<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Carechoice Ballynoe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000210</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Whites Cross, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 430 0534</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:ballynoe@carechoice.ie">ballynoe@carechoice.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Carechoice Ballynoe Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>51</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 14 August 2018 14:00
       15 August 2018 09:45
To:    14 August 2018 18:30
       15 August 2018 18:00

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td></td>
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</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td></td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
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<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
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Summary of findings from this inspection

This inspection of Carechoice Ballynoe Nursing Home by the Health Information and Quality Authority (HIQA) was unannounced and took place over two days. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. There were 51 residents in the centre at the time of inspection. The centre had recently had a change of management company, however the nursing home was still managed by the same team of nursing staff. The inspector followed the experience of a number of residents with dementia within the service. As part of the thematic inspection process, providers were invited to attend information seminars organised by HIQA. In addition, providers were issued with guidance on dementia care and the inspection process. The person in charge had forwarded the self-assessment tool on dementia care to HIQA prior to the inspection. The person in charge said she aimed to provide the best quality care for those residents with dementia who lived in the centre. She reviewed the work practices through audit and observation to ensure that it was relevant and up-to-date. The person in charge and the general practitioner (GP) had both undertaken post-graduate study in dementia care to enhance best evidenced-based practice.
Residents confirmed that they enjoyed living in the centre, they said that they felt safe and they were happy with staff, the complaints process and their accommodation.

The inspector met with residents, visitors, the person in charge, the provider representative and a number of staff from all roles within the centre. The inspector observed practices using an evidence-based observation tool and reviewed documentation such as care plans, training records, allied health care records and policies. A sample of staff files and residents' files were checked for regulatory documentation. The inspector found the premises, fittings and equipment were of a very high standard. The centre was seen to be very well decorated, bright and well maintained. All rooms were designed to afford residents privacy. All rooms, except five double rooms, were single occupancy en-suite bedrooms. Some rooms had views of the external or internal gardens. The secure garden patio areas was furnished with colourful outdoor seating and suitable planting.

The Standards set by HIQA to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the judgment framework for dementia thematic inspections formed the basis for the findings made by the inspector. The inspector found that the centre was generally compliant with the regulations. Some actions necessary to ensure full compliance were detailed in the action plan at the end of this report.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

### Outcome 01: Health and Social Care Needs

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A sample of care plans of residents who had been diagnosed with dementia were reviewed by the inspector. These were personalised and were seen to be implemented in practice. Specialist services and allied health care services such as physiotherapy, dental, optician, occupational therapy (OT), speech and language (SALT) and dietitian services were seen to be availed of. The chiropodist attended residents on a monthly basis and documentation confirming this was reviewed by the inspector. Residents were happy with the physiotherapy service and felt that it supported them to remain independent. Residents had the option of retaining the services of their own GP or changing to the GP service which attended the centre on a regular basis. Residents with dementia were facilitated to attend psychologists or psychiatrists where indicated. PRN (when necessary) medications were reviewed and the use of psychotropic drugs was audited by the GP and pharmacist. The pharmacist assisted staff in good medication practice and documentation. Residents with behaviour issues, as a result of the behaviour and psychological symptoms of dementia (BPSD), were assessed by staff, who were trained in the recognition and management of this behaviour using non-pharmaceutical methods where possible. A number of care plans had been developed which outlined the needs of residents who communicated in this way and staff had been made aware of all such care plans.

Clinical assessments such as, skin integrity, behaviour, falls, nutrition, cognition and pain were undertaken for each resident with dementia. Care plans were formulated and updated as a result of these assessments. Residents’ right to refuse treatment was documented and brought to the attention of the GP, as required. These was good communication between the dietician and the kitchen staff. The inspector spoke with a number of the kitchen staff who were found to be familiar with residents' nutrition needs, special diets and preferences. Food choices were impressive, modified diets were well presented and residents had a menu for each meal. Fresh, home-baked bread and scones were presented daily.

An electronic documentation system was used, in conjunction with paper-based records, to document care plans and the medical care received by residents. Consultant, public
health nurse and GP letters were available on file. Comprehensive pre-admission assessments were carried out, with further assessments completed within 48 hours of admission. Relatives spoke with the inspector about the importance of the pre-admission assessment by the management staff and described how this helped the resident to settle in and provided support for all the family.

Staff, with whom the inspector spoke, stated that handover reports during the day provided them with a comprehensive update on residents' needs. Staff, had a good knowledge and understanding of the holistic needs, of residents. They stated that consistency of staff allocation supported residents with dementia who responded well to security, kindness and familiarity. There were opportunities for residents to participate in a number of meaningful and varied activities the cost of which was detailed in the contract of care and was extra to the accommodation costs. These activities were outlined and discussed under Outcome 3: Residents' rights, dignity and consultation.

End-of-life care plans were in place for the sample of residents' files reviewed. These were seen to be comprehensive, easily accessible to staff and were updated on at least an annual basis. There was a room available for relatives to stay with residents at the end of life and support was available from staff at this time. Palliative services were available for symptom control, if required. Mass was said on a weekly basis either on Saturday or Thursday.

**Judgment:**
Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that measures were in place to protect and safeguard residents with dementia. Staff spoken with by the inspector were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records confirmed that staff had received training on recognising and responding to elder abuse. Residents spoken with said they felt safe in the centre and that staff were supportive and helpful. The policy on the prevention of elder abuse supported the staff practice and was seen to be based on best evidence-based information.

There was a comprehensive policy in place to guide staff in interventions for residents who exhibited behaviours related to their dementia (BPSD). Related care plans on behaviour issues and on communication strategies were in place in a sample of residents' files viewed by the inspector. The inspector observed staff interacting with
residents and intervening appropriately when any resident began to communicate restlessness, upset or anxiety. However the inspector found that one notification was submitted late. That complaint of a restrictive intervention had been investigated and addressed but had not been submitted in a timely manner as a notifiable incident of concern.

The inspector found that the consent of the resident or a representative had been sought for assessment of bedrail use and there was multidisciplinary involvement in decision making for residents with dementia. The person in charge stated that the centre aimed to be a restraint-free environment. The inspector observed that most residents had the use of low-low beds to minimise the impact should a fall occur. Alarm mats were placed next to some beds for this purpose also. Residents who required bedrails and those residents who had the support of lapbelts for posture and safety reasons were checked regularly when these were in use. Documentation was maintained of these observations.

Residents' finances were managed diligently for the centre. Two staff members signed for financial transactions and a sample of records checked were seen to be accurate. Receipts were given to residents for hairdressing, pharmacy, chiropody and physiotherapy fees, where relevant. Residents had personal accounts in place for pension payments.

Judgment:
Substantially Compliant

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Life story information was used to ascertain residents' preferred activity. Activities included music, art, Sonas, chair-based exercises, card games and personalised activities such as hand massage and cooking were available. Two of the three activity personnel spoken with by the inspector explained how activities were designed according to the assessed needs and preferences of residents. The activity team spent individual time with residents with a cognitive impairment facilitating for example, music sessions, religious service on TV, rosary and hand massage. Documentation to this effect was seen in residents' files.

In addition, residents who liked current affairs were provided with daily newspapers and access to radio and television. The hairdresser was seen attending to residents in the beautifully decorated salon. She attended twice a week and this was welcomed by residents spoken with. The activity personnel informed the inspector that the team
organised and supervised a range of activities and outings. Individualised activities were available for residents who did not wish to participate in the group sessions. The inspector saw residents including those with dementia participating in and enjoying the activities, such as music, Sonas, singing and newspaper readings during the two days of inspection. Residents spoke with the inspector about which activities they enjoyed. Most of the residents spoke about the summer garden party which they greatly enjoyed.

The resident dog was a great comfort to residents and he was seen to sit by residents' chairs during the inspection. The inspector met with a number of relatives. They praised the staff, the managers and the care. They stated that they could bring concerns to the management staff and they expressed confidence that any concerns would be addressed. Relatives also spoke with the inspector about the benefits which their relatives experienced as a result of being encouraged to out with them to restaurants, their homes and on holidays. Photographs were on display which had been taken at a number of celebratory events. Relatives were seen to use the quiet room and the smaller sitting room for private visits which suited residents with dementia and their families as there was a relaxed environment in these rooms.

The person in charge informed the inspector that residents with dementia were consulted with and participated in the organisation of the centre by attending resident meetings. A robust and helpful advocacy service was available. Residents with dementia were enabled to make choices with support from their personal representatives and staff. The inspector reviewed the minutes of residents' meetings and found that a wide range of topics were discussed. Issues were addressed and discussed at the following meeting. In addition, there were resident surveys carried out. Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with the inspector and stated that they were satisfied with the sense of freedom they experienced to walk around the centre. A number of residents had unrestricted, independent access to the secure, spacious central patio area.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. At intervals during the inspection the inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the sitting room areas and in the dining room in the centre. Each observation lasted a period of 30 minutes. The inspector evaluated the quality of interactions between carers and residents with dementia. In the sitting room interactions were positive and meaningful. Staff were seen relating to residents in a calm and kind manner. Residents were referred to by name and were seen to communicate with other residents in the group. Staff engaged in social conversation and spent time with individual residents. Tea, drinks and snacks were offered by staff in the afternoons. Visitors were present with residents and their presence added to the wellbeing of residents who invariable went walking with the visitors. Staff in the dining room were seen to engage attentively with those who required help with meals. Choice was offered and there was an unhurried approach with staff sitting at eye level with residents. A third observation took place during the second day of inspection in the sitting room. Residents with dementia were included in all the group events at that time. Residents asked for the TV to be turned off and for music to be played. This was done
and the activity staff circulated around the group speaking with individuals and supporting those who wished to get up and walk out. Residents were offered their choice of music video and some were seen to sing along with familiar tunes. While there were some periods of neutral care observed by the inspector the overall evaluation of the quality of interactions during the observation periods was one of positive, connective care.

Activity personnel supervised residents in the sitting room in the mornings up to half eleven or half twelve on some occasions depending on the needs of residents. The inspector spoke with staff who felt there was a need to augment staffing at this time to enable activity staff to organise and facilitate morning group activities and attend to the necessary documentation. Activity staff had also been allocated some hours at the weekend which reduced the available hours during the week as some of these staff worked part time.

Judgment:
Substantially Compliant

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<th>Outcome 04: Complaints procedures</th>
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<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
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<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong> No actions were required from the previous inspection.</td>
</tr>
<tr>
<td><strong>Findings:</strong> Policies and procedures were in place for the management of complaints. There was a transparent open approach to listening and dealing with complaints. The process was displayed in a prominent place and residents stated that they had no concerns about speaking with staff. The person in charge was the person nominated to deal with complaints. An independent person was available if the complainant wished to appeal the outcome. Visitors of residents who had been diagnosed with dementia told inspectors that they were confident that any complaint would be addressed appropriately.</td>
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<th>Outcome 05: Suitable Staffing</th>
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<tr>
<td><strong>Theme:</strong> Workforce</td>
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<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
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</tbody>
</table>

Page 9 of 13
No actions were required from the previous inspection.

**Findings:**
Appropriate staff numbers and skill mix were seen to be rostered on the days of inspection to meet the assessed needs of residents. Staff had up-to-date mandatory training and this matrix was maintained by the HR manager who met with the inspector. The HR manager in conjunction with the person in charge scheduled an annual training week and ensured that all staff were aware of their responsibility to attend the mandatory training. Staff also had access to a range of appropriate training to fulfil the requirements of their roles. For example, training in manual handling, medicines management, infection control and food hygiene. All staff were supervised on an appropriate basis and were recruited and vetted in accordance with the centre's policy. Staff appraisals were undertaken and staff were subject to a supervised probationary period. Staff spoken with were found to be knowledgeable of dementia care, of the associated behaviours and of the relevant care plans of residents with dementia. They described their training as relevant and person-centred.

A sample of staff files viewed by the inspector were seen to be in compliance with the requirements of Schedule 2 of the Regulations. Staff were required to obtain the regulatory Garda Síochána vetting (GV) clearance prior to taking up employment. The person in charge confirmed that this had been done for all employees.

**Judgment:**
Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre was a two-storey building which had a homely but modern design. The location, design and layout was found to meet the needs of all residents including those with dementia who were currently residing in the centre. Adequate parking was available on site. A health and safety statement and emergency plan were available and the risk register was up to date.

There were 39 single rooms and six double rooms available. All bedrooms except for five single rooms had en-suite toilet facilities and were laid out in four corridor areas. Residents shared five shower rooms, a number of communal toilets and a bathroom. Wardrobes were spacious and a locked drawer was available for valuables. Each resident had an armchair in their bedroom. Radios and TVs were readily accessible to residents. The building was maintained to a high standard with residents’ rooms individually decorated and personalised. Each resident’s bedroom door was painted a
different colour. These had decorative door furniture which gave the doors an appearance of a front door.

There was adequate space for visitors and activities in the large sitting room. Two TVs, a dresser, bookshelves and a music centre were available in this area for residents' entertainment. Since the previous inspection the layout had been adjusted to provide for different activities within the room. For example, one group was watching TV, another group was listening to music while a third group was dozing or chatting. The spacious layout of the room suited residents with dementia who could be facilitated to be involved, have quiet time or join in activities according to their assessed needs. The large well laid out dining room was set out in two interlinked areas. This meant that residents who required help from staff could be afforded privacy and time to eat their meals in one area. This first section of the dining room was located near to kitchen serving hatch which the chef said was a great advantage in supervising residents and for providing extra helpings of food where required. The other longer section looked out over the car park and surrounding lawns. The enclosed courtyard area had been expanded with new plentiful seating and secure access for residents.

The person in charge explained that as the centre did not have a dementia specific unit not all residents with dementia could be suitably accommodated there. This was why the pre-admission assessments were carried out with care to ensure optimal placement for any resident with specific needs. The premises was warm and comfortable with effective heating, lighting and ventilation throughout.

Separate facilities were available for staff. Kitchen and catering facilities were well maintained and appropriate to the layout and capacity of the centre. Laundry facilities were available and were seen to be clean and well managed. The environment and atmosphere overall was relaxing, homely and person-centred.

**Judgment:**
Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Provider’s response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>14 and 15/08/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20/09/2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The requirement to manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive had not been adhered to on one occasion. This had not been notified in a timely manner.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

**Please state the actions you have taken or are planning to take:**
The incident referred to was investigated immediately, the Inspector acknowledged that this was indeed the case. It was noted that the staff member in question meant no harm and was attempting to preserve the resident’s dignity. A preliminary Screening Assessment was completed. The resident’s care plan was updated, involving the resident’s next of kin and staff. The staff member involved was coached by the Director of Nursing and was scheduled to attend Safeguarding and Use of Restraint training.

**Proposed Timescale:** 11/09/2018

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
There were certain days and times when the hours allocated to activities were not sufficient for the needs of 51 residents as some of the activity staff worked part time in this post.

**2. Action Required:**
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

**Please state the actions you have taken or are planning to take:**
A review of the Activity Team allocated hours and the activity calendar was completed, following same it was agreed to increase the Activity team hours and amend their schedule. Our aim is to improve the quality of life for our residents’, the activity schedule is 7 days a week and includes 3 evenings; covering a wide range of activities. HCA hours were also increased to permit the Activity team to spend more time with the residents.

**Proposed Timescale:** 01/10/2018