

# 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:	21 February 2025
Centre ID:	OSV-0008621
Fieldwork ID:	MON-0046379

## 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 coverage is provided by local medical practitioners. Out-of-hours coverage 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. All prospective residents are welcome to make a pre-admission visit. This visit also provides the person in charge with the opportunity to assess prospective residents and ensure that we can cater to their needs. The resident's choice and dignity are foremost in all our decision-making processes. Our residents include those whose dependency ranges from low to maximum dependency needs. Requests for our service are received by prospective residents or their families or representatives directly to the Person In Charge. The admission to the 8-bed Dementia Specific unit is made by the GP from the 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:	52
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 21 February 2025	10:00hrs to 18:00hrs	Nikhil Sureshkumar	Lead

## What residents told us and what inspectors observed

Overall, the inspector observed that there was a warm and friendly atmosphere in the centre. Feedback from various residents generally reflected a positive nature of feedback regarding the services provided in this designated centre.

Some residents' comments were that "I am happy with the nursing care", "I just enjoy being here and maybe need more Bingo", "the service provided here is excellent and it's like a five-star hotel", "the staff are really nice" "service provided here is second to none". However, one resident commented that they needed support to go for outings, such as shopping. This was brought to the attention of the management team, and the person in charge confirmed that plans are in place to support social outings for residents.

The centre is located just outside Ballyshannon town and is close to local amenities. The centre is registered for 60 beds and is designed over four floors, and consists of five units. The occupancy of this centre had increased since the last inspection, and residents were accommodated in units namely, the Mountain View Unit, the Bridge View Unit, the Town View Unit, and the Garden View Unit. Residents were not accommodated in the Haven Unit, which is a dementia-specific unit.

Following a brief introductory meeting with the person in charge, the inspector went for a walk around the centre. There was a relaxed and welcoming atmosphere in the centre. The centre's premises were well-laid out to meet the residents' needs. The centre had convenient lift access to all floors, ensuring ease of movement for residents and staff. Residents and families were found using these lifts on the day of inspection.

The residents told the inspectors that they had access to all communal areas and enjoyed spending time in the balcony garden areas. Residents and visitors were also found to have access to a coffee dock, which was managed by an external contractor.

Staff interaction with residents on the day of the inspection was found to be respectful. Staff were found to be communicating well with residents in a warm and friendly manner. Some residents also expressed their heartfelt appreciation for the dedicated staff team, highlighting how the team worked collectively to facilitate a visit.

A schedule of activities was displayed on notice boards around the centre to ensure residents were fully informed of what was on offer each day and to enhance their participation and overall experience within this centre.

Residents were observed to be engaged in various activities throughout the day of this inspection in the communal rooms and in their own rooms. Some residents were

engaged in activities in the company of staff, whereas some were busy reading newspapers and books.

The residents' rooms were beautifully laid out and personalised with their personal belongings. The inspector noticed that they also had access to secure personal storage areas for the safekeeping of their valuables.

A range of informative leaflets and notices were readily accessible for residents and provided guidance on various topics, such as the provider's complaint procedures and information guide for residents.

The centre had spacious and well-furnished dining areas, and the inspector observed that mealtime in the centre's dining room was a relaxed social occasion for residents. Residents were informed of the menu choices, and menu choices for the day were clearly displayed. The residents who spoke with the inspector confirmed they had a good choice of food available to them. Some residents also commented that they always get sufficient quantities of good quality food in this centre. There was sufficient staff to support residents in enjoying their meals.

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Residents were able to meet with visitors in private or in the communal spaces throughout the centre. Family members of residents who spoke with the inspector said that there were no restrictions in place for visiting.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered.

## Capacity and capability

Overall, the provider had management systems in place to ensure that the residents were supported in meeting their needs and were involved in the organisation of the centre. However, the provider's governance and management oversight of medication management, staff training and safeguarding processes required additional improvement actions.

The registered provider of this designated centre is the Health Service Executive (HSE). 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.

Regular management meetings were held in this centre, and a representative of the provider attended the management meetings. Staff meetings were held at regular intervals, and the meeting minutes indicated that a range of topics was included in

these meetings to ensure that staff was well informed regarding the organisation of this centre to support residents' wellbeing. The provider had completed an annual review for 2024, and the report was available for inspection. The centre had a risk management policy, and systems were in place to report and investigate accidents or incidents that occurred within the centre.

The centre's person in charge is a registered nurse with the required experience and qualifications in line with the regulations. The person in charge was actively engaged in the governance and management of this centre. The person in charge was supported by an assistant director of nursing who also deputises for the person in charge during their absence. Several grades of clinical nurse managers were also available for daytime and night-time shifts.

Staff had access to training relevant to their roles. All staff had attended the required mandatory training to enable them to care for residents safely. The provider had a role-specific staff support system in place, such as a clear induction and on boarding system to support staff in the centre. However, staff were not appropriately supervised to ensure that the staff put training into practice consistently. This is further discussed under Regulation 16: Training and staff development.

#### Regulation 16: Training and staff development

The systems in place to ensure that staff were appropriately supervised were not sufficient. For instance, while staff were provided with relevant training to respond to and manage safeguarding incidents and address concerns raised by residents, some staff were not consistently applying this training in practice.

Judgment: Substantially compliant

#### Regulation 22: Insurance

The provider has a current insurance contract against injury to residents and risks, such as loss or damage to residents' property, and this was in line with the regulatory requirement.

Judgment: Compliant

#### Regulation 23: Governance and management

Management systems in place were not sufficiently comprehensive to ensure a safe, effective and consistent service was provided to the residents at all times. For example:

- The oversight of the provider's safeguarding systems was not effective in safeguarding residents from abuse. Additionally, the provider had not identified and implemented a safe medicine management system following a safeguarding incident that occurred in this centre before this inspection.
- The inspector found that the oversight of medicine administration systems that were in place did not support safe medicine administration. This is detailed under Regulation 29: Medicines and pharmaceutical services.

Judgment: Not compliant

### Regulation 3: Statement of purpose

A statement of purpose was available to the residents, which contained the facilities and services offered to the residents in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents involving residents that had occurred in the centre is maintained. Notifications and quarterly reports had been submitted to the office of the Chief Inspector within the specified time frames.

Judgment: Compliant

### Regulation 15: Staffing

There was a sufficient number of staff and skill-mix to meet the needs of the residents on the day of inspection.

Judgment: Compliant

### Quality and safety



Overall, residents received a good standard of nursing care in this centre; however, the provider systems to safeguard residents from abuse required improvement actions.

The residents had a care plan in place, and the records indicated that care plans were developed based on the views and wishes of the residents. The inspector observed that the care provided to residents was person-centred, and staff were aware of the needs of residents.

Overall, the inspector found that the residents received a good standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. For example, systems were in place in this centre to support residents' skin integrity, manage wounds, and monitor their food and fluid intake.

Additionally, staff demonstrated a good understanding of de-escalation strategies that would work well to manage residents' responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

Medicines controlled by misuse of drugs legislation were stored securely, and there was an appropriate system for the safekeeping of these medicines. The inspector observed that there were appropriate procedures for the handling and disposal of unused and out-of-date medicines. However, while the provider had processes in place for the prescribing, administration and handling of medicines, the inspector was not assured that these systems were safe and is further discussed under Regulation 23: Governance and management and Regulation 29: Medicines and pharmaceutical services.

Residents had access to television, radio and internet. Residents were provided with choices around how they spent their days, and there was an activities schedule in place for them to attend a variety of activities. Residents had access to independent advocacy services.

While the provider had a safeguarding policy with outlined measures to protect residents from any form of abuse, the management systems and arrangements were not in line with best practice guidelines and required review. This is further discussed under Regulation 8: Protection.

## Regulation 18: Food and nutrition

Residents had access to fresh drinking water, refreshments and snacks throughout the day. Residents had a choice of menu at meal times and received adequate supervision and assistance at mealtimes.

Judgment: Compliant

#### Regulation 20: Information for residents

A residents' guide was available for residents, which contained all the information required under this regulation.

Judgment: Compliant

#### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care records and found that comprehensive assessments were completed for residents upon admission to the centre, and validated assessment tools were used to assess clinical risks, such as the risk of malnutrition, falls and pressure ulcers. Care plans were completed no later than 48 hours after the resident's admission to the centre and contained detailed information specific to the individual needs of the residents.

Judgment: Compliant

#### Regulation 6: Health care

Residents' nursing and healthcare needs were met to a good standard. Residents had timely access to general practitioners (GPs), health and social care professionals, and specialist medical and nursing services, including psychiatry of older age and a palliative care team.

Judgment: Compliant

#### Regulation 7: Managing behaviour that is challenging

A restraint risk assessment was carried out on all restrictive practices currently in use in the centre, and alternatives were trialled before recommending the use of restraints in the centre.

Judgment: Compliant

Regulation 8: Protection
<p>The inspector was not assured that the centre's safeguarding policy and procedures were fully implemented to safeguard residents. Furthermore, the inspector found that safeguarding concerns raised by residents were not properly addressed, and suitable safeguarding measures were not established. This was brought to the attention of the person in charge and was then subsequently escalated to senior management on the day of the inspection, who provided assurances to implement measures in accordance with their policy to ensure that all residents in the centre were adequately protected.</p>
Judgment: Not compliant
Regulation 9: Residents' rights
<p>Residents' meetings took place regularly in this centre, and the meeting minutes indicated that there was good participation from residents. There was evidence that residents' feedback or suggestions were followed up by management.</p>
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
<p>The inspector reviewed a sample of the medicine administration records of four residents and identified shortcomings that did not facilitate safe medication administration. For example:</p> <ul style="list-style-type: none"> <li>Residents' history of drug allergies was not available in the medicine administration records, and this omission posed a risk for potential adverse reactions to residents during medicine administration.</li> <li>The information regarding the method of administration of medicines; for example, those medicines that required crushing prior to administration were not logged accurately in some residents' medicine records. As a result, this lack of information in the medicine administration record could potentially create injury risk to residents.</li> </ul>
Judgment: Substantially 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 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 15: Staffing	Compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

# Compliance Plan for Ballyshannon Community Hospital OSV-0008621

Inspection ID: MON-0046379

Date of inspection: 21/02/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	
<ul style="list-style-type: none"><li>• All units have a CNM 2's and CNM 1's in place which ensures the appropriate supervision of all staff. The CNMs also provide clinical oversight for residents care</li><li>• All staff have received up to date Safeguarding training and all managers and staff are aware of their obligations to report any safeguarding concerns within the required timelines in line with the HSE Incidents Management Processes</li><li>• Each unit has a three times daily safety pause where all safeguarding or potential safeguarding issues/incidents are discussed.</li><li>• At the weekly CNM meetings the management team discuss safeguarding issues within the designated centre. This provides management oversight and provides shared learning across the designated centre</li><li>• The management team work closely with the safeguarding team re any safeguarding or potential safeguarding incidents</li></ul>	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
The following measures have been taken to address the issues above and to come into compliance with Regulation 23: Governance and management are as follows:	

- The Provider and the Person in Charge have reviewed the oversight systems that are in place to ensure that all incidents of safeguarding are managed appropriately and within the required time frame.
- At the weekly Senior management /CNM meetings the management team discuss safeguarding issues within the designated centre. This provides management oversight and provides shared learning across the designated centre
- All recommendations and issues of concern are discussed at the management team and action plans are developed and implemented ensuring that residents are safeguarded from abuse
- The Person in Charge and the Assistant Director of Nursing provides oversight and ensures that all actions are implemented within the unit
- A review of medication management systems has taken place within the centre, which will enhance medication management practices in the centre and reduce any potential errors.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The following measures have been implemented to ensure compliance with Regulation 8:

- The Provider and the Person in Charge has reviewed the center's safeguarding policies and procedures and have ensured that all staff are aware of all their responsibilities as outlined in the policy.
- The Provider and the Person in Charge have reviewed the oversight systems that are in place to ensure that all incidents of safeguarding are managed appropriately and within the required time frame.
- At the weekly Senior Management/CNM meetings the management team discuss safeguarding issues within the designated centre. This provides management oversight and provides shared learning across the designated centre
- All recommendations and issues of concern are discussed at the management team and action plans are developed and implemented ensuring that residents are safeguarded from abuse
- The Person in Charge and the Assistant Director of Nursing provides oversight and ensures that all actions are implemented within the unit
- All residents are encouraged to report any Safeguarding concerns and all staff members are aware of the process that are to be adhered to in the management of safeguarding issues



Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The following measures have been implemented to ensure compliance with Regulation 29</p> <ol style="list-style-type: none"> <li>1. The Person in charge, ADON and Clinical Nurse Managers have reviewed all medication/Drug Kardex to ensure that all medication products dispensed and administered to each resident is administered in accordance with the directions of their GP, and in accordance with the advice received by the pharmacist regarding its appropriate use and safe form of administration.</li> <li>2. If a resident is prescribed to have medications given in a crushed or alternative method this is clearly prescribed on the drug kardex</li> <li>3. All residents' allergy status is now clearly identified on each page of the medication/drug Kardex. All new admissions will have the allergy status clearly identified from admission</li> <li>4. The Clinical Nurse Managers will ensure that the procedure for dating when opening medication packaging is clearly marked using appropriate date stickers and that the product is stored correctly as per best pharmaceutical guidelines.</li> <li>5. The Clinical Nurse Managers will ensure that all medication which is out of date or has been dispensed to a resident and is no longer required and is disposed of in accordance with best practice.</li> <li>6. All medication/drug Kardex have been reviewed to identify method of administration of medicines.</li> <li>7. Monthly auditing of the medication/drug Kardex has commenced and is completed by the Clinical Nurse Managers. The findings of these audits are discussed at the weekly management team meeting and action plans and recommendations are implemented with time bound timelines. These actions and recommendations are discussed with the staff nurses and the unit staff meetings ensuring that all staff are aware of best practices. The Person in Charge and the Assistant Director of Nursing provide the oversight and monitoring of all action plans and recommendations will be carried out by the Clinical nurse managers to ensure compliance.</li> <li>8. Weekly auditing off Control Drugs will continue as best practice, along with twice daily reconciliation of DDA drugs at the changeover of nursing shifts.</li> </ol>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	22/02/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	22/04/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist	Substantially Compliant	Yellow	26/05/2025

	regarding the appropriate use of the product.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/03/2025