

Health Information and Quality
 Authority
 Social Services Inspectorate

Inspection report
 Designated centres for older people



Centre name:	Care Choice Ballynoe
Centre ID:	0210
Centre address:	White's Cross
	Cork
Telephone number:	021-4300534
Fax number:	021-4300545
Email address:	ballynoe@carechoice.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Care Choice Ballynoe Limited
Person in charge:	Dorothy Nolan
Date of inspection:	23 November 2010
Time inspection took place:	Start: 10:30hrs Completion: 13:00hrs
Lead inspector:	Caroline Connelly
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Care Choice Ballynoe has been in operation as a designated centre since 1989 providing long-term, respite and convalescence care. Care is provided mainly for people over the age of 65 but also to three residents under the age of 65 living there on the day of inspection. It is registered for the care of 51 residents and there were no vacancies at the time of inspection but one resident was in hospital.

Resident accommodation is provided on the ground floor and first floor. The first floor can be accessed by stairs and a passenger lift.

Private accommodation on the ground floor comprises of four single bedrooms that do not have en suite facilities, 22 single bedrooms and five twin-bedded rooms with en suite toilet and wash-hand basin facilities. Accommodation on the first floor comprises of 13 single bedrooms and one twin-bedded room, all rooms have en suite toilet and wash-hand basin facilities. There are seven assisted bathroom/shower rooms and five additional assisted toilets appropriately placed throughout the building with some in close proximity to the lounge and dining room.

Communal accommodation for residents consists of a large sitting room divided into four sections of seating areas, a bright and airy dining room, treatment room, recreation room, smoking room and a family/visitor's room.

There is an internal secure courtyard with tables and chairs for resident and relatives' use. A number of bedrooms on the ground floor have patio doors that open out into the courtyard. Outside is a landscaped garden with paths and seating for residents to exercise and enjoy the rural scenery.

There is plenty of car parking available for relatives and visitors at the front of the building.

Location

Care Choice Ballynoe is set in a rural location in Ballynoe, White's Cross, Cork. It is approximately two miles from Ballyvolane and 15 minutes drive from Cork City.

Date centre was first established:	1989
Number of residents on the date of inspection	50 and 1 in hospital
Number of vacancies on the date of inspection	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	21	10	16	3

Management structure

The Care Choice Group consists of five nursing homes, of which Care Choice Ballynoe is one. The Directors of the company are Aisling Lane, Paul Kingston, Michael Lane and Dr Tom English. Other key members of the management team of Care Choice are the Senior Accounts Manager, Human Resource Manager, Director of Recreation, Facilities Manager and a Director of Nursing in each of the five centres. All of these positions report to the Providers, Paul Kingston and Aisling Lane.

Dorothy Nolan is the Person in Charge of Care Choice Ballynoe. The Person in Charge - also known as the Director of Nursing is supported by an Assistant Director of Nursing and two Clinical Nurse Managers and a team of nursing staff who look after the medical and nursing needs of the residents.

As part of the management team, the Head Chef manages the catering staff, the cleaning, laundry and other household staff. This person works in a supernumerary capacity one day per week to attend to administration duties.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	8	2	3	1	0

Background

Care Choice Ballynoe was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 23 September 2009 and 24 September 2009. The chronology of the Authority's previous inspections is included at the end of this report. A registration inspection was carried out on the 27 July 2010 and 28 July 2010 and the inspectors found that overall Care Choice Ballynoe provided a good standard of care in a clean and well maintained environment.

A number of improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The provider was required to complete an action plan to address areas where significant improvements and some improvements were required. The inspection report can be found at www.hiqa.ie, inspection report number 0210.

This additional inspection report outlines the findings of an unannounced follow-up inspection that took place on the 23 November 2010. The inspection focused on the action plan where significant improvements and some improvements were required, which are outlined as points one to seven in this report.

Summary of findings from this inspection

The follow-up inspection was facilitated in a helpful and welcoming way by the person in charge, clinical nurse manager and all staff on duty. The inspector arrived unannounced at 10:30hrs and found the centre was warm and clean. There were two nurses and eight care staff on duty for the morning and there was plenty of activity going on with residents getting up, having cups of tea and many residents generally moving around the centre. There were a number of visitors in visiting their relatives.

The progress of the actions agreed with the provider to address the issues outlined in the report of the 27 July 2010 and 28 July 2010 was reviewed.

The inspector found that the staff have made substantial improvements and addressed all the actions in their action plan but two actions have not been fully completed, these actions are ongoing:

- the use of restraint and duration of restraint has been reduced substantially
- assessment and care planning has improved and care plans are more person centred
- wound care charts are now in place and there is a more scientific assessment and measurement of wounds
- a new complaints policy is in place
- the sewage smell has now been resolved
- improvements have been made in infection control practices.

Issues that require completion include the provision of outstanding information required for personnel files, and the provision of adequate storage for residents and for equipment.

Issues covered on inspection:

The issues from the action plan from the previous inspection were the main issues covered on this inspection.

Actions reviewed on inspection:

1. Action required from previous inspection:

The person in charge is to review the policy and practice and aim towards a restraint free environment for all residents. If restraint is to be used as a last resort the staff are to follow strict best practice guidelines and maintain a record of the nature of the restraint and its duration.

The inspector saw that the number of residents being restrained and the duration of restraint had been reduced substantially since the previous inspection. The person in charge confirmed that there were now only two residents being restrained during the day and that the restraint is for short durations only. Records viewed by the inspector showed that full assessments for restraint had been completed. These assessments included the physiotherapist completed balance scales and that residents generally were only being restrained for short periods of time now in comparison to most of the day previously.

Supervision in the day room has been greatly increased with a member of staff assigned to be there all day until 21:30hrs. The person in charge told the inspector that there has been a complete change in practice and in staff rotas and that this has assisted in the process of their aim towards a restraint free environment, which the inspector noted is working very well during the day. The person in charge told inspectors that they were also working towards the reduction in the use of bedrails at night but that that was at an early stage and was an ongoing process.

2. Action required from previous inspection:

Suitable storage facilities are provided for the use of residents.

Suitable provision must be made for storage in the centre.

The premises are kept in a good state of repair externally and internally.

The person in charge informed the inspector that there has been a new facilities manager appointed to the Care Choice Group, he has been made aware of the need for locked storage for residents personal belongings and he will be costing and looking for the best options in consultation with the residents. This is to happen in the next month in line with the timeframe agreed on the action plan.

Storage of equipment in the centre is an ongoing problem as there is a lack of suitable storage rooms but some of the less frequently used equipment was removed from resident areas.

The problem with the smell of sewage has been completely resolved following extensive works. There was no smell in the grounds and residents and staff confirmed that this has been resolved since the summer.

3. Action required from previous inspection:

Ensure the complaints policy and procedure identifies a nominated independent person.

The inspector viewed the updated complaints procedure that was on display in the reception area and it now contained information on an independent appeals person. The complaints log was also viewed and showed that complaints were documented, investigated and responded to in a timely and appropriate manner as is required by legislation.

4. Action required from previous inspection:

Provide a high standard of evidence based nursing practice.

Provide suitable and sufficient care to maintain the welfare and wellbeing of the residents, having regard to the nature and extent of the resident's dependency and needs as set out in their care plan.

Review the quality and safety of the practice of staff wearing uniforms to and from work.

Detailed care plans were seen in place for a resident with Methicillin resistant *Staphylococcus Aureus* (MRSA), identifying the area of infection, precautions to be taken and treatment given.

The person in charge told the inspector that ongoing infection control education and monitoring is in place and staff are now fully abiding by best practice in infection control.

5. Action required from previous inspection:

Residents' assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and or his/her representative and other staff as appropriate.

Substantial improvements were seen in the person-centred aspects of the care plan. A number of care plans were viewed by the inspector and were found to be more personalised and reflective of all of the needs of the residents. This process was being rolled out throughout the centre with each nurse assigned six or seven residents to assess, plan, implement and evaluate care for. The process of discussing and developing these assessments and care plans with the resident or his/her representative is also ongoing and being completed regularly.

6. Action required from previous inspection:

Provide an adequate nursing record of the resident's health and condition and treatment given in accordance with any relevant professional guidelines.

Since the last inspection the assistant director of nursing and one of the clinical nurse managers went on a two day wound care course which they said was of great benefit in updating their knowledge. On the day of the inspection a clinical nurse specialist in wound care was scheduled to give a talk to all the nursing staff on assessment and wound care products.

The inspector viewed the recently introduced new wound assessment charts and records which provided sufficient information on the type, size, depth, length and width of the wound. Photographs of wounds are now kept for comparative purposes. There was one resident with a pressure sore on the day of inspection and the inspector was satisfied that this wound was improving and that wounds are now assessed fully to show progress or deterioration in line with best practice guidelines.

7. Action required from previous inspection:

Provide full and satisfactory information in relation to all staff in respect of matters identified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended)

The person in charge informed the inspector that Garda Síochána vetting had been applied for all staff, but not all had been returned from the vetting office. The majority of staff now had three references but there were still a small number outstanding. Medical screening is ongoing - the person in charge told the inspector that the Human Resources Manager was working on them and they would be completed by the end of the year as agreed in the action plan.

Report compiled by

Caroline Connelly
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

25 November 2010

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
23 September 2009 and 24 September 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
27 July 2010 and 28 July 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Any comments the provider may wish to make:

Provider's response:

This was our first unannounced and first follow-up inspection. We wish to thank the inspector for her courtesy and professionalism. Again it is motivating that the improvements are acknowledged.

Provider's name: Aisling Lane & Paul Kingston

Date: 30 December 2010