Health Information and Quality Authority

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:	Ballinasloe Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Creagh Road, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	24 November 2022
Centre ID:	OSV-0005270
Fieldwork ID:	MON-0038497

About the designated centre

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

Ballinasloe community nursing unit (CNU) is a purpose-built designated centre. The centre is situated on the grounds of the St. Brigit's Campus, Creagh in Ballinasloe. The centre consists of fifty beds, located between two care areas called the Clontuskert and Clonfert suites. The centre has four twin rooms and forty two single rooms. the overall objectives of Ballinasloe CNU is to provide a person-centred approach to care, empowering and supporting residents to be as independent as possible and to live meaningful and fulfilling lives.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

How we inspect

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
Thursday 24 November 2022	09:30hrs to 17:30hrs	Oliver O'Halloran	Lead

What residents told us and what inspectors observed

On arrival at the centre, the inspector was met by the person in charge. Following an introductory meeting, the inspector walked around the centre accompanied by the person in charge.

The centre was laid out with resident communal and bedroom accommodation set out over two floors. There was lift access between floors. The inspector observed that the centre was visibly clean, and well maintained throughout. Residents' private accommodation was comprised of single and twin bedroom accommodation, with full en-suite facilities in each bedroom. The communal and private accommodation areas were adequately lit and suitably decorated throughout. During the walk-around of the centre, the inspector observed that residents had unrestricted access to a number of landscaped garden areas in the centre. There were dining and sitting rooms available for residents on both floors. The inspector observed resident's using the communal spaces in the centre throughout the day.

Resident bedrooms had adequate storage space, which included a bedside locker and wardrobe for each resident. Bedrooms were observed to have a dedicated space for residents to display ornaments, photographs and items of personal significance. These personal items were observed on display in a number of resident's bedrooms. In the twin bedrooms, the privacy screening in use did not ensure the privacy and dignity of residents was adequately protected. The privacy screens in place were not of a height that ensured privacy, this meant that when a person was walking by the resident's bed space, the resident was not afforded privacy.

The resident's lunch time and evening meal dining experience was observed to be a sociable occasion for residents. The inspector observed that residents had a choice of food. A number of residents complimented the food and the choice of meals on offer. One resident said "there is always a choice, and always plenty of food", another said "the food, well it's really good, there is always a choice". Staff providing assistance with resident's meals were observed to use this time as an opportunity to engage in social conversation with residents.

Resident's had access to the daily newspaper, radio, television and the internet. The inspector observed a number of residents attend a streamed religious service in the centre's multipurpose communal room on the morning of the inspection. In the afternoon, a number of residents took part in an arts and crafts session, facilitated by an activities co-ordinator. There was an activities schedule on display which informed residents of the activities on offer. There was a range of activities provided, which included active exercise sessions, arts and crafts and music sessions. A number of residents had the opportunity to go on a boat trip on the river Shannon in the summer. Overall, feedback from residents who spoke with the inspector, was positive about the provision of activities in the centre. One resident said "there is plenty to do here" another said "there's plenty to take part in, if you

want to". There were two residents who told the inspector that they would like "to get outside in the garden more often".

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

Capacity and capability

This was an unannounced risk inspection carried out over one day, by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2103.

The findings of this inspection were that Ballinasloe Community Nursing Unit had an effective governance and management structure in place, which ensured effective oversight of the service. The inspector found that while residents were receiving a high standard of evidence based care to meet their assessed health and social care needs, some action was required with regard to resident's rights, the directory of residents and fire precautions to ensure full compliance with the regulations.

The Health Service Executive (HSE) is the registered provider of the centre. The provider had a clear governance structure in place, with lines of authority and accountability clearly defined. The centre benefited from access to, and support from centralised departments in the provider organisation, such as, human resources department and accounts. The person in charge was supported by the provider residential services manager. In the centre, the person in charge was supported by two clinical nurse managers. A clinical nurse manager deputised in the absence of the person in charge. There was a team of nursing, care and support staff in place. A review of the staffing rosters and observations on the day of inspection, found that staffing levels and skill-mix was adequate to meet the assessed needs of the residents. The housekeeping service was provided by an external service provider. The inspector found that staff were appropriately supported and supervised by the clinical nurse managers and the person in charge.

The provider had systems in place to ensure that the service provided was safe and effectively monitored. There was an audit schedule in place in the centre. There was audit activity across clinical and environmental aspects of the service. Some audit activity examples included, cleanliness of the environment, infection prevention and control, care plans and medication management. A review of audit documentation evidenced that deficits found on audit had led to the development of action plans. These action plans were seen to have been implemented. For example, where there were deficits identified in staff hand hygiene practices, the action plan to address this deficit included hand hygiene training being scheduled for staff.

The provider had ensured that an annual review was undertaken for the year 2021. The review was informed by resident feedback, which had been facilitated by

resident's having the opportunity to give feedback in resident's surveys of the quality of different aspects of the service.

There was a system in place to monitor staff training. A review of this training record evidenced that the person in charge had ensured that all staff had access to mandatory training. Staff had completed training, at appropriate intervals, in mandatory areas such as fire safety, and the safeguarding of residents. The person in charge had ensured that staff had opportunities to participate in additional training, for example, dementia care training.

The provider had established a directory of residents. A review of the directory of residents provided to the inspector evidenced there were a number of resident's living in the centre who were not recorded in the directory of residents. Therefore, the directory of residents did not fully meet the requirements, as set out in Schedule 3 of the regulations.

The inspector reviewed a sample of staff personnel files and found that they contained all the required documentation, as set out in Schedule 2 of the regulations.

The inspector reviewed a sample of the contract for the provision of services in place for residents. The review evidenced that the contract for the provision of services contained all the requirements, as set out in the regulations.

The centre had a system in place for the recording of incidents. The inspector reviewed this system which evidenced that the person in charge had ensured the Chief Inspector was informed of all notifiable incidents, in line with regulatory requirements.

The centre had a complaints policy and procedure. The complaints procedure was displayed in a prominent position in the centre. Residents' who spoke with the inspector described that they knew how to make a complaint. The inspector reviewed a sample of complaints and found that complaints records contained sufficient detail of the nature of the complaint, and the investigation carried out. The records also evidenced communication with the complainant and the complainant's satisfaction with the outcome was well documented.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of the staff in the centre was appropriate with regard to the assessed needs of the residents, and for the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up-to-date training. Staff demonstrated appropriate awareness from the training undertaken.

Arrangements were in place to ensure that staff were appropriately supervised in their roles.

Judgment: Compliant

Regulation 19: Directory of residents

Action was required to ensure compliance with Regulation 19, Directory of residents. For example:

The directory of residents which was established did not contain the necessary detail of all the current residents in the centre. There were a number of residents living in the centre who had no details recorded in the directory of residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured that:

- The designated centre had sufficient resources to ensure effective delivery of care in accordance with the centre's statement of purpose.
- There was a clearly defined management structure that identified lines of authority and accountability.
- Management systems were in place that ensured the service provided was safe, appropriate, consistent and effectively monitored.
- An annual review was undertaken for the year 2021, which was informed by resident feedback.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The registered provider had an agreed contract for the provision of services for all

residents in the centre.

The sample of contracts reviewed evidenced that they contained all the requirements, as set out in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the log of incidents in the centre, found that the person in charge had ensured that all incidents were notified to the Chief Inspector within the required time-frame specified by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in a prominent position. There was a complaints policy. Complaints were recorded and managed in line with the requirements set out under Regulation 34.

Judgment: Compliant

Quality and safety

The inspector found that the residents in the centre received a high standard of evidenced based person-centred care in response to their assessed health and social care needs. However, improvement was required in relation to resident's rights and fire precautions.

Resident's had a pre-admission assessment completed prior to their admission to the centre. An assessment of resident's health and social care needs was carried out on their admission. A review of a sample of resident assessments found that assessments were undertaken using validated assessment tools. The findings of the assessment informed the development of person-centred care plans. Reviews of care plans were at intervals not exceeding four months, or more frequently if the residents condition necessitated a review.

A review of a sample of resident's records evidenced that residents had timely access to a doctor. Where there was need identified that necessitated referral to

allied health and social care professionals, this expertise was available by a system of referral. There was an occupational therapist and physiotherapist available on site. Where allied health professionals had made treatment recommendations, the resident's care records evidenced that the recommendations were incorporated into the resident's care plans and were seen to be followed. For example, a resident with a wound had assessment by a tissue viability clinical nurse specialist. The recommendations of this health professional were incorporated into the resident's care plans. A review of wound care records evidenced that these recommendations were being followed.

The interior and exterior areas of the premises that were available for resident use were in a good state of repair. The centre was warm and well-lit throughout. There was adequate storage space in the centre.

Infection prevention and control practices in the centre were guided by a centre specific policy. The centre is supported by an infection prevention and control clinical nurse specialist team. The centre was visibly clean on the day of inspection. Resident care equipment was observed to be visibly clean. There was a cleaning schedule in place. There were cleaning staff on duty seven days a week. The inspector spoke with members of the cleaning team, who demonstrated appropriate knowledge of the processes in place to minimise the spread of infection, when cleaning was taking place. These processes included a colour-coded system for mops and cleaning cloths.

There was an activities schedule in place. The range of activities available for residents included group activities such as arts and crafts, active exercises, flower arranging and live music sessions. There was also opportunities for residents to experience one to one activities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre. Residents were facilitated to take part in a resident's experience survey, and a food satisfaction survey. The inspector reviewed the findings of the surveys and spoke with a number of resident's and the centre's management team. The inspector found that resident suggestions had brought about changes in the service delivered. For example, there were changes made to the food service, which had taken place informed by feedback from residents. Nonetheless, where resident's shared a twin bedroom the privacy screening in place was not adequate to ensure that both resident's could undertake personal activities in private.

Arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire fighting equipment. A review of the records by the inspector evidenced that testing and maintenance of this equipment was up to date. There was a record of fire drill scenarios that had taken place in the centre, the last having taken place in September 2022. Staff demonstrated an appropriate awareness of the centre's fire safety and evacuation procedures. However, there were a number of fire doors with visible gaps between the doors when in the closed position. There was also a fire door which did not close when activated. These fire doors would be ineffective in preventing the spread of smoke and fire in the event of an outbreak of fire. There was also a fire door which had been wedged open. In the event of a fire this fire door would be ineffective as it would remain in the open

position. In addition, there were fire location maps in the centre which did not orientate staff to their current location. This would cause a delay in staff response times in the event of a fire in the centre.

Regulation 11: Visits

The registered provider had ensured that there were arrangements in place for a resident to receive visitors. Visits to residents were not restricted.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises met the residents' individual and collective needs. The premises were well maintained internally and externally. There were functioning call bell systems observed in resident's private and communal accommodation areas.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the standards for the prevention and control of health care associated infections published by the authority were in place, and were being implemented by staff in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required to ensure compliance with Regulation 28, fire precautions. For example:

- There were visible gaps observed between fire doors when in the closed position, and some doors did not close when the automatic door closer was activated. There was a risk that these doors would be ineffective in containing smoke and fire.
- Fire maps did not illustrate what location a person was in when at the fire

map.There was a risk that this could cause staff delay in evacuating residents, in the event of an outbreak of fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of resident care documentation found that each resident had a comprehensive assessment in place that guided the development of a care plan. These assessments were undertaken using validated assessment tools to identify resident need. Care plans were effective in guiding staff to deliver person-centred care. Care plans were reviewed, at intervals not exceeding four months, and where necessary more frequently.

Judgment: Compliant

Regulation 6: Health care

Residents had access to the centre's doctor. There was access to the expertise of allied health and social care professionals, by a system of referral. A review of resident records found that treatment plans by the doctor and allied health professionals were incorporated into resident care plans. A review of resident records evidenced that these treatment plans were adhered to.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure full compliance with Regulation 9, Resident's rights. For example:

The system in place to provide screening in twin bedrooms in the centre did not ensure resident's privacy and dignity was respected, and did not ensure that resident's could undertake personal activities in private in their bedroom. The screening provided was is mobile metal curtain device. The curtain device in use is not high enough to ensure privacy. The inspector observed that a person of average height would see above it and therefore, the resident would not have their privacy ensured.

Judgment: Substantially 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ballinasloe Community Nursing Unit OSV-0005270

Inspection ID: MON-0038497

Date of inspection: 24/11/2022

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The resident register has been updated with the necessary details of all residents currently residing in Ballinasloe Community Nursing Unit. Going forward the register will be reviewed weekly to ensure all data is inputted.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The contractor for the fire alarm and emergency lighting have attended Ballinasloe Community Nursing Unit on 11-1 23 and inspected the door release linked to the fire alarm on the double doors and have confirmed that the door release installed is operating correctly. Maintenance have commenced 6 monthly inspection of the doors as set out in the fire safety register FS6 on the 6th of January which is scheduled to be completed by the 31st of January. Doors identified as beyond acceptable repair will be replaced. New floor plans have been drafted to illustrate what location a person was in when viewing fire maps. Completion date for installation is the 30th of January.	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: New privacy screening has been ordered which will ensure resident dignity and privacy is maintained.	

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 19(1)	The registered provider shall establish and maintain a Directory of Residents in a designated centre.	Substantially Compliant	Yellow	01/12/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/01/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/05/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/03/2023