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:	Ballyshannon Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Carrickboy, Ballyshannon, Donegal
Type of inspection:	Unannounced
Date of inspection:	10 January 2023
Centre ID:	OSV-0007970
Fieldwork ID:	MON-0037360

About the designated centre

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26

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
Tuesday 10 January 2023	10:15hrs to 17:30hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

The inspector spoke with a number of residents during this inspection and spent time observing the care practices in the centre. The staff were found to be respectful towards the residents, and residents told the inspector that staff provided care to them with kindness and compassion. Overall, the inspector found that good care was provided to the residents in the centre, and this was validated by feedback from the residents who were positive about the services provided to them.

Some residents commented that "My room is warm and comfortable, and I have enough space to store my belongings", "I am in a shared room, and I like the company of others, and they (staff) will make sure that I am not lonely", "I like the food here, and they ask me for my food choices". Another resident commented that they like spending time with other residents, which is always encouraged in the centre.

The centre is located in Ballyshannon and is laid out over one two-storey building and two modular units. The residents were accommodated in the modular units, namely the North and South wings. The centre has a spacious car park, and an outside seating area is available for residents near the parking area. The inspector found a clear separation of the outdoor seating area from the car park, which was created with the use of highly visible bollards. This arrangement was made to alert all car park users regarding the outdoor seating area and reduce the risk of injury to residents.

A derelict workhouse building' which was not part of the designated centre was situated close to one of the modular units. The building was in a state of disrepair which posed an injury risk to residents and staff from the falling slates from its roof. This had been identified as an risk in the previous inspection held in November 2021 and the provider had committed to taking actions to mitigate this risk. However this inspection found that not all areas around the derelict workhouse had been fenced off. Even though "No Entry" signage were posted in some areas, the residents and staff continued to have access to some risk areas.

This was an unannounced inspection, and upon arrival, the inspector went through the centre's infection prevention and control procedures at the reception, which included checks for hand hygiene and wearing of face masks. Following the introductory meeting with the person in charge, the inspector went for a walk around the centre.

The inspector observed that residents had opportunities to participate in meaningful, coordinated social activities that supported their interests and capabilities. The staff ensured that residents who preferred to spend time in their bedrooms had opportunities to join group activities that interested them or to participate in one-to-one activities as they wished. Records of the activities residents participated in and

their level of engagement was maintained in the centre.

The inspector noted improvements in equipment storage in the centre, and the equipment was stored in dedicated storage rooms. The corridors of the centre were obstacle-free, and handrails were installed in most parts of the centre, however, handrails were not installed in a section of the corridor in the North wing, which prevented residents from moving around this area independently.

The inspector entered the bedrooms of some residents and found improvements in personal storage spaces. Bedrooms were found to be personalised, and some residents commented that they have sufficient space in their bed space to store their personal belongings. Furthermore, the inspector noted improvements in maintaining residents' privacy in the bedroom. The glass panel in the bedroom doors were found to be sufficiently screened to ensure the residents' privacy, which was an improvement from the previous inspection.

A menu choice was available to the residents, and they said they were happy about the quality and quantity of food being served to them. The inspector observed that residents' meals appeared wholesome and appetising, and adequate staff was available to assist residents. Overall, the residents highly commended the quality of food and the staff assistance during meal times.

The next two sections of the report 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

Overall, the inspector found that this was a well-managed centre and noted that the residents were made central to the organisation of the centre and their daily routines. However, the inspector noted that the provider had not fully implemented their compliance plan for the previous inspection completed in November 2021 in relation to managing the risk of falling slates from a nearby derelict building.

The centre's two final fire exit doors from the North wing opened into the fenced area of the workhouse building. The fire precautions in this section of the North wing meant that the staff had to use the fire exit door near a quiet room and go through the fenced area to reach the fire assembly point in the event of a fire emergency evacuation. This arrangement posed an injury risk to residents and staff from the falling slates of the adjacent derelict workhouse building. In addition, a gate near the north wing was found to be unlocked at all times, and residents in the North wing were found to have access beyond the unlocked gate, which led to the area near the derelict workhouse. This area had not been fenced off and posed an injury risk for residents and staff who had access to this area.

This risk-based inspection was carried out to monitor compliance with the Health Act

2007 (Care and Welfare of residents in Designated Centres for Older People) Regulation 2013 (as amended). The inspector reviewed the actions from the compliance plans of the last inspection and the information submitted by the provider and the person in charge.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent them. As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance. There was a person in charge in the centre, and deputising arrangements were in place for when the person in charge was absent.

The person in charge, and the management staff, were found to be a visible presence in the centre on the day of the inspection. Accidents and incidents were documented, and action plans were developed following the review of the incidents. The provider has a range of audits, such as infection prevention and control and care plan audits in place, and action plans were found to be developed to improve the quality of care and service in the centre.

The centre maintained a training matrix, which showed that all staff had not completed the mandatory training. Arrangements in place to ensure staff were facilitated to attend mandatory training appropriate required improvements.

Furthermore, the centre has a centre-specific complaints policy in place and is available to residents. The complaints policy identified the nominated complaints officer and also included an appeals process. The registered provider had nominated a person other than the complaint officer to ensure that the nominated complaints officer maintained a record of all complaints, however, the inspector noted that the details of the investigation into a complaint were not recorded in the complaints log and maintained in the centre, as required by the regulation.

Residents and family meetings occurred regularly in the centre. A range of issues was found to be discussed during these meetings, such as the need to involve residents and families in care planning and the need for additional activities. The inspector found that management and staff meetings followed the consumer meetings, and action plans were found to be communicated in those meetings. However, the action plan and learning identified following the handling of a recent complaint were not included in the meetings. As a result, the inspector was not assured that the action plans were appropriately implemented following the review of the complaint.

Regulation 14: Persons in charge

A new person in charge commenced in the role and is a registered nurse, and has appropriate experience and a management qualification as required by the regulations. She worked full time in the centre and was supported in her

management role by clinical nurse managers.

Judgment: Compliant

Regulation 15: Staffing

There was adequate numbers and skill mix of staff to meet the assessed needs of residents and given the layout of the designated centre. Staffing resources were kept under review. Resident were provided with timely assistance and appropriately supervised by staff at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The provider's arrangements to ensure staff have access to appropriate training in the centre were found to be insufficient. For example:

- Six staff were overdue to attend mandatory safeguarding training for several months.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations were kept in the centre and were made available for inspection. Arrangements were in place to ensure records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The management systems that were in place to ensure that the service was safe, appropriate, consistent and effectively monitored were insufficient. For example:

- The inspector noted that the provider failed to implement their own

compliance plan for the previous inspection and the control measures to mitigate the risk of falling slates from the derelict workhouse.
- In addition, the care plan audits carried out recently had not identified the issues mentioned under Regulation 5.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Any changes in these documents were communicated to staff in the centre's regular staff meetings.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had not maintained a complete record of all complaints in the centre. For example, the complaints record did not contain the details of how the complaint was investigated. As a result, the inspector was not assured that the complaint was appropriately investigated.

Judgment: Substantially compliant

Quality and safety

Overall, the quality and safety of care provided to residents were found to be satisfactory. The inspector observed that the staff attended to the care needs of residents and met the needs of the residents to a good standard.

The centre was in a COVID-19 outbreak at the time of inspection. Hand sanitisers were installed in various locations of the buildings, and staff were found performing hand hygiene at appropriate intervals. The centre was found to be visibly clean on the day of inspection. There was sufficient personal protective equipment (PPE) available for staff and visitor use, and PPE stations were sufficiently stocked.

The inspector spoke with staff in the centre, and they were found to be knowledgeable about the centre's infection control procedures. The inspector observed that residents' symptoms, such as temperatures, were checked and recorded at appropriate intervals. Adequate signaage were available throughout the

centre, which reminded staff and visitors to perform hand hygiene.

Residents were closely monitored for risk of malnutrition or dehydration, and where unintentional weight loss or low fluid intake was identified, appropriate action was taken to prevent deterioration. The inspector reviewed the care records of some residents and found that the pre-admission assessments were completed before admitting residents to the centre, and all residents had a care plan in place. However, improvements were required to ensure that the residents' care plans were sufficiently reviewed and that the care interventions required to meet their needs were sufficiently detailed in their care plans.

Residents and family meetings were held regularly in the centre, and the inspector observed a resident-centred culture, with residents reporting that they felt safe and well cared for by the staff in the centre. However, improvements were required to ensure that the residents or where it was appropriate the resident's family were involved in the care planning and review processes.

Several residents in the North wing of the centre have a high risk of falls, and some residents like to walk around the centre's outdoor areas. Residents were found to be supported to freely access the outdoor garden area of the North wing. However, the outdoor area of the North wing was not appropriately maintained and had uneven surfaces, which posed a trip hazard and injury risks to the residents.

Regulation 17: Premises

The premises did not conform to the matters set out in Schedule 6 of the regulation. For example:

- Handrails were not in place along one section of the corridors used by residents, and this arrangement did not support residents to safely and independently move around the centre.
- Furthermore, inspectors noticed that the centre's outdoor areas near the North wing were not sufficiently maintained. There were uneven surfaces in the outdoor area, which posed an injury risk to the residents who had access to the area.

Judgment: Substantially compliant

Regulation 20: Information for residents

An information guide about the designated centre, which contained a summary of the services and facilities, complaint procedures and arrangements for residents to receive their visitors, was made available to residents.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control processes in the centre required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. For example:

- The inspector observed a hazardous waste bin liner attached to Personal Protective Equipment (PPE) station in south wing, and this arrangement did not support safe waste disposal. When the issue was brought to their attention, the person in charge made arrangements for safe disposal of hazardous clinical waste.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The providers had not made necessary arrangements for the staff of the designated centre to receive suitable training in fire prevention and emergency procedures. The inspector noted that three staff were overdue to attend the mandatory fire training.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The providers' arrangements required improvements to ensure each resident's needs were fully assessed and that the care interventions were clearly and comprehensively described to support a consistent approach to care provision.

- One resident's mobility care plan was not sufficiently reviewed following a fall and the development of a pressure ulcer. The care plan contained confusing information about the manual handling instructions to support the needs of the residents. In addition, although a specialist review by the physiotherapist and the community mental health team occurred, the details of the their recommendations were not included in the resident's care plan. Furthermore, a pain care plan was found to be was not sufficiently detailed and did not contain information about the frequency of pain assessments and as a result the inspector found that pain assessments were not carried out to monitor the effectiveness of the medical interventions.
- In addition, one resident told the inspector that they were in pain, and the

inspector had to seek staff assistance to seek medical intervention. A staff member who spoke with the inspector confirmed that the resident has chronic pain. However, the records indicated that the resident's pain assessments were not completed or provided with any intervention to manage pain on that day. In addition a pain care plan was not developed to support their needs. As a result, the care plans were not informative in directing staff to support residents to meet their needs.

- Furthermore, a resident who was at risk of developing fungal infection in their mouth did not have an appropriate care plan, which sufficiently detailed the intervention that was required to maintain oral hygiene and prevent a recurrence of the infection.

The review of care plans found that care plans were not developed with the residents and where appropriate the resident's family. While the inspector was told that residents or their relatives on their behalf were consulted regarding their care plan reviews, the records relating to resident and family consultation did not support this.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' nursing care and health care needs were met to a good standard. Residents were supported to attend outpatient and other appointments in line with public health guidance. Inspector noticed on the day of inspection that the residents have access to general practitioners (GPs) from local practices, allied health professionals and specialist medical and nursing services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Where a resident presented with 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) this was managed in the least restrictive manner in line with best practice guidance.

Judgment: Compliant

Regulation 8: Protection

Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the provider's arrangements were sufficient o ensure that the residents received opportunities to participate in activities in accordance with their interests and capabilities. Residents were found to have access to newspapers, radios and televisions in the centre. The centre has two quiet rooms, and residents were found to have access to quiet rooms when they wished.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially 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 Ballyshannon Community Nursing Unit OSV-0007970

Inspection ID: MON-0037360

Date of inspection: 10/01/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: - Training will be provided to staff as part of their continuous professional development to ensure compliance.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Mitigation measures have been put in place and the area cordoned off and secured with no access for residents, staff , families or the public . NO Entry signage is in place to alert residents, families , staff and the public that this area is prohibited . - Care plans will be adjusted to reflect the requirements set out under Regulation 5.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:	

- The complaints log which records all complaints, will include evidence off the investigations undertaken and the actions taken to investigate the complaint. All details will be recorded.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: - Hand rails will be installed in one section of the corridor used by residents to support them to safely & independently move around the Centre. - The outdoor area near the North Wing will have the uneven surface rectified to reduce the risk of injury to residents.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: - Ensure that the Centre has an adequate supply of clinical waste bins in order to effectively manage clinical waste safely.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: - Training will be provided to all staff in fire safety equipment, fire drills and evacuations specific to the Centre, to ensure compliance with mandatory fire training.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and care plan:
-Each resident will have their care plan reviewed based on an ongoing assessment of their needs, and the care plans updated accordingly.

-Care plans will be formally reviewed every 3 months. This will include consultation with the individual resident and where appropriate the resident's family.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/01/2023
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	15/05/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2023
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	10/01/2023

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	09/03/2023
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure	Substantially Compliant	Yellow	31/03/2023

	that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/03/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/03/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later	Substantially Compliant	Yellow	31/03/2023

	than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/03/2023