



**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 Hospital
Name of provider:	Health Service Executive
Address of centre:	College Street, Ballyshannon, Donegal
Type of inspection:	Unannounced
Date of inspection:	10 July 2024
Centre ID:	OSV-0008621
Fieldwork ID:	MON-0041184

About the designated centre

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

The Ballyshannon Community Hospital can accommodate 60 residents and can provide a Multi-Disciplinary approach to the care of residents through a variety of care pathways. We welcome residents who need long term care with varying conditions, abilities and disabilities. These may include residents with dementia and cognitive impairment; residents with physical, neurological and sensory impairments; residents with mental health needs and palliative care.

Our beds mainly provide care for persons over 65 years of age, however there may be exceptions depending on the circumstances of the referral. Our beds are available to both male and female. Medical cover is provided by local Medical Practitioners. While out of hours cover is provided by Now Doc On Call service. The designated centre is staffed with 24 hour nursing input and supported by our Healthcare Assistants.

The admission to the four 13 bed household units is through the application process for the Fair Deal Nursing Home Support Scheme. This process requires applicants to have an individual care needs and financial assessment completed. This information is then presented to the placement panel for a final decision on what the care needs might be.

A pre-admission visit by all prospective residents is welcomed. This visit also provides the Person in Charge with the opportunity to assess the prospective residents to ensure that we can cater for their needs. The residents choice and dignity is foremost in all our decision making process's. Our residents include those whose dependency ranges from low to maximum dependency needs.

Requests for our service are received by the prospective resident or by their family or representatives directly to the Person In Charge.

The admission to the 8 bed Dementia Specific unit are made by the GP from Multi-Disciplinary Team(Psychiatry of old age, CNS Dementia Care, Social Worker, OT, SALT, Physio & Dietician) and the Acute Services mainly Sligo University Hospital. All residents are admitted initially into this unit with an expected duration of stay of between one to thirty days.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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 10 July 2024	10:00hrs to 16:00hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the residents were enjoying a good quality of life, and the feedback from residents was that they were very happy living in this new designated centre. Residents told the inspector that staff were exceptionally kind and committed to their care.

Some residents' comments were that " I love the balcony area and the fresh air", "Staff are exceptional, they bring me to the garden whenever the weather is good", " I like the activities, and the staff always keep me occupied in here", "I like the company of staff, and they are always available", "The food is great here".

This newly-built designated centre was constructed by extending and refurbishing the old Sheil Hospital and is located just outside Ballyshannon town. The centre has sufficient parking spaces for residents and visitors at the front of the building including disabled access spaces. In addition, the centre is close to local amenities such as shops, banks, and a post office which can be accessed via a safe pedestrian pathway from the centre into the town.

Upon arrival, the inspector met with the person in charge and went for a walk around the centre. The centre had a welcoming ambiance. There were sufficient seating for the residents to sit together in small groups or to sit and chat with their visitors. The centre is registered for 60 beds and is designed over four floors consisting of five units, namely the Mountain View Unit, the Bridge View Unit, the Town View Unit, the Garden View Unit and the Haven Unit, which is a dementia-specific unit. However, residents were only accommodated in the Mountain View Unit and the Bridge View Unit at the time of this inspection.

The centre appeared bright and well-ventilated, and the communal areas were beautifully furnished. Residents were found spending time reading and watching television in some of the communal spaces, and other residents were observed enjoying the company of staff. The centre also features a coffee dock where residents can meet together or with their friends and family. Residents and visitors were found to be accessing this facility, and residents confirmed that there were no restrictions on visiting or accessing the coffee dock.

Each unit was tastefully decorated to ensure a warm and relaxing lived environment for the residents. In addition, all the units had convenient lift access to all floors, ensuring ease of movement for residents and staff. Residents in all units had seamless access to external, nature-rich garden areas featuring wild flowering plants, an orchard outside seating areas and other garden features. The balcony garden areas were secured with tempered glass railing to ensure the safety of residents while accessing these garden areas. The Haven unit features a herb garden and water features, which offer a calming and supportive environment for residents with higher cognitive needs. Residents who spoke with the inspector

commented that they enjoyed spending time in the garden and the panoramic views of the surrounding areas.

The inspector saw that many residents' bedrooms were personalised with soft furnishings, ornaments and family photographs. There was adequate storage space for residents' personal possessions and properties, including lockable storage for valuable items. The bedroom accommodation includes pathway lighting to guide residents to the en suite toilets, ensuring safe and convenient navigation, especially during the night. Additionally, the rooms were equipped with modern interactive call-bell systems that allowed residents to easily communicate with the staff whenever they needed assistance or had any concerns.

Overall, the centre's premises were well laid out to meet the residents' needs. Clinical equipment, such as patient moving and handling equipment, was stored appropriately in dedicated areas.

The inspector observed staff engaging in kind and positive interactions with the residents. Communal areas were supervised at all times, and call bells were observed to be attended to in a timely manner. Staff who spoke with the inspector demonstrated an understanding of the specific needs of the residents and the level of support and interventions required to support them.

Residents were observed to be engaged in numerous activities throughout the day of this inspection. A schedule of activities was displayed on notice boards around the centre to ensure residents were aware of what was on offer each day. The schedule included activities, such as baking sessions, hairdressing, and word games. Staff were also seen encouraging resident participation and using opportunities to stimulate memories and conversation with residents during activities.

The inspector spent time observing the dining experience for residents and found that the residents were offered their preferred choice of food. Residents who spoke with the inspector expressed a high level of satisfaction with the quality and quantity of food. Staff were observed engaging positively with residents during meal times, and meal times were a social occasion for residents.

The next two sections of this report presents 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

Overall, the inspector found that this centre was well-managed, with residents' needs and preferences central to the daily routines and the organisation of the centre. This helped to ensure that care and services were appropriate for the residents and that residents were supported to live their best lives.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent them during the inspection. 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.

A clearly defined management structure was in place with clear lines of authority and accountability. There is a person in charge in the centre who is an experienced nurse and who has the required management experience for the role. The person in charge is supported by an assistant director of nursing who also deputises for the person in charge during their absence. A clinical nurse manager is also available during daytime and night time shifts. Furthermore, each unit had its own supernumerary clinical nurse manager. Rosters also showed that there were two staff nurses on duty at all times on each unit. This structure was found to ensure there was a constant managerial presence to support and supervise staff in their work and monitor the quality of care and services provided for the residents.

There were sufficient staff on duty on the day of the inspection to meet the residents' needs. A review of the rosters showed that staffing levels were maintained. Staff working in the centre were clear about their roles and responsibilities and demonstrated responsibility and competence in their work..

Systems were in place to manage risks associated with the quality of care and the safety of the residents. Staff and management meetings were held regularly, and the minutes of those meetings were available for the inspector to review on the day of the inspection. This helped to ensure there were robust governance and oversight processes in place to monitor key areas that impacted the quality of life and safety of residents and that where improvements were required these were identified and implemented.

The provider's procedures for reporting, investigating, and managing accidents and incidents at this centre were found to be satisfactory. The incident records maintained in the centre indicated that the provider had submitted almost all the required notifications; however, the Chief Inspector had not been notified of two injury-related incidents as required under Regulation 31, Notification of incidents.

Staff had access to appropriate training and development to support them in their respective roles, and a training schedule was in place. As a result staff were up to date with their mandatory training requirements.

Regulation 14: Persons in charge

The person in charge worked full-time and had the necessary experience and qualifications as required by the regulations and is well known to residents and staff.

Judgment: Compliant

Regulation 15: Staffing

The provider had kept the staffing resources of the centre under review, and the rosters reviewed on the day of inspection evidenced that there was a sufficient number of nurses on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training records found that all staff members had access to a variety of training according to their roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of records and noted that the records required under Schedules 2 and 3 of the regulation were available for the inspector to review.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to ensure that the care and service provided to residents was safe and effective through the ongoing audit and monitoring of outcomes.

The provider ensured that resources were available to provide care and services in line with the centre's statement of purpose and the ongoing needs of the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had not notified the Chief Inspector in writing about two injury-related incidents that had occurred in the centre within three working days of their occurrence, as set out under Schedule 4 of the regulations.

Judgment: Not compliant

Quality and safety

Overall, the quality of care and service provided to the residents was of a good standard and residents were found to be receiving person-centred care in line with their assessed needs. Resident's self-care abilities and independence were promoted to facilitate the individual to lead their best life.

The residents at the centre had access to a diverse range of media including daily newspapers, telephones, Internet, radio and television for communication and entertainment.

The activity record maintained for residents provided evidence that residents had the opportunity to participate in a variety of social care programmes. These programmes included access to local retirement groups, reading sessions, painting, board games, drama shows, local music festivals, and day trips to Bundoran beach. Additionally, some residents confirmed that they enjoyed going to the cinemas, shopping centres and engaging in flower arrangement activities. Personalised support was also provided for residents requesting one-on-one shopping trips and regular walks. Staff used the location of the centre to ensure residents had good access to the town centre and local amenities.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. Residents' records showed that a pre-admission assessment was carried out for each resident. Each resident had a care plan in place, and the inspector found that residents' care plans were personalised and contained information relating to the residents' life histories and personal preferences for care and support. Care plans indicated that the residents' needs were comprehensively reviewed at regular intervals and when changes were noted. Staff demonstrated a strong understanding of the specific needs of the residents.

The centre was provided with appropriate fire fighting equipment, such as fire extinguishers and fire blankets. The fire detection and alarm system was regularly tested to ensure it functioned properly. Detailed records of fire incidents, drills, and arrangements were in place to ensure the maintenance of fire safety equipment.

Staff who spoke with the inspector demonstrated good knowledge of the evacuation procedures.

This purpose-built centre was clean and well maintained and appropriate to the number of residents living in it. Clinical hand wash sinks were provided in appropriate locations around the premises in order to promote good hand hygiene practices amongst staff however there were not sufficient hand gel dispensers along some corridors. As a result, the inspector was not assured that the staff, residents and visitors could maintain hand hygiene at appropriate intervals.

The provider had comprehensive contingency plans in place to address any potential public health emergencies. Infection prevention and control information leaflets were displayed on notice boards around the centre. The provider generally met the requirements of Regulation 27: Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018);

Regulation 10: Communication difficulties

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported in communicating freely.

Judgment: Compliant

Regulation 11: Visits

The provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

There were adequate arrangements in place for the management of residents' personal possessions. Each resident had sufficient space for storing personal possessions, including wardrobe space and a bedside locker with a lockable drawer.

Judgment: Compliant

Regulation 17: Premises
<p>Overall, the layout of the centre was well-designed to meet the specific needs of the residents. The residents' individual living spaces and the communal areas met the requirements of Schedule 6 of the regulation. Additionally, the centre provided ample storage space to meet the needs of residents.</p>
<p>Judgment: Compliant</p>
Regulation 27: Infection control
<p>Although there were adequate hand washing sinks available in this centre, wall-mounted hand sanitisers were not installed in residents' accommodated area, which could potentially make it difficult for residents and visitors to maintain proper hand hygiene within the centre.</p>
<p>Judgment: Substantially compliant</p>
Regulation 28: Fire precautions
<p>The registered provider had appropriate systems in place to ensure adequate precautions against the risk of fire in the centre. The centre had adequate means of escape, and illuminated emergency exit signage was in place. The escape routes were clear of obstructions on the day of inspection.</p>
<p>Judgment: Compliant</p>
Regulation 5: Individual assessment and care plan
<p>The inspector reviewed a sample of residents' care files and found that residents' care plans were reviewed and updated on an ongoing basis to ensure that care and support were in accordance with their personal wishes and preferences.</p>
<p>Judgment: Compliant</p>

Regulation 6: Health care

Residents had access to general practitioners (GPs) from local practices, allied health professionals and specialist medical and nursing services.

Judgment: Compliant

Regulation 8: Protection

All staff had received safeguarding training, and those who spoke with the inspector demonstrated good knowledge of responding to incidents of or allegations of abuse and reporting abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.

Residents were provided with the opportunity to express their views and contribute to the management of the designated centre through resident meetings and by participating in resident surveys.

Residents' privacy and dignity needs and rights were found to be upheld both in the layout of the designated centre premises and in the attitude and practices of staff.

Residents were offered choices in their daily routines and care was found to be person centred and promoted residents' individuality and independence.

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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballyshannon Community Hospital OSV-0008621

Inspection ID: MON-0041184

Date of inspection: 10/07/2024

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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: 1. The person in charge will ensure that the Office of the Chief Inspector will be notified in writing within three working days in line with Regulation 31 going forward	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: 1. Additional Hand Sanitizers will be installed to further enhance the existing IPC measures already in place. This will be completed by the 30/09/2024	

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	12/07/2024