



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

Issued by the Chief Inspector

Name of designated centre:	Ballinamore House Nursing Home
Name of provider:	Raicam Holdings Limited
Address of centre:	Ballinamore, Kiltimagh, Mayo
Type of inspection:	Unannounced
Date of inspection:	28 August 2024
Centre ID:	OSV-0000317
Fieldwork ID:	MON-0043765

About the designated centre

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

Ballinamore House Nursing Home is registered to care for 51 male and female residents who require long-term care or who require care for short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located in a rural setting a short drive from the town of Kiltimagh in County Mayo. Ballinamore House Nursing Home is a large period property that has been converted for use as a nursing home. Bedroom accommodation consists of 37 single rooms and 7 double rooms. There are four sitting areas where residents can spend time during the day. Other facilities include two dining rooms with two serving area, four dayrooms, visitor's room, kitchen and two reception area. There is stair lift and passenger lift access between floors. The lift can be used in the event of a fire. In the statement of purpose the provider describes the service as aiming to provide a high standard of care in accordance with evidenced based practice and to provide a living environment that as far as possible replicates residents' previous life style and ensures residents live in a comfortable, clean and safe environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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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 28 August 2024	09:30hrs to 17:00hrs	Celine Neary	Lead
Wednesday 28 August 2024	09:30hrs to 17:00hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

On the day of this inspection, the inspectors observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. Inspectors observed how residents spent their day and how they were facilitated and supported with their care needs. The overall feedback from residents was that they were happy with the care they received and that they were content living in the centre. The inspectors spoke with five visitors and found that they too were satisfied with the care provided to their relatives living in the centre. There was unrestricted visiting and relatives were observed coming and going freely during the day. Each visitor would report to reception and sign in before visiting their relatives or friends residing in the centre.

Inspectors met with the nurse in charge on arrival to the centre. The registered provider and person in charge arrived a short while later and an introductory meeting was held.

Following the introductory meeting inspectors did a walk around of the premises. This gave the inspectors the opportunity to meet with residents and to observe the lived experience of residents in their home environment and to observe staff practices and interactions. During this time, residents were observed starting their day and were being supported by staff with their morning care needs. The inspectors observed residents sitting in both day rooms and others were having breakfast in the dining room. Some residents sat in the reception area by their choice and enjoyed to watch people coming and going.

Inspectors observed that residents did not have long to wait when they needed staff assistance. There were sufficient numbers of staff available in the designated centre to provide supervision and support to the residents. Observations confirmed that staff were aware of residents care and support needs and all staff and resident interactions were found to be positive and respectful. Residents could choose how to spend their day and if they wanted to have a lie-in in the morning this was facilitated. Residents told the inspector that they felt safe living in the centre and that if they had a concern or wished to register a complaint they could talk to any member of the staff team.

An activity schedule was on display in the centre which included exercise activities, walking groups, bingo, reflexology and one to one activities. Some residents had recently attended day trips out to the circus, knock shrine and a local pet farm. The inspectors observed several activities taking place on the day of this inspection which included bingo, ball games, puzzles, music and a visit from a local bichon frise dog named Susie. The sensory room was also in use on the day and there was a relaxed and calming atmosphere in this room which had music playing and colorful lights on in the background. The inspectors observed five residents sitting comfortably in this room during the morning and staff were regularly in attendance as it was closely located to the reception area. One resident and their visitor stated

that there was lots to do and "there is always something happening" and that a few weeks previous they attended a day trip to a local pet farm.

The reception area had a choice of local and national newspapers for residents to access and read. There were photographs on an activities notice board showing the various trips and activities participated in by several residents. Doors that contained a keycode lock now had a discreet butterfly picture containing the code which allowed residents to freely access all area's of their home without the assistance of staff.

The centre was originally a period building which had been adapted, extended and refurbished to accommodate 51 residents. There was a continuous schedule of maintenance in place and there was maintenance personnel on site daily. The centre provided a spacious homely environment for residents and the rooms were odour free and pleasantly decorated. Several bedrooms had new furniture and shelving fitted and each room contained lockable storage for each residents personal and valuable belongings. Some bedrooms had keys hanging high up above the outside of some bedroom doors on hooks. As they were up high and difficult for residents to reach, the inspector was not assured that residents were using these keys. The provider removed these keys on the day of the inspection.

The ancillary facilities generally supported effective infection prevention and control. The centre had one treatment room for the storage and preparation of medications, clean and sterile supplies. Two sluice room were available for the reprocessing of bed pans and urinals. All of these rooms were organised, clean and tidy. Storage areas for supplies and equipment were organised and tidy. The centre had an external company to launder bed linen and towels. There was a laundry for residents clothing that had a clean and dirty room to prevent cross contamination.

The smoking room had been redecorated and was in use by two residents living in the centre. It had been recently painted and re tiled. It was well ventilated, had a call bell in place and the was appropriate fire safety and fire fighting equipment. Bedrooms four, five, six and seven had additional storage heaters fitted to help maintain the heat in these rooms, all of which had high ceilings and were located in the original period house. Bedrooms in the newer part of the centre were thermostatically controlled centrally from the boiler house.

On the day there was an optician, a tissue viability nurse specialist and a General Practitioner visiting and reviewing residents in the centre.

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

This inspection found that the designated centre was well-managed for the benefit of the residents who lived there. Improvements were found in a number of areas which included care planning, protection, residents rights and infection prevention and control.

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors also followed up on the compliance plan actions that the provider had committed to take to address the findings of the previous inspection in November 2023. Notwithstanding the improvements from the last inspection in relation to infection prevention and control there were still some areas that needed further improvements. Issues identified are discussed under Regulation 27 and Regulation 25.

The registered provider of the centre is Raicam Holdings Limited. The management team consisted of a person participating in management (PPIM) who was on-site daily and had a strong presence in the centre, and the person in charge, who was supported in the centre by an assistant director of nursing. Both the PPIM and the person in charge were on site and co-operated through-out the inspection process.

The designated centre had sufficient staff resources and there was a clearly defined management structure in place. Inspectors found that there were management systems in place to guide practice. For example, Schedule 5 policies and procedures were in place as set out in the regulations and were available to staff to guide and support staff in delivering safe and appropriate care to residents. Infection prevention and control policies were available to guide staff, some of the guidance needed to be up-dated to reflect the new national policy *National Clinical Guideline No.30-(IPC) 2023* and the *HSE Antimicrobial Stewardship guidance for Healthcare settings (2022)*. A comprehensive audit schedule where issues were identified there were clearly described action plans in place to improve the service provided for residents.

The director of nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had nominated a senior staff nurse to the role of (IPC) link practitioner, who had planned to start the national IPC link course at the end of the year.

On the day of inspection there were three housekeepers on duty. An extra housekeeper worked on Tuesdays and Wednesdays to help with the deep cleaning of residents' rooms. The centre was clean throughout and odour free. The provider had made significant improvements in housekeeping since the last inspection. For example, colour coded mops were used to help prevent the spread of infection from the bathrooms to the bedrooms. Cleaning products had the appropriate safety data sheets and were used in line with best practice. Housekeeping trolleys were clean and well-maintained with a lockable store for chemicals.

An annual review was available and reported the standard of services delivered throughout 2023 which included IPC.

Documentation reviewed relating to *Legionella* control provided the assurance that the risk of *Legionella* was being effectively managed in the centre. For example, the temperature of the water was monitored and routine monitoring for *Legionella* in the hot and cold water systems was undertaken. However, there were no records available to show that housekeepers were flushing the taps of infrequently used water outlets in residents rooms that were vacant. This is discussed under Regulation 27.

The centre had an influenza outbreak in March of this year that affected 15 residents, three of these residents were admitted to hospital for a period and then returned to the centre. The outbreak was notified to the Chief Inspector and appeared to have been well managed with supports in place from public health. An outbreak plan was in place to guide the staff and up to-date guidance to manage the outbreak was available. The inspectors observed adequate amounts of personal protective equipment that was neatly stored and easily accessible.

The inspector reviewed a sample of residents' contracts for the provision of services and found that contracts accurately described the service provided and the charges for the service. All of the contracts reviewed satisfied the requirements of the regulation.

Regulation 23: Governance and management

Management systems were in place and included weekly management quality and safety meetings, a well-established monthly audit schedule was in place and an annual review of the service for 2023 had been carried out. Audits reviewed included analysis of falls, infection prevention and control, safeguarding and restrictive practices within the designated centre. Where deficits were identified action plans were put in place and had been reviewed in a timely manner.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of four contracts for the provision of services confirmed that residents had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services. All contracts of care reviewed had been appropriately signed and included the residents room number and occupancy.

Judgment: Compliant

Quality and safety

The overall quality of interactions was found to be very positive and staff were observed to be cheerful, engaged and always spoke in a kind, unhurried and friendly manner to residents. The inspector observed staff knocking on doors before entering residents' bedrooms. The inspector also observed that staff helped put residents at ease if they appeared anxious and helped residents to engage with each other.

This inspection found improvements in the cleanliness of the general environment including residents' bedrooms, communal areas and toilets which appeared visibly clean, well maintained and odour free.

Hand wash sinks were available in the newer part of the centre in the corridor near the lifts on each floor. These sinks did not comply with the recommended specifications for clinical hand wash basins but they were clean and in good repair. Some barriers to good hand hygiene practices were observed during the course of this inspection. For example, alcohol hand gel was not easily accessible to all residents rooms. Some of the dispenser holders were dirty and were being topped up by a larger container. This is further discussed under Regulation 27.

An accurate record of residents with previously identified multi- drug resistant organism (MDRO) colonisation (surveillance) was not maintained. This meant that the provider was unable to effectively monitor the trends in the burden of antimicrobial resistance within the centre. A review of documentation found that there was some ambiguity regarding to the MDRO status of a small number of residents colonised with multi-drug resistant bacteria. The details of issues identified are set out under Regulation 25.

The inspectors observed some good practices in relation to standard precautions to reduce the spread of infection. For example, waste, laundry and linen were managed in a way to prevent the spread of infection. Some improvements were required in the area of sharps management. For example, the needles used for injections and drawing up medication lacked safety devices. This omission increases the risk of needle stick injuries which may leave staff exposed to blood borne viruses and is discussed under Regulation 27.

A number of care plans were reviewed and the person in charge had been proactive in establishing a schedule of reviews and had implemented new care plans. Training for staff was on going in relation to the care planning process and the importance of their re assessments and documenting and recording these details accurately.

Inspectors 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. All allegations of abuse reviewed on inspection had been notified to the Chief Inspector.

Garda vetting was in place for all members of staff before starting work in the designated centre.

Although the centre had a high level of residents with responsive behaviours staff were observed to confidently and respectfully manage these episodes throughout the day in a manner that was not restrictive. The inspector observed staff using distraction techniques and activities as a way to reassure and support residents.

Improvements were found in relation to residents rights with a variety of activities taking place on the day in the three day rooms. Each resident had their own activity care plan which included their personal preferences. Residents could now access the dining room, courtyard and front garden without restriction with the introduction of codes discreetly displayed at each door.

Residents had timely access to health care and referrals were made in a timely manner. These reviews and changes in treatment were recorded in the notes for each resident reviewed.

Regulation 17: Premises

The registered provider having regard to the need of the residents has provided premises which conform to the matters set out in Schedule 6.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- Alcohol gel dispensers were not sufficiently available at the point of care for staff to decontaminate their hands between the care of each resident.
- Some of the alcohol gel dispensers were topped up/refilled and the holders were dirty. Dispensers should be of a disposable single-cartridge design to prevent contamination.
- A urinal used to empty a catheter bag was reused without being cleaned in the bedpan washer and was visibly dirty. This could lead to a catheter associated urinary tract infection.
- Needles did not have the safety devices to help prevent a needle stick injury which may leave staff exposed to a blood borne virus.
- There were no records to confirm that the water was run in the taps of infrequently used taps and showers, this evidence gives assurances and acts as a reminder to the housekeeping staff. The flushing of unused outlets is

important to reduce the risk of *Legionella* bacteria developing in the water systems.

- Two hoists were observed to be visibly dirty with dust particles present on foot plates.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident care plans and nursing documentation, and found that documentation clearly guided staff with providing person-centred care in line with residents' individual preferences and wishes. There was sufficient oversight to ensure that residents' care needs were appropriately assessed and that the prescribed care interventions to meet those needs were clearly set out for staff to follow. Residents care plans were paper based and person centred. There was a small number of residents with a urinary catheter and these residents had a comprehensive care plan in place that guided the care in line with best practice.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors observed staff interactions with residents throughout the day and found that staff adopted a positive and respectful approach towards the management of behaviours that challenge. The majority of staff had attended training on dementia care and on the management of responsive behaviours. They reported that this supported them in caring for and responding to residents that displayed challenging behaviours.

The use of restraints in the centre was low. There were systems in place to assess and review the use of this equipment and reasons why this was the most appropriate options were described. Risk assessments had been completed and residents had signed consents to demonstrate they had been consulted. There was a restraints register in place and this provided further assurances to the inspector that the restraints in use were frequently reviewed and alternatives had been trialled. A review of restraints in use had been completed on the 23/8/24. The register also included information regarding chemical restraints used and these had also been reviewed.

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.

Staff had received training on how to identify and respond to elder abuse and safeguarding concerns. There was a policy in place which gave guidance to staff on the assessment and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear about reporting procedures.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided facilities for recreation and residents had the opportunities to participate in a varied schedule of activities each day. Residents could avail of social activities in a group or in one to one sessions. These activities such as art, music, pet therapy and mass were in line with residents interests and capacities and residents could exercise their choice to participate or not take part.

Residents could move freely throughout the centre and had access to several day rooms and a courtyard garden. The code for doors with a keypad lock were discreetly displayed beside each door for residents to use if they wanted to.

Inspectors reviewed minutes of residents meetings held in the centre and were assured that residents were consulted and informed as part of the organisation of the designated centre including activities, day trips, birthdays and holiday celebrations.

Residents had access to independent advocacy services and referrals to these services were found to be facilitated as required.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The centre had a transfer document that was not comprehensive and had no section to document a residents infection status. A resident that was transferred to hospital that had an MDRO did not have their IPC status included on the form. This meant

that staff may not have used the appropriate precautions to prevent the spread of colonisation and infection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents received medical care tailored to their needs, including access to specialists such as wound care experts, and dieticians as necessary. Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring and analysis of antibiotic usage in terms of volume, indication, and effectiveness. Infection prevention efforts were focused on addressing the most frequently occurring infections. Prophylactic antibiotic usage in the facility was kept at a minimal level, aligning with best practices. Vaccination records were maintained and there was a good uptake of the recommended national vaccines.

Judgment: Compliant

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. Visitors spoken with by the inspector were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

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 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 11: Visits	Compliant

Compliance Plan for Ballinamore House Nursing Home OSV-0000317

Inspection ID: MON-0043765

Date of inspection: 28/08/2024

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 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> - More alcohol gels dispensers will be obtained and put in place - Gel pack inserts will be used for the alcohol dispensers - urinal bottles have been ordered to replace old bottles - Needles with safety device have been ordered and are in place and the old stock has been removed - A record sheet will be developed, and a schedule drawn for relevant personnel to run taps, flush toilets in less frequently used areas - Staff have been instructed to clean foot plates of the hoist after each use 	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: The transfer documented has been updated with a section added for IPC status	

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 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	29/08/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	31/10/2024

	infections published by the Authority are implemented by staff.			
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