



**Health  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Ballinasloe Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Creagh Road, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	23 February 2022
Centre ID:	OSV-0005270
Fieldwork ID:	MON-0036185

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	35
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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 23 February 2022	09:30hrs to 16:30hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

From what the inspector observed there was evidence that the residents were supported to enjoy a good quality of life by staff who were kind and caring in their interactions with the residents. On the day of the inspection the inspector observed a friendly, relaxed and calm atmosphere in the centre. The overall feedback from the residents was that they were very well cared for by the staff who knew them well and provided them with the help and support they needed. A lot of good practice was observed on the day and regulatory compliance was found across most regulations with no risks identified.

The inspector interacted with a large number of the residents and spoke with a total of seven residents. Residents' feedback provided an insight of their lived experience in the centre. One resident told the inspector that they 'loved the centre'. Another resident told the inspector that they 'had no wants at all' and that they got everything they needed. A number of residents told the inspector how they loved their bedrooms and surroundings. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. The inspector observed that personal care and grooming was attended to a high standard.

The inspector also spoke with two visitors who both spoke very positively about the care and support received by their loved ones. 'Great staff', 'fabulous room', 'great care' and 'staff are great and always keep in touch with us' were among the positive comments made to the inspector.

On arrival to the centre the inspector was guided through the infection prevention and control measures in place. These included temperature check, hand hygiene and face covering before entering the centre.

The inspector completed a walk around of the centre with the person in charge. Throughout the centre the décor was modern and suitably decorated. The communal areas were styled with comfortable furnishings with views of the outdoors. Dining areas were bright and spacious. Hallways and corridors were decorated with pictures including artwork produced by the residents. Bedrooms were appropriately decorated with many residents personalising their rooms with pictures, books and furniture.

The inspector found that the building was well laid out to meet the needs of the residents and to encourage and aid independence. Many residents were observed moving freely around the centre and interacting with each other and staff. The corridors were wide, bright and airy and the building was warm and well ventilated throughout. There were appropriate handrails and grab rails available in the bathrooms and along the corridors to maintain residents' safety. The single and twin occupancy rooms had sufficient space for residents to live comfortably. This included adequate space for residents to store personal belongings. Call bells were available

throughout the centre.

There was a designated smoking area which was adequate in size and well ventilated. The inspector observed that measures were put in place to ensure the residents' safety when using this facility, including access to suitable fire fighting equipment.

Residents had safe unrestricted access to bright outdoor spaces with a variety of seating areas which were decorated with seasonal plants and garden furniture.

There was good infection prevention and control signage in place at key points throughout the centre. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions.

Throughout the inspection residents were observed in the various areas of the centre and appeared to be happy and content . A number of residents sat together in the sitting rooms watching TV, reading, chatting to one another and staff. Others chose to remain in their own rooms, preferring to spend time on their own, reading, watching TV or enjoying quiet time. It was evident that residents were supported by the staff to spend the day as they wished. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff throughout the day. The inspector observed staff engaging in kind and positive interactions with the residents during the inspection. Staff who spoke with inspectors were knowledgeable about the residents and their needs.

The residents were provided with opportunities to participate in recreational activities of their choice and ability, either in the communal sitting rooms or their own bedrooms seven days a week. The inspector observed a number of residents taking part in a sing-along and a quiz session on the day of the inspection which they appeared to enjoy. Residents told the inspector about the activities available to them and that they were free to choose whether or not they participated.

Residents had unlimited access to television, radio, newspapers and books. Internet and telephones for private usage were also available. Visiting was facilitated in line with current guidance (Health Protection Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

Residents had a choice of where to have their meals throughout the day. On the day of the inspection the lunchtime period was observed by the inspector. The inspector observed that the meals served were well presented and there was a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. The residents were complimentary about the food in the centre. Staff members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful. A choice of refreshments was available to the residents throughout the day.

The centre was clean and tidy on the day of the inspection and generally well maintained. The person in charge informed the inspector that there was a plan to

repaint the centre in the coming months. Housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process required in the centre. Cleaning schedules were in place and equipment was cleaned after each use.

In summary, the inspector found a good level of compliance, with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered.

## Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in March 2021.

The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of an appropriate standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of the residents who lived in the centre. The provider had addressed the actions of the compliance plan following the last inspection.

The provider of this centre is the Health Service Executive (HSE). There was a clearly defined management structure in place with identified lines of authority and accountability. The person in charge was an assistant director of nursing. They were supported in this role by the service manager for Older Person Services, two clinical nurse managers and a full complement of staff including nursing and care staff, housekeeping staff, catering staff, administrative staff and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. The person in charge facilitated this inspection. They demonstrated a clear understanding of their role and responsibility and were a visible presence in the centre.

The designated centre had sufficient resources to ensure effective delivery of high quality care and support to residents.

On the day of the inspection the centre had a stable and dedicated team which ensured that residents benefited from continuity of care from staff who knew them

well. The person in charge and clinical nurse managers provided clinical supervision and support to all the staff. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with the residents. Staff had the required skills, competencies and experience to fulfil their roles. Staffing and skill mix were appropriate to meet the needs of the residents.

Policies and procedures were available, providing staff with guidance on how to deliver safe care to the residents.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role. This included COVID-19 infection prevention and control training.

The provider had systems in place to ensure the service was effectively monitored. A range of audits had been completed which reviewed practices such as care plans, medication management, and infection prevention and control.

Risk was found to be effectively managed in the centre. There was a risk register which identified risks in the centre and controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. The clinical team met daily for a 'safety pause' and discussed a range of safety and quality issues to ensure any identified risks to any resident was addressed in a timely fashion. There was an emergency plan in place which included a comprehensive COVID-19 contingency plan with controls identified in line with public health guidance.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

### Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector found that staff had access to mandatory training and staff had



completed all necessary training.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There no annual review of the quality and safety of care carried out in consultation with residents carried out for 2021.
Judgment: Substantially compliant
<b>Regulation 34: Complaints procedure</b>
There was an effective complaints procedure in place which met the requirements of Regulation 34.  A review of the complaints records found that resident's complaints and concerns were promptly managed and responded to in line with the regulatory requirements and there was a comprehensive record kept of all complaints.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.
Judgment: Compliant
<b>Quality and safety</b>

The inspector found that the residents in this centre received a high standard of safe care. Care delivery was observed to be evidence-based and person-centred. Observations on the day of the inspection found that residents' rights and choices were upheld, and their independence was promoted. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. Staff were respectful and courteous with the residents.

The inspector reviewed a sample of five resident files. Following admission, a range of validated assessment tools were used to reflect the needs of the residents including falls risk, skin integrity, manual handling needs and level of dependency. While most care plans were developed to reflect the assessed needs of the residents, a small number of care plans did not contain up-to-date information to guide staff in their care needs. This is described further under Regulation 5: Individual assessment and care plans.

Overall, daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided.

Residents had access to medical care with the residents' general practitioner (GP) reviewing residents in the centre.

The provider promoted a restraint-free environment in the centre in line with local and national policy.

The centre had a residents council which provided opportunities for residents to consult with management and staff on how the centre was run. Resident satisfaction surveys were carried out and resident feedback was acted upon. Residents had access to an independent advocacy service.

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

The centre had a comprehensive COVID-19 contingency plan in place which included the guidance from Health Protection Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities).

## Regulation 11: Visits

Visits were facilitated in line with the current guidance.(Health Protection

Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). The inspector observed visits being facilitated on the day of the inspection. Residents who spoke with the inspector confirmed that they had appropriate access to their families and friends through face to face visits and telephone calls.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

### Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .

Judgment: Compliant

### Regulation 27: Infection control

There was good oversight of Infection Prevention and Control (IPC) practices in the centre with a high emphasis on the prevention of infection in particular COVID-19 virus. The centre had not experienced a COVID-19 outbreak, and inspectors were assured that the centre was compliant with the guidelines. There were protocols in place for active monitoring of staff and residents for early signs and symptoms of the COVID-19 virus.

The premises and residents' equipment was very clean on observation and examination.

Judgment: Compliant

### Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Regular fire evacuation drills were undertaken including night time drills. Personal evacuation plans were in place for each resident. Evacuation sheets were available on every bed. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A review of residents care plans found that they did not contain the necessary information to guide care delivery. For example;

- Of the sample reviewed, two residents did not have their current medical care needs integrated into their care plan.
- Care plans were not always guided by assessments. For example;
  - A resident who was assessed as being at risk of developing pressure ulcers did not have a care plan in place with guidance regarding the care required to prevent pressure related injury occurring.
  - A resident who was assessed as being at risk of falls did not have an up to date care plan with falls prevention actions.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the

centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that the residents' privacy and dignity was respected. Residents told the inspectors they were well looked after and that they had a choice about how they spent their day.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ballinasloe Community Nursing Unit OSV-0005270

Inspection ID: MON-0036185

Date of inspection: 23/02/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An Annual review has been completed for 2021, with assistance from Residents and Staff, with quality improvement initiatives identified for 2022.</p> <p>December has been identified as the month each year for completing the Annual review.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A care plan review group has been set up to examine the care plan framework and assist with changes required to ensure the care plans within Ballinasloe CNU are more resident specific.</p> <p>Care planning documentation training has commenced for staff with a completion date of 19th may 2022.</p> <p>The Clinical nurse managers will audit care plans monthly.</p> <p>The Director of nursing will audit care plan compliance 4 monthly or more frequently if required.</p> <p>A more robust care plan Audit tool has been formulated for use within Ballinasloe CNU, with particular emphasis on individualized care plans.</p>	



## 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 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Yellow	03/03/2022
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	Substantially Compliant	Yellow	30/06/2022

	consultation with the resident concerned and where appropriate that resident's family.			
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