



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

## Issued by the Chief Inspector

Name of designated centre:	Ballard Lodge Nursing Home
Name of provider:	Dulinaois Limited
Address of centre:	Borris Road, Portlaoise, Laois
Type of inspection:	Unannounced
Date of inspection:	25 October 2022
Centre ID:	OSV-0005507
Fieldwork ID:	MON-0035556

## About the designated centre

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

Ballard Lodge Nursing Home is a purpose-built, single-storey residential service for older persons. The centre is situated within a short driving distance from Portlaoise town in a rural community setting. The centre provides accommodation for a maximum of 24 male and female residents aged over 18 years of age. Residents' accommodation consists of 22 single and one twin bedroom. Six single bedrooms are fitted with full en-suite facilities and one single bedroom is fitted with an en-suite toilet and wash basin. A wash basin sink is fitted in all other residents' bedrooms. Communal toilet and washing facilities were provided at intervals throughout the centre. Residents had access to a communal sitting room, a dining room and a safe outdoor courtyard. The centre provides long-term, respite and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team of registered nurses, care assistants, maintenance, housekeeping and catering staff to meet residents' needs.

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

Number of residents on the date of inspection:	24
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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
Tuesday 25 October 2022	08:00hrs to 16:20hrs	Sinead Lynch	Lead

## What residents told us and what inspectors observed

The inspector met with a number of residents who were willing and able to converse. These residents provided very positive feedback about the centre and the staff that looked after them. All residents spoken with said they felt safe in the centre and were very happy there. One resident told the inspector that they had been in another centre but just could not settle there and now that they have moved to this centre, they 'felt at home'. This resident told the inspector how they had gone to a robotic milking parlour with a staff member as they had never seen this system before and how the staff member stopped on the way home to get the resident 'a pint'. This resident went on to speak about other outings and how the staff 'go above and beyond for us'.

The inspector observed that residents' bedrooms were personalised with possessions that were meaningful to the residents and reflected their life experiences. There was storage available in the bedrooms. The inspector observed that each resident had a manual handling chart (a personalised information sheet on how to safely mobilise the resident based on their needs) and a personal emergency evacuation plan (PEEP).

The layout of the twin-room had been improved for both residents living there. The location of the screen curtains ensured that both residents' privacy needs were met when accessing their bed area. Other improvements observed by the inspector were the repainting of wooden and wall surface, the implementation of automatic closure mechanism's on fire doors and intumescent strips. The registered provider had also purchased a new shed which was provided for as a smoking areas for residents. However, the registered provider had not progressed plans in respect of the premises and ensuring there was adequate bathrooms, communal space for the residents and storage space available.

The interaction between residents and staff was observed to be kind, patient and person-centre on the day of the inspection. Residents which the inspector encountered were well presented in their appearance. Staff were observed to have a relaxed manner, and there were cheerful exchanges of conversation with residents. Staff accompanied residents and were available if the residents required help. Call bells were answered promptly. The inspector spoke with staff, who confirmed they were aware of the complaints procedure. A resident who spoke with the inspector said that any concerns or complaints they had were dealt with, and they were comfortable to highlight issues to staff members. A review of residents' meeting records found that the meetings had been completed regularly, and the meeting notes reflected the feedback from residents.

The next two sections of the report will discuss the governance and management of the centre and the quality and safety of care. The findings will be reported under the relevant regulations in each section.

## Capacity and capability

The centre had an effective management structure in place that provided a safe and effective service to the residents. The systems in place to monitor the quality, safety and oversight of the service ensured a good level of compliance in relation to most of the regulations. Findings from previous inspections were largely completed, however there had been no progress made in respect of refurbishment plans, including an additional bathroom and communal space for the residents and the relocation of laundry.

The following improvements have been made:

- the infection prevention and control (IPC) audits were comprehensive and identified risks that were found by the inspector on the day of the inspection.
- the ironing of residents' clothes was now being outsourced to mitigate fire safety risks.
- There was an increased amount of hand gel dispensers around the centre.
- The upgrading of the premises in relation to painting and woodwork surfaces now ensured the cleaning of the centre was more robust.

Dulinaois Limited is the registered provider for Ballard Lodge Nursing Home. The provider had applied to vary condition 4 of registration. This was to ensure that the residents would have more communal space, increased number of assisted bathrooms and more storage space for residents equipment. This was due to be completed on the 30th September 2022. There had been ongoing delays in progressing the plans as result of COVID-19 pandemic and this was the third application to the Chief Inspector where the registered provider requested additional time. The lack of progress continued to impact residents living in the centre.

There is a clearly defined management structure in place. There are three company directors, two of whom are involved in the day-to-day running of the centre. There is a person in charge (PIC) of the centre who was recently appointed. They are a registered nurse with the required experience and work full-time in the centre. The person in charge is supported in her role by a clinical nurse manager (CNM), registered nurses and healthcare assistants.

There was sufficient staffing levels in the centre to meet the needs of the residents on the day of the inspection.

There was a varied training programme in place to ensure staff were appropriately skilled. All mandatory training was up-to-date, which included fire safety and safeguarding vulnerable adults. Other training was also provided to enhance the care delivery for the benefit of the residents such as; restrictive practices, managing responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), medication management and cardiopulmonary resuscitation

(CPR).

The registered provider had audit and monitoring systems in place to oversee the service. Improvements in relation to these audits were seen in the centre such as the implementation of the electronic care planning system. Care plans viewed by the inspector were found to be resident specific and clearly guided care for each resident.

There was an annual review on display in the centre. This was seen to have been developed with resident and relative consultation and detailed quality improvement plans for 2022.

There was a directory of residents' made available to the inspector. This included the necessary information required such as their next of kin details or any person authorised to act on the resident's behalf.

The registered provider had an insurance policy in place against injury to any resident in the centre and also to cover in the event of loss of a resident's property.

#### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An incomplete application was submitted to vary the condition 4 attached to the current registration.

A request has since been made to the registered provider to ascertain the time-frame, in relation to an extension of this variation.

Judgment: Substantially compliant

#### Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training records were provided to the inspector for review and evidenced that all staff had up-to-date mandatory training and other relevant training.

Judgment: Compliant

### Regulation 19: Directory of residents

The residents' directory was reviewed and it was found to contain all of the required information outlined in part 3 of Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks, including loss and damage of resident's property.

Judgment: Compliant

### Regulation 23: Governance and management

Sufficient resources were not provided to address areas of the premises that were not in compliance with the regulations and were negatively impacting on residents' quality of life.

There was no progress made to address the findings of the previous inspection in respect of premises as per its condition of registration agreed with Chief Inspector of Social Services. This is the third variation seeking extension of the time-frame for works to be completed.

Judgment: Substantially compliant

### Regulation 30: Volunteers

Those involved on a voluntary basis with the designated centre had their roles and

responsibilities set out in writing and received the supervision and support outlined when in the designated centre. They had An Garda Siochana (police) vetting in place.

Judgment: Compliant

## Quality and safety

Overall, this was a good service and a well-managed centre, where a high quality of care was provided. The staff working in the centre appeared dedicated to providing quality care to residents. Throughout the day of the inspection the inspector observed staff treating residents with respect and kindness. There was good access to health care services, including dietitian, speech and language, tissue viability, dental, ophthalmology and chiropody services. Any prescribing of advice for residents was clearly documented in residents care plans and updated as required.

Improvements since the last inspection were observed in relation to fire and premises. However, there had been no progress made in respect of ensuring there are sufficient showers for the number of residents, adequate communal space for residents and increased storage facilities as per plans agreed with the Chief Inspector of Social Services and which informed a restrictive condition of registration.

The centre had 22 single bedrooms and one double bedroom. The registered provider had made improvements since the last inspection in relation to repainting and repair of wooden and wall surfaces. This is discussed further under Regulation 17: Premises.

The registered provider had made progress in relation to fire in some areas such as; automatic closure mechanisms were now in place on fire doors, intumescent strips had been replaced on all doors and staff training now included staff closing doors in the event of a fire.

Visitors were welcomed in the centre and were seen in both the sitting room and the residents' bedroom area.

Residents were provided with a nutritious and varied diet. Residents' were given choice at each meal time. Food was prepared as prescribed by the specialist services such as dietitian and speech and language therapist. There was adequate staff available on the day of the inspection to assist residents that required or requested it. Both hot and cold drinks were offered to residents throughout the day.

Residents had access to television, papers, magazines and radio. Residents were consulted about their individual needs and had access to independent advocacy if they wished.

All staff working in the centre had An Garda Síochána (Police) vetting in place prior to commencement of employment. Staff spoken with were aware of their obligation to safeguard residents and how to identify suspected or confirmed abuse. The centre was not a pension-agent for any of the residents at the time of the inspection.

### Regulation 11: Visits

Visiting was not restricted in the centre. There was a communal sitting room and a seating area outdoors available for residents to receive a visitor. Private visiting in residents' bedrooms was also facilitated.

Judgment: Compliant

### Regulation 17: Premises

The premises were observed to be clean and suitably decorated.

However, similarly to the previous inspection, repeated issues were found on the day of the inspection in relation to;

- Insufficient number of baths and showers having regard to the dependency of persons in the designated centre
- Insufficient communal space for residents suitable for social, cultural and religious activities.
- Insufficient suitable storage in the centre for residents' assistive equipment.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents informed the inspector that there was a good choice of food available to them and that they can access food and snacks whenever they want. The food served to residents was hot and appeared appetising and nutritious. The consistency of the food served to residents was reflective of that referred to in their nutritional assessment and this information was available to the catering and healthcare staff in the dining room.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire and provided suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

There were effective systems in place for the assessment, planning, implementation, and review of residents' health and social care needs. Care plans were seen to be personalised, and residents had been consulted in their development.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that the healthcare needs of residents were well met, and they had access to appropriate medical and allied healthcare services. There was evidence that any changes to a residents treatment plan were updated into the resident's care plan. The records evidenced consultations with a variety of community professional services.

Judgment: Compliant

### Regulation 8: Protection

Residents spoken with stated that they felt safe and would have no problem approaching management or staff if they had any concerns. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse.

The centre was not a pension-agent for residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The individual rights of the residents were seen to be well-respected and promoted. They had access to advocacy services and were frequently consulted in the running of the centre. There was a range of activities available to residents to ensure that all residents had access to enough opportunities to participate in activities in accordance with their interests and capacities.

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>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ballard Lodge Nursing Home OSV-0005507

Inspection ID: MON-0035556

Date of inspection: 25/10/2022

## 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
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>We have engaged a building firm and they have given us a start date of 13th March 2023, with a completion date of 5th May 2023.</p> <p>As we are working around residents, we will ensure there is minimal disruption to them.</p>	
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>We have engaged a building firm and they have given us a start date of 13th March 2023, with a completion date of 5th May 2023.</p> <p>As we are working around residents, we will ensure there is minimal disruption to them.</p>	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

We have engaged a building firm and they have given us a start date of 13th March 2023, with a completion date of 5th May 2023.

As we are working around residents, we will ensure there is minimal disruption to them.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Registration Regulation 7 (3)	A registered provider must provide the chief inspector with any additional information the chief inspector reasonably requires in considering the application.	Substantially Compliant	Yellow	05/05/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	05/05/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with	Substantially Compliant	Yellow	05/05/2023

	the statement of purpose.			
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