

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Carechoice Ballynoe
<b>Centre ID:</b>	ORG-0000210
<b>Centre address:</b>	Ballynoe, Whites Cross, Cork.
<b>Telephone number:</b>	021 430 0534
<b>Email address:</b>	ballynoe@carechoice.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Carechoice Ballynoe Limited
<b>Provider Nominee:</b>	Aisling Lane
<b>Person in charge:</b>	Dorothy Nolan
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	51
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
02 December 2013 09:30	02 December 2013 18:00
03 December 2013 09:30	03 December 2013 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This report sets out the findings of an announced registration renewal inspection. This was the sixth inspection of Carechoice Ballynoe by the Health Information and Quality Authority's Regulation Directorate. The providers had applied to renew their registration which is due to expire on 19 April 2014. As part of the inspection the inspector met with the person in charge, the providers, the assistant director of nursing, clinical nurse managers, senior nurse, residents, the facilities manager, human resource manager, director of activities, finance manager, relatives and numerous staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Residents' comments are found throughout the report.

The inspector met with the providers, person in charge and members of the management team who all displayed a good knowledge of the Authority's Standards and regulatory requirements and were found to be committed to providing quality person-centered care to the residents. They were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the inspection which are discussed throughout the report.

A number of questionnaires from residents and relatives were received prior to the inspection and the inspectors spoke to many residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged with relatives and relatives stating they are welcomed at any time and offered refreshments. A number of relatives are participating in the shared care programme.

In summary, the person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. A wide variety of social and recreational activities, both on-site and outside the centre, are available to residents.

The inspector found the premises fittings and equipment were very clean and well maintained. The centre was finished to a high standard and there was appropriate use of colour and soft furnishings to create a homely environment. Infection control procedures were well implemented and staff received training in infection control and good hygiene. However, further consideration was required to ensure segregation of clean and soiled linen in the laundry to ensure effective infection prevention was maintained. The provider was required to provide updated fire certification for registration purposes.

These improvements and other improvements are required to comply with the Regulations and the Authority's Standards will be discussed in the report and outlined in the Action Plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The statement of purpose was viewed by the inspector. It clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The statement of purpose included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 and were found to meet the requirements of the Regulations.

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the previous inspection one contract of care viewed by the inspector was found not to include the fee and a contract could not be located for another resident at the time of

the inspection. On this inspection a large sample of contracts of care were viewed by the inspector. The contracts were comprehensive, were agreed within a month of new admissions and they stipulated details of the service provided, the fee to be paid and what was included and excluded from that fee and were found to meet the Regulations.

### **Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The person in charge was very clear on her roles and levels of responsibility and was committed to creating an environment that supported quality improvement. She is a registered nurse and holds a diploma in health service management and had attended numerous courses to keep her knowledge base up to date. She was very involved in the day-to-day management of the organisation. The nursing and care staff all reported to her. The person in charge visited all the residents on a regular basis and was knowledgeable about the residents and their care needs.

Staff and residents identified the person in charge as the one with overall authority and responsibility for the service. She displayed a good knowledge of the Regulations and the Authority's Standards.

### **Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector viewed that policies, procedures and guidelines were available in line with Schedule 2 of the Regulations.

The inspector viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

On the previous inspection the inspector found that some staff records were found not to include all the information required in Schedule 2. On this inspection all the required information was present.

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall records were seen to be maintained and stored in line with best practice and the Regulations.

**Outcome 05: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection and there had been no change to the person in charge. The providers were aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence.

There was a clear management structure and staff were aware of the reporting mechanisms. Acting up arrangements were comprehensive, for both day and night duty. The deputy director of nursing was in charge when the person in charge is off duty. There was always a clinical nurse manager (CNM) on duty during the weekends and a senior staff nurse on night duty. The person in charge, deputy and clinical nurse manager's share an acting up rota. Staff are aware via the rota who is on call and they

informed inspectors that they have easy access to their phone numbers to contact them in any situation where they are unsure what to do.

### **Outcome 06: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Staff demonstrated to the inspectors an awareness of what to do if an allegation of abuse was made to them and clearly told the inspector there was a policy of no tolerance to any form of abuse in the centre. Previous cases of allegations of abuse were fully investigated, correct action taken and reported to the authority as required by the Regulations.

The inspector viewed records maintained of staff attendance at elder abuse training. The person in charge has completing a train the trainer course in the delivery of elder abuse and protection training and a specific programme of training had been developed that included relevant scenarios and reporting mechanisms within the Carechoice group.

The inspector met financial controller for the Carechoice group during the inspection. There were robust systems in place for management of pensions, invoices and payments of fees. Residents' finances were maintained in accordance with best practice and the inspector viewed the signing in and out book for money or valuables stored on behalf of residents. These records were the subject of audit and checking by the management team.

### **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe Care and Support

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.



**Findings:**

Records viewed by the inspector indicated that staff had received up to date moving and handling training. This training is provided by a physiotherapist who also provides a physiotherapy service to the residents and is available for advice on moving and handling plans. There were a number of hoists available in the centre and individual hoist slings were provided. These hoists were serviced on a regular basis as required by legislation and records of same were seen by the inspector. The inspector observed staff assisting residents using the hoists which was completed in a safe manner following best practice guidelines.

There was a risk management policy which covered organisational clinical and non-clinical risk. The centre-specific safety statement was reviewed in August 2013 and included numerous risk assessments which identified risks and hazards and set out actions to manage these. The facilities manager who is responsible for health and safety met with the inspector and told the inspector the safety statement and risk assessments were kept under constant review. There is an active health and safety committee which included representation from all areas of the service. This committee meets quarterly and identifies any aspects of the service that requires improvement.

Procedures for evacuation in the event of fire were posted throughout the building. Staff spoken with outlined the procedure to the inspector and demonstrated their knowledge of what to do in the event of fire. Documentation of fire checks was reviewed and found to be satisfactory. Records of fire training and fire drills were reviewed by the inspector. Fire training and fire marshal training had taken place on a number of dates in 2013 by external trainers and the deputy person in charge also provides internal fire training to the staff. Fire drills had been taking place on a very regular basis and the person in charge reported improvements in understanding and response times as a result of these. Fire fighting and safety equipment had been serviced in November 2013 and the fire alarm and emergency lighting in March and August 2013. Fire certification was required for the purpose of registration renewal the certification sent to the authority specified further work was required on the attic areas which the facilities manager informed the inspector that this had been completed. Further certification is required for registration purposes to ensure the centre is compliant with legislative requirements.

On the previous inspection, although emergency plans were in place in relation to fire, and staff demonstrated their knowledge of what to do in an emergency situation, this needed to be formalised and documented in a centre-specific emergency plan to take into account all emergency situations and where residents could be relocated to in the event of being unable to return to the centre. On this inspection there was a comprehensive emergency plan in place which included information on all emergency situations and procedures to be followed in the event of an emergency.

The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records of all equipment serviced.

The premises were very clean and infection control practices were of a good standard. The member of household staff interviewed was able to clearly demonstrate to the inspector best practice in the prevention of the spread of infection. Personal protective equipment such as gloves and aprons were available and the inspector saw that staff

used good infection control practices. The inspector observed staff using the alcohol gels provided frequently throughout the day. Records of infection control training provided to staff were viewed by the inspector. Both residents and relatives commented on the cleanliness of the centre. However, there was only one entrance/exit into the laundry, clean clothing were stored in individual baskets and hung on rails near to the entrance. Soiled linen was brought to the laundry past the clean linen. Consideration needs to be given to work practices to ensure the staff abide by best practice in infection control in the management of laundry. The arrangements for the disposal of domestic and clinical waste management were appropriate.

## **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

### **Theme:**

Safe Care and Support

### **Judgement:**

Compliant

### **Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

### **Findings:**

On the previous inspection the inspector identified a number of issues that required improvement in medication management and in the medication policies in order to be compliant with best practice guidance. On this inspection the inspector found that all the improvement required were in place and found that medications are generally prescribed, stored and disposed of appropriately in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007).

The medication trolleys were secured and the medication keys were held by the nurse in charge. The inspector accompanied a staff nurse on a medication round and this was carried out in line with best practice. Photographic identification for residents was present. A copy of An Bord Altranais medication guidelines was readily available. Medications were stored and disposed of appropriately in line with An Bord Altranais agus Cnáimhseachais Na hÉireann Guidance to Nurses and Midwives on Medication Management (2007).

The supply, distribution and count of scheduled controlled drugs was checked and deemed correct against the register in line with the Regulations. Nurses were checking the quantity of medications at the start of each shift. There was a system in place for reviewing medications on a three-monthly basis by the GP and pharmacist and this was documented in residents' medication record. Medications that required crushing were seen to be prescribed as such and signed by the GP. Medication management was the subject of an audit by the staff and review by the pharmacist and the inspector saw the

results of these audits/reviews.

There were centre specific written operational policies and records relating to the ordering, prescribing, storing and administration of medicines to residents and contained a centre specific procedure for PRN (as required) medication prescribing, administration and review. However, it was noted that a small number of PRN medications prescriptions did not contain a maximum dosage for residents in a twenty four hour period as is required by legislation. Medication errors were being recorded in line with best practice.

#### **Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

The person in charge had notified the regulation directorate of all incidents, allegations of abuse and quarterly returns as required by Article 36 of the Regulations.

Notifications that were sent in were reviewed prior to and throughout the inspection and the inspector was satisfied with the outcomes and measures that were put in place.

#### **Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The person in charge, the providers and staff displayed a strong and clear commitment to continuous improvement in quality person-centred care through regular audits of all aspects of resident care and the facilities utilising key performance indicators, staff appraisals and provision of staff training.

The inspector looked at accidents and incidents that had occurred in the centre and found they were all recorded in line with best practice. Regular audits were in place and changes to practice were made to prevent recurrence.

There is a comprehensive quality improvement programme in place. The inspector viewed the yearly continuous improvements projects programme to facilitate quality improvements throughout the centre. These included policies and procedures that are to be reviewed, as well as team meetings and staff training calendar and recreation calendar. Various audits have been completed which included areas such as medication, facilities, risk management and various ongoing clinical audit. Since the last inspection the management team had undertaken a project to streamline their documentation and prevent duplication of information. A new suite of care planning documentation was put in place and the feedback had been very positive in relation to same this will be discussed in more detail in Outcome 11.

The shared care programme had continued where residents and relatives were invited to regular meetings with the staff. These meetings were set up for residents and relatives to discuss and participate in this programme whereby they become more actively involved in their own or family member's care. Feedback on same from residents and relatives was very positive.

**Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

A large number of residents were under the care of one GP practice that provided a comprehensive service. The GP visited on a three-weekly basis or more frequently as required. Residents received a full review of all their medical care in which bloods were taken frequently and medication was reviewed on a three-monthly basis or sooner if required. This was documented on the drug card and in the medical notes. The on-call doctor service, SouthDoc, was accessed for out-of-hours service whenever required. Residents and relatives commended the medical care available.

Residents' additional healthcare needs were met. Physiotherapy services were available weekly for assessments and some residents had one-to-one work which was included in the fee. Exercise bars and exercise bikes were seen in the activity room by the inspector and residents spoke about their use of same. The individual physiotherapy service was further enhanced by the fit for life programme of regular exercises geared to the ability levels of the residents. Many residents and relatives commended the physiotherapy service and the assistance given to enable residents to remain independent and in some residents cases regain independence.

A chiropody service is provided to the residents on a regular basis. Dietician and speech and language services were provided by professionals from a nutritional company who was also contactable by telephone for advice as required. All supplements were appropriately prescribed by a doctor. Residents have regular nutritional screening and regular weight monitoring. Optical assessments were undertaken on residents in-house by an optician from an optical company. But some residents choose to go out to their own optician. Audiology services were provided on a referral basis.

The inspector was satisfied that facilities were in place so that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely around the corridors. Residents and relatives said they were satisfied with the healthcare services provided.

Residents had assessments completed on admission which included; dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination. These assessments were generally repeated on a three-monthly basis or sooner if the residents' condition had required it. The person in charge and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs and this was reflected in the person-centred care plans available for each resident and named nurses were responsible for the planning of that care. The care planning process had undergone a thorough review since the last inspection where the management team had undertaken a project to streamline their documentation and prevent duplication of information. A new suite of care planning documentation was put in place which staff reported was a much more user friendly system. This was used fully to prescribe and direct personalised care for the residents and a copy of the care plan was available to all staff and the care staff completed their daily checks in conjunction with the care plans. The care plans were reviewed and updated at least three monthly and more frequently as required. The shared care programme had continued where residents and relatives were invited to regular meetings with the staff. These meetings

were set up for residents and relatives to discuss and participate in this programme whereby they become more actively involved in their own or family member's care. Feedback on same from residents and relatives was very positive. However, there was no evidence of residents or their representative's involvement in the discussion, understanding and agreement to their plan of care for those residents who are not involved in the shared care programme as is required by the Regulations.

Consent to treatment was documented in the care plans and the staff continued working towards a restraint free environment with further reduction in bed rail usage. There was evidence in care plans of evidenced based assessments and treatment plans for residents who exhibited any challenging behaviour and staff had received training to enable them to provide the appropriate care.

Each resident had a social care plan detailing their social interests and the inspector viewed the comprehensive programme of activities and met with the director of activities and the activity leaders. The director of activities and the activities leaders were very proactive in the ongoing development of these programmes and actively sought residents' input. During the two day inspection the inspector observed a number of different activities taking place which included bingo, newspaper reading, fit for life exercise programmes and many one to one activities which the residents appeared to be participating well in and enjoying.

Every month a "ladies' coffee morning/afternoon tea" is held. Residents stated that they loved using the "fine bone china tea set". The "Ballynoe bar" drinks trolley "bar" is available for residents under supervision. Musicians were contracted to come and provide musical events for the residents regularly. Residents also had an opportunity of having their hair done by a hairdresser who visits twice weekly. Other activities included art, cards, baking, bingo, Sonas (a therapeutic activity focused on communication), movie showings, mobile library, gardening, outings, spa Ballynoe hand massage and manicures, newspapers and magazines.

## **Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **Theme:**

Effective Care and Support

### **Judgement:**

Compliant

### **Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges, dining room, activities room and other communal areas were inspected and found to be of a good standard and appropriate to the client group.

The building was very clean and bright, with furnishings and colours appropriate to the needs and wishes of the residents and domestic in character. It was well-maintained both inside and externally. The inspector observed household staff cleaning the floor and surface areas and the equipment. The inspector viewed the cleaning schedules. There was an easily accessible secure courtyard available to the residents who told the inspector that they used and enjoyed the courtyard mainly in the good weather. Plenty of seating and tables were provided for residents' and relatives' use. There were walkways at the front of the building and seating for residents and relatives to enjoy the view of the countryside.

The kitchen was clean, spacious and well maintained and organised. Catering staff interviewed had all received training in food hygiene and records viewed by the inspector confirmed this. The chef was providing food hygiene training to the staff.

Appropriate assistive equipment such as, hoists, pressure relieving mattresses, appropriate beds, wheelchairs and walking appliances were available to meet the residents' needs. Equipment was well maintained and service contracts were viewed by the inspector and found to be up to date.

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was a written operational policy and procedure for making, handling and investigating complaints from any person about any aspect of the care or service provided. The policy is displayed in the main reception area and is also outlined in the statement of purpose and function and in the Residents' Guide.

The inspector viewed a comprehensive complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

The provider informed inspectors these complaints are discussed at staff meetings and informed changes to practice. Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint.

#### **Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Care practices and facilities in place were designed to ensure residents received care at the end of their life in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were enabled to be with the resident when they were at end of life stage. The inspector observed, and residents and relatives reported, that residents' religious and spiritual needs were well provided for.

Religious needs were facilitated with mass taking place weekly in the main sitting room. Residents from other religious denominations were visited by their ministers regularly as required.

Links were maintained with the community palliative care team who visited as required.

#### **Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.



**Findings:**

The variety, quality and presentation of meals was found to be of a high standard. The dining room was seen by the inspector to be bright and homely where tables were set with condiments and appropriate cutlery. Food is served via a serving area from the kitchen which allowed residents to see food being prepared and served. Residents expressed satisfaction with the food and the dining experience. The menus that were displayed in the dining room and in other resident areas, which enabled residents to make a choice about what they wanted to eat and they confirmed that there was a good choice on a daily basis. The chef was readily available to the residents to discuss meal and menu choices.

The inspector saw staff assisting residents with their meals. The assistant was seated beside the resident and conversed with him/her, whilst offering assistance. Carers were observed encouraging residents to be as independent as possible whilst eating by encouraging them to hold their own cutlery and glass wherever possible. Meal times were relaxed and unhurried with many residents remained at the table after their meal to socialise.

Residents had access to fluids throughout the day. Jugs with water were seen in bedrooms and communal areas and plenty of fluids were offered and encouraged at mealtimes and drinks rounds.

The inspector saw that residents have regular nutritional screening and regular weight monitoring. Any residents who were found to be losing weight or nutritionally compromised were identified for high calorie diets and regular monitoring of food intake and more frequent weight checks. These were seen in residents care plans.

There was good communication between the catering staff and the nursing staff and the chef was able to clearly identify special diets and residents likes and dislikes. There were adequate supplies of dry goods, meat, fresh fruit and vegetables in stock. Inspectors reviewed the menus and saw that there was a choice at all mealtimes.

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector observed that privacy and dignity of the residents was respected and promoted at all times in the delivery of personal care, signs were placed outside the doors saying personal care was being delivered which prevented visitors and staff entering until the care was completed. The manner in which staff spoke with residents was observed by the inspector to be appropriate and respectful.

A residents' committee was established in 2009 and numerous meetings have been held to date and the inspector saw minutes of the last meeting held in September 2013 which was facilitated by one of the activities leaders. This committee offers residents' an opportunity to participate and engage in the running of the centre, residents made detailed suggestions about the meals and social schedule and practices in the centre. Residents who spoke with the inspector were complimentary about the residents' committee and felt that their issues and suggestions were taken seriously by the person in charge and by the staff and were actioned as required. Evidence of this was seen by the inspector.

A number of residents informed the inspector that the ability to vote in local and national elections was very important to them and that they were facilitated to do that in the centre.

Closed circuit television (CCTV) was positioned at the entrance to the building in corridors, communal areas and outside in the grounds. The provider said this was to maintain the safety of the residents and this is what is outlined in the centres policy on the use of CCTV. The provider was requested to review their policy and use of CCTV in communal areas to ensure the privacy of residents and to ensure appropriate signage is in place in accordance with the data protection acts 1998 and 2008.

**Outcome 17: Residents clothing and personal property and possessions**

*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Residents bedrooms were bright, clean and cheerful. Residents interviewed said that they were happy with the accommodation provided and they were encouraged to personalise their rooms with pictures of family and friends and individual items and possessions. Locked storage space was made available to any residents who wished to

store or lock away private items, money or valuables.

The laundry system was seen by the inspector and found to be satisfactory and residents said they were happy with the laundry facilities. Clothes were discreetly marked and residents reported that generally they did not go missing and were always returned to residents laundered and in a timely fashion. Issues in relation to the physical design of the laundry are discussed under Outcome 7.

### **Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**  
Workforce

**Judgement:**  
Compliant

### **Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

### **Findings:**

Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. Staff demonstrated a clear understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

On the last inspection the recruitment procedure viewed by the inspector for a staff member was not sufficiently robust in the scrutiny of documents specified in Schedule 2, in particular in the verification and authenticity of references. The inspector also found that a small number of new staff members' personnel files did not have copies of three written references, or evidence of medical fitness.

On this inspection the inspector saw that these issues had all been addressed and rectified. The human resource manager for the Carechoice group managed all aspects of recruitment and human resource issues for the centre. The inspector met the human resource manager during the inspection and saw that robust induction procedures were in place for staff probation and induction processes. All staff signed contracts of employment within the first month of commencing employment. A company handbook and job descriptions were also made available to staff on commencement. An appraisal system was in place to allow each staff member to be informed of their progress and strengths, and have an opportunity to develop their capabilities. The inspector viewed a number of staff files which contained full and satisfactory information and documents specified in Schedule 2 of the Regulations including all records of nurses' registration

with An Bord Altranais were present and up to date.

There was a yearly training matrix which identifying mandatory training for staff as well as other pertinent training including dementia care and challenging behaviour, venepuncture, infection control, food hygiene, wound care management and cardio-pulmonary resuscitation. Training records viewed by the inspector confirmed the provision of an appropriate level of training to all staff.

The assistant director of nursing, along with the clinical nurse managers and a number of nursing staff had attended a management development programme for nurses looking at all aspects of management and leadership within the nursing home setting. This programme had been further developed and being made available to all qualified staff.

Care staff had undertaken the Further Education and Training Awards Council (FETAC) Level 5 training and were able to describe to inspectors changes to practice they had implemented as a result of the training and further education.

The inspector reviewed the planned and actual rotas and noted that there were adequate staff numbers on the day of the inspection to meet the needs of the residents. There was low turnover of staff and staff reported feeling valued in looking after the residents well.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Caroline Connelly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

Centre name:	Carechoice Ballynoe
Centre ID:	ORG-0000210
Date of inspection:	02/12/2013
Date of response:	09/01/2014

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 07: Health and Safety and Risk Management

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was only one entrance/exit into the laundry, clean clothing were stored in individual baskets and hung on rails near to the entrance. Soiled linen was brought to the laundry past the clean linen. Consideration needs to be given to work practices to ensure the staff abide by best practice in infection control in the management of laundry.

**Action Required:**

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

<p><b>Please state the actions you have taken or are planning to take:</b> We will review the work practices in the laundry area and the physical layout of that area to ensure there are no infection control risks.</p>
<p><b>Proposed Timescale:</b> 28/02/2014</p> <p><b>Theme:</b> Safe Care and Support</p> <p><b>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</b> Fire certification was required for the purpose of registration renewal. The certification sent to the Authority specified further work was required on the attic areas which the facilities manager informed the inspector that this had been completed. Further certification is required for registration purposes to ensure the centre is compliant with legislative requirements.</p> <p><b>Action Required:</b> Under Regulation 32 (1) (f) you are required to: Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.</p> <p><b>Please state the actions you have taken or are planning to take:</b> Revised Fire Certificate has been completed and submitted.</p>
<p><b>Proposed Timescale:</b> 09/01/2014</p>
<p><b>Outcome 08: Medication Management</b></p> <p><b>Theme:</b> Safe Care and Support</p> <p><b>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</b> The inspector noted that a small number of PRN medications prescriptions did not contain a maximum dosage for residents in a 24 hour period as is required by the Regulations.</p> <p><b>Action Required:</b> Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p> <p><b>Please state the actions you have taken or are planning to take:</b> Identified PRN medications now have the maximum dosage included.</p>
<p><b>Proposed Timescale:</b> 09/01/2014</p>

### Outcome 11: Health and Social Care Needs

**Theme:** Effective Care and Support

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

There was no evidence of residents or their representative's involvement in the discussion, understanding and agreement to their plan of care for those residents who are not involved in the shared care programme as is required by the Regulations.

**Action Required:**

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

**Please state the actions you have taken or are planning to take:**

We will ensure that we document resident involvement in their care plan whether they participate in the Shared Care programme or not.

**Proposed Timescale:** 31/03/2014

### Outcome 16: Residents Rights, Dignity and Consultation

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Closed circuit television (CCTV) was positioned at the entrance to the building in corridors, communal areas and outside in the grounds. The provider said this was to maintain the safety of the residents and this is what is outlined in the centres policy on the use of CCTV. The provider was requested to review their policy and use of CCTV in communal areas to ensure the privacy of residents and to ensure appropriate signage is in place in accordance with the data protection acts 1998 and 2008.

**Action Required:**

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**

We will review our Policy to ensure compliance.

**Proposed Timescale:** 31/01/2014