



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ballymote Community Nursing Unit
Name of provider:	Nazareth House Management
Address of centre:	Carrownanty, Ballymote, Sligo
Type of inspection:	Unannounced
Date of inspection:	22 June 2022
Centre ID:	OSV-0000330
Fieldwork ID:	MON-0036625

About the designated centre

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

Ballymote Community Nursing Unit is registered to accommodate 32 residents who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. The centre is located in a residential area a short walk from the town of Ballymote. The building is single storey and is decorated in a homely way. A large extension was added in 2019 and a refurbishment programme of the original building was completed in 2020. Accommodation is made up of 14 single and five twin rooms and two three bedded rooms which are used for short stay residents. Residents' bedroom areas are personalised and there is appropriate screening in shared bedrooms. Signage and points of interest are located throughout the building to guide residents around the centre. The centre has safe garden areas that are centrally located and cultivated with raised beds and shrubs to make them interesting for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 June 2022	10:00hrs to 19:00hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in Ballymote Community Nursing Unit. From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life in the centre.

The inspector was guided through the centre's infection control procedures upon entering the reception area, including monitoring of body temperature, assessment of signs and symptoms of COVID-19 and completion of hand hygiene.

Following an introductory meeting with the person in charge, the inspector completed a tour of the premises. The centre was warm, bright and was decorated in a manner that was comfortable and homely. There were a number of communal sitting and dining areas throughout the building and residents were seen relaxing or passing time in these areas during the day. Some residents chose to spend time in their bedrooms or quieter areas but were content to do so. Staff were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed.

The majority of residents were complimentary of their overall experience in the centre, with two residents informing the inspector that they were "happy with everything" and that this was a "nice place to live". A number of residents said that staff were kind and attentive, with one resident stating that "they do the best that they can and that's good enough for me". Residents confirmed that they were happy with the facilities, including their bedrooms. While many residents enjoyed the food and described it as "delicious", a very small number of residents suggested that servings of vegetables could be improved.

When asked about complaints, the residents the inspector spoke with had not raised a complaint but were aware of the process for making complaints. One resident said that there was nothing that they were dissatisfied about, but felt confident that any complaints would be dealt with appropriately.

Visitors were observed being welcomed into the centre throughout the inspection. Visitors were satisfied with the arrangements that were in place to facilitate visits at the time of the inspection.

The following two sections, capacity and capability and quality and safety, will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with regulations and to follow up on the actions taken to address non-compliances found on the previous inspection in October 2021. Overall, this inspection found that there was a clearly defined management structure in place with effective management systems to ensure the delivery of quality care to residents. The management team were proactive in responding to issues as they arose and used regular audits of practice to improve services. The actions from the previous inspection had been addressed in full. However, it was identified on this inspection that some improvements were required to achieve compliance with training and development, contracts of care, risk management, premises and infection prevention and control.

Nazareth House Management is the registered provider of Ballymote Community Nursing Unit. The Chief Executive Officer (CEO) of the company represents the provider entity. The person in charge was supported in their role by the CEO and the Chief Nursing Officer in the executive management team. In the designated centre, the person in charge was supported by a clinical nurse manager (CNM) and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. There were clear lines of accountability and staff were knowledgeable of their roles and responsibilities.

The provider had effective management systems in place to monitor the service through weekly meetings where key areas of the service were discussed. Records of these were available for review during the inspection. Audits on areas of clinical practice and operations were frequently carried out with action plans being developed and completed in response to any area requiring improvement. The person in charge had held regular staff meetings for all other roles and these were also documented.

An annual report on the quality of the service had been completed for 2021 which had been done in consultation with residents and clearly set out the service's level of compliance as assessed by the management team. A quality improvement plan had been developed to address any actions that had been identified.

The inspector found that the centre had sufficient staffing resources on the day of the inspection to meet the needs of residents. The completed rosters reflected the staff on duty in the centre and the inspector observed that staff could attend to residents promptly. There was an induction process in place to support recently recruited staff.

There was a training programme in place to ensure that staff received training to support them in meeting the needs of residents. Records of training were reviewed by the inspector, who found that a small number of staff required refresher training in fire safety, safeguarding, moving and handling and infection prevention and control. While one staff member had completed training in the management of responsive behaviours, the person in charge advised that training in this area was

being considered for staff.

A summary of the complaints policy was displayed in the reception area of the centre. A record of complaints was maintained, which included details of each complaint, their investigation and any actions taken to address issues identified. These records demonstrated that complaints were dealt with promptly and to the satisfaction of the complainant. The person in charge informed the inspector that a member of the executive management team reviews complaint records on a six monthly basis to ensure they are appropriately recorded and responded to.

Regulation 14: Persons in charge

The person in charge had commenced in their role in January 2022. This person is a registered nurse and works full-time in the centre. They also have over three years' management experience and a management qualification, as required by the regulations. They are supported in their role by a CNM, who will deputise in the absence of the person in charge.

Judgment: Compliant

Regulation 15: Staffing

From a review of the rosters and speaking with staff and management, the inspector found that there were adequate levels of staff on duty to meet the needs of the residents, and for the size and layout of the centre. Staffing levels were kept under review, in line with residents' changing needs.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training programme in place which included mandatory training as well as sessions in other areas that would support good quality care provision. A small number of staff required refresher training in fire safety, safeguarding of residents, moving and handling practices and infection prevention and control.

There was an induction programme in place that included competency assessments and regular reviews by nursing management. This demonstrated that the action from the previous inspection had been addressed.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was maintained in line with the requirements of Schedule 3(3) of the regulations.

Judgment: Compliant

Regulation 22: Insurance

A current insurance certificate was in place and had the necessary insurance coverage as detailed in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The risk management systems in the centre did not identify some issues that posed a risk to resident safety and wellbeing. For example, the inspector observed a small number of risks that had not been adequately mitigated against:

- A razor was on open shelving in a shower room
- In the same room, an unlocked cupboard contained several containers of different chemicals, which could be accessed by residents.

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities.

There were good systems in place for the oversight and monitoring of care and services provided for residents, with regular audits being carried out and actions developed as required.

An annual review had been completed for 2021 in consultation with residents and their representatives.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts of care and found that some of the information contained within the contracts was inconsistent:

- While one of the contracts clearly set out the details of the resident's accommodation, two other contracts did not include this information
- While all of the contracts reviewed had been signed by a resident and/or their representative, the date of the agreement was only recorded in one of the contracts
- A contract of care for one resident was not available for review on the day of the inspection
- While the contracts reviewed set out the additional weekly fees that were to be charged for services such as activities it was not clear that residents who may choose not to partake of these programmes were able to opt out.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints, which identified the complaints officer and described the appeals process available to complainants. A review of records indicated that complaints were investigated and responded to appropriately.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were recently reviewed and updated. There was evidence that the revised policies had been made available to staff for review.

Judgment: Compliant

Quality and safety

Overall, this was a good service and a well managed centre that delivered a high

quality of care to the residents.

A programme of activities were in place in the centre, which was facilitated by an activity co-ordinator. There were appropriate facilities for activities, with a number of communal rooms situated throughout the centre, as well as an outdoor area. The inspector found that residents were free to exercise choice in how to spend their day.

Residents were consulted with in the day-to-day running of the centre. Residents' meetings took place regularly, with the most recent meeting occurring two weeks prior to the inspection. This had been facilitated by the person in charge and the activity co-ordinator. Records of these meetings indicated that they were attended by a large proportion of residents and that residents discussed a variety of topics relating to the service. Any issues raised by residents in these meetings were promptly addressed.

The registered provider also sought feedback from residents and their families through surveys, with the most recent of these being carried out in March 2022 and were completed by 15 residents. These were reviewed by the inspector and were found to be very positive across all areas that were assessed.

Residents used mobile phones and other electronic devices to maintain contact with their families, as well as regular visiting within the centre. At the time of the inspection, there were no restrictions on visiting arrangements and visitors were observed meeting with residents throughout the inspection.

Overall the premises was found to be clean and there were regular audits of infection prevention and control practices. However, further action was required to be in full compliance, particularly in relation to the management of the domestic store. Details in relation to these issues are outlined under Regulation 27.

While the premises was laid out to meet the individual needs of residents, the inspector found that there was insufficient storage space in the centre. For example, the domestic store was cluttered and mops were being stored in a sluice room. This also posed an infection control risk as it could lead to cross-contamination. Some larger pieces of residents' mobility equipment were being stored in a section of the sitting room, which restricted residents from using this section of the sitting room. This was addressed and the equipment was moved at the time of the inspection. The inspector also found that other equipment was being stored in the centre's 'comms room', whose primary use is for the storage of electronic communication equipment.

Additionally, the configuration of the centre's three bedded bedrooms required review. The location of wardrobes in some of these rooms did not ensure that all residents accommodated within these rooms could access their personal belongings without entering another resident's bed space. While this did not negatively impact any resident on the day of the inspection as these rooms were not fully occupied, the person in charge agreed to review the configuration to ensure that future residents would not be adversely affected.

Regulation 11: Visits

The inspector was satisfied that visiting arrangements were in line with current guidelines set out by the HPSC (Health Protection and Surveillance Centre).

Judgment: Compliant

Regulation 12: Personal possessions

Residents had sufficient storage space within their bedrooms to accommodate their personal belongings. There were appropriate systems in place for managing laundry.

Judgment: Compliant

Regulation 17: Premises

The layout of triple bedrooms did not ensure that residents' belongings could be accessed without entering the personal space of a resident.

There was insufficient storage areas in the centre. For example:

- a large alcove within a sitting room was being used to store a hoist, a motorised wheelchair and other equipment used by residents to mobilise. While the items were tidied after being brought to the attention of the person in charge, a more permanent solution was required to store large items of mobility equipment
- a room that contained the centre's digital communication equipment was also being used to store items
- the domestic store was cluttered and some cleaning equipment was being stored in a sluice room.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide had been developed and was made available to residents. This contained all of the information required by the regulations.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was in place and had been recently reviewed. However, while it set out the measures and actions in place to contain four of the five specific risks required by the regulations, the controls for mitigating the risk of abuse were not included.

Judgment: Substantially compliant

Regulation 27: Infection control

Compliance with Regulation 27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 was generally demonstrated during this inspection. However, a small number of items that required improvement were identified:

- The housekeeping store did not facilitate effective infection prevention and control measures. The room was not spacious and did not facilitate the appropriate storage of cleaning equipment. The room did not contain a hand wash sink, meaning that staff had to exit the room and enter a nearby staff toilet to wash their hands
- The trolley used for cleaning equipment was not appropriate. The open shelving did not facilitate the segregation of equipment and access to cleaning chemicals could not be restricted
- While the person in charge informed the inspector that a new cleaning system was being implemented, which included a new cleaning trolley, it was not clear whether the room was large enough to accommodate this equipment
- Mops and buckets were being stored in a sluice room.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector was assured that there were appropriate measures in place to safeguard residents and protect them from abuse. There were secure systems in place for the management of residents' personal finances. The centre was not acting as a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre. There were monthly meetings with residents, which were facilitated by the person in charge and activity co-ordinator. Records of these meetings indicated that items such as upcoming outings and activities, as well as health care, the nursing home environment and other topics were discussed. Surveys were also conducted with residents to ascertain their level of satisfaction with the service.

A programme of activities were available to residents on a daily basis, including one to one activities. The programme was informed by residents' individual preferences, capacities and capabilities.

Overall, residents' right to privacy and dignity were respected and positive, respectful interactions were seen between staff and residents. The residents had access to local and national newspapers. Advocacy services were available to residents if they required them.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballymote Community Nursing Unit OSV-0000330

Inspection ID: MON-0036625

Date of inspection: 22/06/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Registered Provider will come into compliance with Regulation 16 -Training and Development by: - arranging training in fire safety, safeguarding of residents, moving and handing practices and infection prevention and control for staff who now require refresher training.</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>The Registered Provider will come into compliance with Regulation 23- Governance and Management by: Conducting an environmental risk audit to ensure that any risks to the resident's safety and wellbeing are adequately mitigated against and remove any risks identified during the course of the inspection such as the razor on open shelving in a shower room and ensuring the cupboard in the same room is locked.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The Registered Provider will come into compliance with Regulation 24- Contract for the provision of services by actioning the following: Completing a review of all contracts of care and;</p> <ul style="list-style-type: none"> • Ensure all contracts clearly set out the details of the resident's accommodation; • Ensure all contracts have been signed by a resident and/or their representative and includes the date of the agreement; • Ensure all contracts of care for residents are available for review at inspections • Ensure all contracts set out the additional weekly fees to be charged for services such as activities and clarification on the rights associated under the same contract. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Registered Provider will come into compliance with Regulation 17- Premises by: Reviewing and improving the layout of triple bedrooms to ensure that residents' belongings can be accessed without entering the personal space of a resident.</p> <p>The storage areas in the designated centre will be reviewed and improved to ensure that:</p> <ul style="list-style-type: none"> • a more permanent solution to store large items of mobility equipment is now in place; • The room containing the centre's digital communication equipment will not be used as a storage facility in the future; • the domestic store arrangements will be improved and cleaning equipment will be stored in a designated housekeeping store and not in the sluice room; and • A new storage facility in the grounds of the designated centre for surplus products and equipment not in use has been developed prior to the 10/08/2022. • All new arrangements will be detailed in the designated centre's floor plans and the revised Statement of Purpose that will be developed will be submitted to the Chief Inspector. 	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The Registered Provider will come into compliance with Regulation 26 – Risk Management by: Updating the Risk Management policy to include the controls for mitigating risk of abuse of vulnerable adults and children.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Registered Provider will come into compliance with Regulation 27- Infection Control by:</p> <ul style="list-style-type: none"> • Changing the location and layout of the housekeeping store to a different section of the designated centre, so that it meets and facilitates effective infection prevention and control measures. It is planned that the new housekeeping store will hold a new housekeeping trolley, mops and buckets and associated cleaning equipment. The process for re-locating the housekeeping store will include the submission of revised floor plans and amendments to the Homes Statement of Purpose. All mandatory documentation will be completed as part of the process. • The purchase of a new cleaner’s trolley, that is compliant with best practice and all safety measures, will proceed. Mops and buckets will not be stored in the sluice room, and will be stored in the former housekeeping store. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2022
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.	Substantially Compliant	Yellow	31/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	29/07/2022
Regulation 24(1)	The registered provider shall agree in writing	Substantially Compliant	Yellow	30/09/2022

	with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	31/10/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of	Substantially Compliant	Yellow	31/08/2022

	risks throughout the designated centre.			
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Substantially Compliant	Yellow	31/08/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2022