health care assistants. The person in charge works

full-time in the centre and is supported in their role by two clinical nurse managers. The remainder of the staff team consists of staff nurses, an activity coordinator, health care assistants, household, catering, maintenance and administration staff.

Staff were found to be adequately trained and training in fire safety, and the safeguarding of vulnerable adults was up-to-date for all staff. Since the last inspection, all staff had been trained in the delivery of oral hygiene for residents. The inspector spoke with staff about this training and found them to be knowledgeable, telling the inspector that they had learned valuable information.

The systems in place to monitor the quality and safety of the service were effective. Service deficits were identified and acted upon, through the use of a comprehensive audit schedule which included audits of care plans, falls, restraints and incidents. The person in charge had implemented additional audits since the last inspection which included monthly audits of residents' belongings and residents' progress notes. These audits were effective in identifying issues relating to denture care, care plans, nutrition and medication management. An action plan was developed following the findings of these audits and as a result, outcomes for residents were improved.

Following concerns raised in relation to residents' missing clothes, a new system which involves tracking residents belongings was being implemented. This involved taking pictures of all residents items of clothing. These pictures were filed in the laundry so that residents' clothes could be easily identified and returned to them following laundering.

The inspector reviewed minutes of staff and management meetings and found that these contained detail in relation to a number of aspects of care within the service, including resident and staff wellbeing, infection prevention and control, audit outcomes, incidents and restraints.

Complaints were well managed by the person in charge. The inspector reviewed the complaints log and the complaints policy and procedure and found that these had been updated in line with recent regulatory changes.

The inspector reviewed the incident and accident register and found that all notifiable incidents had been notified to the Chief Inspector in line with the requirements of Regulation 31.

### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to remove Condition 4 from the registration of the designated centre had been submitted by the provider. All of the required documents had been submitted with this application.

Judgment: Compliant

<b>Regulation 15: Staffing</b>
The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
The person in charge had ensured that staff had access to appropriate training. Inspectors found that the person in charge had ensured that staff were appropriately supervised.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The management systems in place were sufficient to ensure that the service was safe, appropriate and effectively monitored through the use of a comprehensive audit programme. There were sufficient staff resources in place on the day of the inspection and the centre had a clearly defined management structure in place with appropriate lines of authority.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The inspector reviewed the complaints record and found that complaints were appropriately managed and met the requirements of the regulations.
Judgment: Compliant
<b>Quality and safety</b>



This inspection found that the provider and person charge had applied significant focus and effort towards improving the quality and safety of the care delivered to residents since the last inspection.

Residents living in this centre experienced a good quality of life and received timely support from a caring staff team. Residents' health and social care needs were well met through well-established access to health care services and a planned programme of social care interventions. Residents' rights were protected and promoted and individuals' choices and preferences were seen to be respected.

Residents had opportunities to engage in a variety of meaningful social activities each day that enriched the quality of their lives and well-being. The schedule of activities included bingo, exercise, music, cards, outdoor walks and music sessions. The inspector observed residents taking part in activities in the day room on the morning and afternoon of the inspection. Activities on the day included music, singing, ball throwing and chair exercises. Residents who were taking part in activities appeared to be enjoying them.

Residents who spent time in their bedrooms received room visits and were offered the opportunity to partake in activities which were in line with their interests and capacities. The inspector observed that the importance of room visits for residents who choose to remain in their rooms, was discussed at the daily safety pause in order to ensure that residents' care was person-centred. Other aspects of care discussed at the safety pause included residents' oral care and personal care carried out that day, residents' nutrition and whether any residents had declined meals, infections, residents skin care, any changes in residents' mobility and referrals to allied healthcare professionals. Any concerns or issues raised at the safety pause were followed up by the person in charge.

The inspector reviewed minutes of residents meetings and found that there was good attendance and feedback from residents. Meetings took place monthly and items on the agenda included activities, meals, complaints and personal possessions.

The person in charge had implemented an easy - read document that was placed inside residents' wardrobes in order to provide "at a glance" information on care delivery and ensure that all staff are aware of the specific care needs of a resident. The symbols on this document represented various aspects of residents' care including mobility, personal emergency evacuation plan, dietary requirements, restraint, falls risk, whether the resident required glasses or hearing aids, and whether the resident had been diagnosed with a cognitive impairment.

Residents had appropriate choice in relation to their mealtime options. Following the concerns identified on the last inspection, a new breakfast and dinner menu has been introduced. Picture menus were available on all residents bedside tables and included a choice of cereal, eggs and a full Irish breakfast. A new trolley had been purchased since the last inspection with equipment to enable staff to keep food hot.

The inspector reviewed a number of residents' assessments and care plans and found that they were updated in a timely manner. Care plans were detailed to guide

staff on all aspects of residents' care including social care needs and personal care preferences. Some residents had specific care plans in relation to their oral care needs following recommendations from speech and language therapists.

Residents had good access to a range of allied health care professionals including tissue disability specialists, speech and language therapy, occupational therapy and chiropody. A physiotherapist also visited the centre weekly.

A small number of residents experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector reviewed the behavioural care plans of these residents. The behavioural care plans were detailed and clearly outlined the responsive behaviour that may be exhibited by the resident, the objectives of intervention and the most appropriate de-escalation strategies for the resident. There was evidence that the person in charge had effective oversight of the management of responsive behaviours and outcomes had improved for some residents due to appropriate intervention by staff. For example, one resident who was assessed as requiring two staff to assist with personal care no longer required this intervention due to the implementation of appropriate de-escalation strategies for responsive behaviours.

Restraints were well-managed in the centre and were used in the least restrictive manner. There was evidence that the provider was making efforts to work towards a restraint free environment and had considered less restrictive options for residents who were suitable, such as a bed sensor or a low-low bed.

The inspector found that residents were adequately protected from abuse. The provider had implemented comprehensive safeguarding measures including policies and procedures and staff education in the safeguarding of vulnerable adults.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms. The inspector reviewed the residents guide and found that it was detailed and met the requirements of Regulation 20.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' needs. Corridors were wide and contained rails fixed to the walls to assist residents with their mobility. Residents' accommodation was individually personalised with residents' own belongings. Residents had adequate storage space in their bedrooms and bathrooms. However, while the residents had access to an enclosed courtyard at the back of the centre, the second internal courtyard was not available to residents with mobility issues due to a step in the doorway. Additionally, the paving slabs were uneven, resulting in a potential trip hazard for residents. This courtyard did not contain any furniture for residents.

While the centre was visibly clean and tidy, the inspector found that some of the vacant resident en-suite bathrooms were not clean and ready for use. These rooms had been signed off as having been cleaned on the day of the inspection.

The inspector found that the location of wardrobes in some twin rooms within the centre meant that residents did not have appropriate access to their clothes as the storage could not fit within their bed space. The provider addressed this on the day of the inspection and provided evidence that wardrobes had been ordered.

### Regulation 11: Visits

Inspectors observed visits taking place in line with the regulations. The centre had suitable areas for visiting to take place in private.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had appropriate access to their belongings. Concerns in relation to residents in twin rooms accessing their wardrobes easily were addressed on the day of inspection.

Judgment: Compliant

### Regulation 17: Premises

One of the internal courtyards was found to be unfit for resident use, as evidenced below:

- Residents did not have appropriate access to one of the internal courtyards due to a step leading to the courtyard, which prohibited residents with mobility issues from using this area.
- The courtyard had overgrown weeds and the paving slabs were uneven which meant that this was a potential trip hazard for residents.
- There was no furniture in this courtyard for residents to use.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

There was a wide and varied menu available for residents on the day of inspection. Picture menus were on display for residents with cognitive impairments who required additional support. A trolley was in use to keep residents' food warm.

Judgment: Compliant

### Regulation 20: Information for residents

The residents guide was detailed and met the requirements of the regulations.

Judgment: Compliant

### Regulation 27: Infection control

The centre was visibly clean and the inspector observed good infection prevention and control practices in use by staff. However, ensuites in some of the vacant bedrooms were marked as having been cleaned, but were visibly unclean.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents assessments and care plans were completed in a timely manner and were clearly detailed in order to effectively guide staff on care delivery.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GP's visited residents regularly. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, where required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Residents with responsive behaviours were cared for in a manner that was non restrictive. Restraints in the centre were minimal and were managed in line with the centre's policy.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

## Regulation 9: Residents' rights

There was a programme of activities in place that reflected the interests and capacities of residents. Residents had access to radio, television and newspapers. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ballymote Community Nursing Unit OSV-0000330

Inspection ID: MON-0040895

Date of inspection: 17/04/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Flower arrangements have been introduced to the courtyard and overgrown weeds attended to. The Courtyard is not used by residents as a large outside garden area is available to residents.</p> <p>The outside garden area has had extensive works carried out for use by residents, inclusive of furniture present for residents use with slabs removed and concrete poured.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The ensembles in question were brought to the attention of housekeeping staff on the day, cleaned and checked by DON.</p> <p>These rooms are checked daily as part of the cleaning schedule.</p>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/07/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/07/2024