



# 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:	09 June 2021
Centre ID:	OSV-0005507
Fieldwork ID:	MON-0031598

## 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
Wednesday 9 June 2021	10:30hrs to 17:45hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and completed over one day. Prior to accessing the centre, the inspector was guided through the infection control assessment and procedures. The centre's assistant director of nursing was deputising for the person in charge, who was not present on the day. A short opening meeting was held with the assistant director of nursing and the person representing the provider prior to being accompanied on a tour of the centre. During the day, the inspector met most of the residents and spoke to four residents in more detail. Residents' accommodation was provided at ground floor level. Residents' communal accommodation consisted of a sitting room located to the front of the centre and an adjacent dining room.

Residents' bedrooms consisted of single rooms and one twin bedroom. Although some single bedrooms were observed to be small, their layout ensured that the residents occupying them had sufficient space to rest and relax on a chair by their bedside and to store and easily access their personal belongings. The inspector visited the twin bedroom in the centre and observed that the location of one resident's bed and a wardrobe in this room obstructed access to the hand basin. The location of the screen curtains could not ensure either residents' privacy needs were met when accessing their bed area or if they wished to use the hand basin. The inspector saw that most of the residents' bedrooms were personalised to a high standard with their ornaments displayed and photographs.

Residents comments to the inspector regarding receipt of their vaccinations included 'delighted', 'very happy' and 'feel safer'. Several residents attributed the commitment and diligence of staff as being the reasons that no COVID-19 infections occurred in the centre to date. Residents were well informed regarding the course of the pandemic in Ireland and the infection prevention and control measures that were in place to keep them safe. Residents said that they missed having their families coming into the nursing during the increased restrictions but being able to 'meet with them now made up for all the bad times' and 'life being nearly back to normal again'. Residents said they were able to keep in touch with their families by phone and various social media technology. Visits were in line with public health guidance and visits took place in residents' bedrooms or in the dining room outside of mealtimes. Some residents continued to also enjoy window visits by members of their families. On the day of inspection, one resident was looking forward to a window visit with a family member. Residents told the inspector they were very happy to be able to meet their visitors indoors again and that they had missed seeing them regularly.

Life for residents in the centre was less restricted due to easing of COVID-19 precautions and to the vaccination status of residents and staff in the centre. Mealtimes in the dining room were organised in two sittings in the dining room to facilitate social distancing and to ensure that all residents who wished to dine in the dining room could do so. The communal sitting room was the only communal sitting

area provided and was a hub of activity throughout the day of inspection. While a large number of the residents rested in the communal sitting room, the floor space available in this room could not comfortably or safely accommodate all 24 residents if they wished to be there. A live music session took place in the afternoon and was enjoyed by the residents in attendance. Some other residents listened to the music from their bedrooms and the inspector was told that the doors were kept open throughout the centre to address this. One resident said when the noise was too much they went to their bedroom to avail of a quieter environment.

The person representing the provider and staff were committed to ensuring residents continued to have access to meaningful activities. For example, some residents had an interest in tending to hens and a chicken coup with four hens was provided for them. One of the residents took charge of feeding them and told the inspector that one of the hens was hatching her eggs. A virtual assistant technology device was provided for residents in the sitting room and they were enjoying making requests for their favourite songs and pod-casts. Residents who spent time in their bedrooms were supported and assisted to engage in one-to-one activities and to pursue their interests. Residents enjoyed virtual tours of museums and places of interest. Residents' feedback to the inspector regarding their lives in the centre was positive regarding how their interests were met. Residents were supported to keep in touch with residents in other nursing homes by participating in an online video bingo competition between a number of different nursing homes. Residents said that staff were attentive to their needs for assistance, respectful of their choices, kind and caring and they were cared for to a high standard. This feedback concurred with the inspector's observations and the information in residents' records on the day of inspection.

There was good evidence of consultation with residents. Monthly residents committee meetings were convened so residents had regular opportunities to discuss and feedback on life in the centre. For example, the record of the meeting in May referenced a lot of discussion regarding recommencing visiting. Some residents were interested in art and were supported to participate in the National Arts Day on 21 May by displaying their paintings and art work. The service sponsored prizes for this event.

The inspector observed that although in need of repainting, the centre was decorated in a homely style that was familiar to the resident profile in the centre. All residents in the centre were older than 65 years. Although, effective cleaning could not be assured on wooden surfaces and walls that were damaged or if the paintwork was chipped, the centre environment appeared to be otherwise visibly clean. With the exception of commodes that were rusted around the wheels, all other equipment including cleaning trolleys were cleaned to a high standard. Records were maintained of daily cleaning in the centre. The inspector observed residents being assisted and prompted by staff regarding their hand hygiene. Staff completed effective hand hygiene and wore personal protective equipment (PPE) as recommended. In the absence of appropriate staff changing facilities, a store cupboard along a corridor used by residents was being used by staff to store their outdoor clothing. The inspector observed that the cupboard was unlocked and items of staff personal belongings including shoes were stored in this cupboard. This

posed a risk of cross infection to residents who may access this cupboard.

In the absence of religious ceremonies being held in the centre, residents had opportunities to participate in online religious ceremonies streamed from local churches. Residents confirmed that they knew the person in charge by name and would not hesitate to talk to her or any of the staff, if there was something they were concerned or dissatisfied about. Residents confirmed that they were listened to and that they could make suggestions about the service if they wished. Staff were observed to be discretely and respectfully assist residents. They ensured their privacy was respected during care procedures.

Residents were supported to enjoy a good quality of life, with interesting things to do during the day. The centre was in need of some redecorating work but generally it provided a suitable, safe environment for residents. The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered

## Capacity and capability

The service had effective management systems in place to monitor the quality and safety of care and high standards of care and a meaningful quality of life for residents were important key areas to the service providers. The centre was for the most part effectively managed. Although, fire safety risks were identified by the inspector on this inspection that required immediate assurances. The provider had already identified these areas as needing improvement and in response expedited the improvement plans already in place without delay to ensure residents' safety in the event of a fire in the centre. These findings are discussed under regulation 28: Fire safety. A condition on the centre's registration was that the improvements to the premises required in order to bring the centre into compliance with the regulations were to be completed by 31 May 2021. The person representing the provider advised the inspector that due to unforeseen circumstances, the necessary works which included an extension to the current premises had not commenced as planned. In the interim, the provider had confirmed restructuring plans developed to bring the centre into compliance with the regulations by 31 December 2021. The centre was otherwise adequately resourced and mostly compliant with the regulations.

Dulinaois Limited is the registered provider for Ballard Lodge Nursing Home since November 2018 and the company has three directors on its board. There is a clear governance, management and reporting structure in place. Two directors of the company are involved on a day-to-day basis in the operation of the centre with one director taking a lead role and representing the provider in the running of the centre. A second director is the person in charge of the designated centre. The person in charge is appropriately qualified and experienced and is a registered

nurse. The person in charge works on a full-time basis in the centre. She is supported in her role by an assistant director of nursing and a staff team of nurses, carers, catering, cleaning, laundry, activity, administration and maintenance staff. The assistant director of nursing who was deputising for the person in charge on the day of this inspection.

The provider implemented a systematic approach to monitoring the quality and safety of the service delivered to residents that included key clinical and environmental audits. This process informed quality improvement plans that were actioned to completion or were progressed with completion time lines specified.

Residents and staff in the centre had been through a challenging time during the COVID-19 pandemic and the centre had managed to remain free from COVID-19 to date. The person in charge was the nominated COVID lead in the centre and had accessed expert advice in relation to COVID-19 infection prevention and control and refining their contingency plans in preparation if an outbreak occurred in the centre. Single bedrooms with en suite facilities were available and procedures to monitor residents and staff for symptoms of infection were consistently implemented.

There were sufficient staff available to meet the needs of residents and the management structures in place ensured they were appropriately supervised according to their roles. The provider increased the number of staff nurses and care staff as part of their COVID-19 contingency plan. This arrangement ensured staff were available to meet residents' increased needs and to ensure infection prevention and control (IP&C) cohorting arrangements could be implemented without any delays. Staff training arrangements ensured that staff attended mandatory training and were informed regarding best practice in caring for residents. Appropriate training to provide staff involved in facilitating residents' social activities with the necessary knowledge and skills needed improvement to ensure residents' quality of life was optimised. Staff training included COVID-19 infection prevention and control precautions and practices. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were competent with carrying out their respective roles.

Although in very low numbers, a record of all accidents and incidents that occurred in the centre was maintained and appropriate actions were taken to mitigate recurrence. Incidents were notified to HIQA as required by the regulations. Systems were in place to ensure all new staff who joined the service were appropriately inducted and that they had completed and satisfactory Garda Vetting in place before commencing working in the centre. The provider was not a pension agent for collection of any residents' social welfare pensions.

Residents were facilitated and encouraged to feedback on the service they received and this information was used to improve the service provided. There was a low level of documented complaints and there were no open complaints at the time of this inspection. Complaints were investigated and managed in line with the centre's own complaints policy and procedures. The annual review of the quality and safety of the service delivered to residents in 2020 was completed in consultation with



residents.

### Regulation 15: Staffing

Staffing levels and skill mix in the centre were adequate to meet the assessed needs of residents. Staffing resources ensured that there was sufficient staff available to roster two nurse-led teams to manage cohorting of residents who developed symptoms of COVID-19 infection and to care for residents nursed in precautionary isolation following admission or return from receiving treatments outside the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles. Staff were appropriately supervised and supported. Training in infection prevention and control procedures including COVID-19 precautions and practices were ongoing to mitigate risk of COVID-19 infection and in preparedness for an outbreak.

Judgment: Compliant

### Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

The infection prevention and control audit tool in use required improvement to ensure all issues were identified. For example, not all issues that pose a risk of transmission of infection in the centre, as found by the inspector and described under regulation 27; Infection control were identified by the audit tool in use.

The arrangements to ensure the fire safety precautions in place were effective and

ensure residents' safety in the event of an emergency in the centre were not informing remedial urgent actions needing implementation. Therefore not all areas that posed a risk to residents' safety in the event of a fire or cross infection were addressed with comprehensive timely improvements.

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 and rights.

Judgment: Not compliant

### Regulation 3: Statement of purpose

A Statement of Purpose was prepared for the centre and contained the information as required by Schedule 1 of the regulations. The document was updated to describe increased staffing provided to meet the needs of residents in response to the national pandemic and it described the facilities and the services provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations .

Judgment: Compliant

### Regulation 34: Complaints procedure

An up-to-date centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. A summary of the complaints procedure was displayed. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants. A procedure was in place for referral of complainants who were not satisfied with the outcome of investigation to the centre's appeals process.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Policies and procedures in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance.

Judgment: Compliant

## Quality and safety

The provider and staff team ensured residents were central to service provision in this centre. There was a rights based approach to care and support of residents and the management and staff promoted and respected the rights and choices of resident's within the confines of the service. There was an awareness of the issues that impacted on residents' rights and choice and a commitment by the provider to addressing these areas was demonstrated. Resident's well-being and welfare in the centre was maintained with provision of a very good standard of evidence-based care and support. Residents' were encouraged and supported to pursue their interests and to have active lives in the centre. Activity provision was varied and meaningful and visiting was ongoing with both indoor and window visits in line with the national guidance.

There was good oversight of residents' health care needs and they were provided with timely access to medical and allied professional support as necessary. Key clinical indicators were closely monitored and effectively informed good practices observed, for example, there was a low incidence of residents falling and only two full length bed rails in use. Residents nursing needs were comprehensively assessed using validated tools which informed appropriate person-centred care plans that were regularly updated to inform residents' changing and ongoing needs including during the COVID-19 pandemic. Residents and the majority of staff in the centre had availed of vaccinations at the time of this inspection.

The centre premises was not purpose built and posed challenges regarding communal space available including access for residents to adequate shower facilities. A third shower was necessary to ensure all residents who did not have en suite facilities could access a shower within a convenient location to their bedroom. As space available in the sitting room provided could not comfortably and safely accommodate all 24 residents, an alternative sitting area was needed so that residents could rest and relax in a comfortable environment outside their bedroom. Staff changing facilities also required review to ensure that any risk of cross infection was risk assessed and controlled. The centre premises provided accommodation for 24 residents in 22 single bedrooms, six had full en-suite facilities

and one had an en suite toilet and hand basin provided. There was also one twin bedroom provided. The floor space available in single bedrooms varied and although some of these bedrooms were small, their layout and assessment of the needs of residents accommodated in them ensured that they met these residents' needs. All residents' bedrooms were greater than 7.4 sq.ms. as required by the regulations. The layout of the twin bedroom required review to ensure resident privacy and dignity needs were met and that they could access the wash basin provided in this bedroom. The centre's laundry facility was located in the main designated centre premises and the layout of this room did not facilitate unidirectional management of used to clean laundry. This posed a risk of cross infection.

Improvements regarding repainting of wooden and wall surfaces were necessary to ensure all areas of the centre could be effectively cleaned. Although staff were observed to be well informed regarding infection prevention and control procedures including completion of appropriate hand hygiene procedures, one hand hygiene dispenser available on each corridor meant that staff had to travel a distance to complete this procedure. In order to ensure there was sufficient numbers of hand hygiene stations at regular intervals, the person representing the provider confirmed that a risk assessment would be completed to ensure that hand hygiene facilities were adequate. A planned extension to the premises including refurbishment works to the current centre premises had not commenced and a condition on the centre's registration for completion by 31 May 2021 was not achieved to bring the centre into compliance with the regulations. Consequently, the provider had an interim plan prepared to complete refurbishment of the existing premises and achieve compliance with the regulations by 31 December 2021.

While the provider took a proactive approach to risk management in the centre, assurances regarding residents safety in the event of a fire required immediate action by the provider on this inspection. The provider responded with satisfactory assurances that compartmentation arrangements of the premises for the purposes of containment of fire, smoke and fumes were now effective and residents would be safely evacuated to a place of safety during night. This correspondence provided assurances that the fire alarm system in place covered all areas of the centre including the attic areas. Personal emergency evacuation plans (PEEPs) were in place for each resident and clearly described their equipment and staff resource needs including whether they had physical or cognitive impairments that could potentially delay their evacuation. Staff were facilitated to complete fire safety training and to participate in simulated emergency evacuation drills in the centre.

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections in place including training of all staff to recognise any signs of abuse. The reporting system in place was clear and ensured any disclosures or suspicions were escalated and investigated without delay. Residents with dementia and predisposed to episodes of responsive behaviours due to their diagnosis were regularly assessed and well supported in the centre.

Residents were protected by safe medicines management procedures and practices. Although a designated clinical room for storing medicines and other clinical equipment was not available, medicines controlled under misuse of controlled

substances legislation were stored securely.

### Regulation 11: Visits

Scheduled visits by residents' relatives had resumed indoors in line with public health guidance and the systems in place facilitated safe visiting for residents. Window visits were continuing.

Judgment: Compliant

### Regulation 17: Premises

There were some issues identified regarding the premises facilities provided that required review and improvement.

A third shower was necessary to meet the requirements of S.I. No 293 of 2016 Health Act 2007 (Care and Welfare of residents in designated centres for older people) (amendment) regulations 2016 and to reduce the distance residents in bedrooms numbered 8 to 16 travelled along circulating corridors to access shower facilities.

The layout and design of a twin bedroom required review to ensure that the layout of the bedroom met residents' needs and that the hand washing basin was accessible.

The centre's sitting room measured 47.7 sq.ms and was the only communal sitting room space available for 24 residents. There was not sufficient space in the sitting room for all residents to rest in this sitting room, to ensure that social distancing was adhered to or to meet their visitors.

Other than residents' bedrooms, there was no alternative quiet area for them to rest and relax in or a suitable area where they could meet their visitors in private.

A cleaner's room was not available.

There was insufficient storage space for residents' assistive equipment. A hoist was stored in a communal shower room.

Internal maintenance and painting was required to ensure the internal premises was kept in a good state of repair. For example, wooden surfaces on skirting along corridors, doors and door frames on residents' bedrooms and on some window sills were damaged and paint was missing. There was areas of missing paint on walls in corridors and some residents' bedrooms.

Judgment: Not compliant

## Regulation 26: Risk management

An up-to-date safety statement and risk management policy was in place.

The centre's risk management policy included the measures and actions to control the risks specified in regulation 26(1)(c). Hazards in the centre were identified, risk assessed and documented in the centre's risk register. Controls were specified to mitigate levels of assessed risk. Arrangements were in place to identify, record, risk assess and investigate any adverse events involving residents or others.

An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any major incidents that posed a threat to the lives of residents.

Judgment: Compliant

## Regulation 27: Infection control

Effective cleaning was compromised by missing paint and wear and tear damage to surfaces of wooden skirting along corridors, doors and door frames on residents' bedrooms and on some window ledges. There was also areas of missing paint on walls in corridors and some residents' bedrooms.

Several commodes used by residents could not be effectively cleaned as the surface areas around the wheels was heavily rusted

Although hand gel dispensers were provided, a risk assessment was needed to ensure that those in place stored the hand gel securely and that there was sufficient dispensers available to reduce distance staff needed to travel to carry out hand hygiene.

Adhesive tape residue on some surfaces compromised effective cleaning of these areas.

Although staff changed into a uniform in the centre before commencing work in the centre, appropriate staff changing facilities were not provided and clothing belonging to staff was stored in an unlocked cupboard along a circulating corridor accessed by residents. This posed a risk of cross infection

The layout, design and floor space in the centre's laundry did not facilitate unidirectional flow of used to clean laundry to mitigate risk of cross contamination in

the event of an infection outbreak in the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Measures to ensure residents' safety in the event of a fire in the centre were not adequate and the provider was required to respond with immediate action as adequate assurances were not available that compartmentation of the premises was effective due to the following findings;

- in the absence of an automatic closure mechanism on a set of fire doors on a corridor for the purpose of sealing a compartment in the event of a fire. Arrangements were not in place to ensure that doors were closed by staff to contain the spread of fire and smoke.
- in the absence of self closure devices fitted on residents' bedroom doors, arrangements were not in place to ensure manual closure was completed to protect residents in the event of a fire in the centre.
- Assurances were not in place that residents could be safely evacuated in the event of an emergency at night, when staffing levels were at their lowest.
- Intumescent strips and cold seals were missing from a several fire doors including doors to higher risk areas such as the centre's kitchen and laundry.

Staff undertaking fire safety checks required appropriate training to ensure that they were adequately informed to enable them to identify deficits in the fire safety equipment provided to ensure residents' safety in the centre.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management practices and procedures in the centre. There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing, administration and review of residents' medicines met with regulatory requirements and reflected professional guidelines.

The pharmacist who supplied residents' medicines was facilitated to meet their obligations. There were procedures in place for the returning out-of-date or unused medicines to the pharmacy. Medicines controlled by misuse of drugs legislation were stored securely and maintained in line with best practice professional guidelines including checking of balances. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked on a daily

basis.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' needs assessments were undertaken using a variety of validated tools and care plans were developed as necessary. The information in residents' care plans was person-centred and clearly described their care preferences and wishes. Residents' care plans were regularly reviewed and updated every four months or in response their changing needs.

Sufficient detail was included in each resident's care plan to inform the frequency of their individual care procedures and the optimal clinical parameters that should be maintained to ensure their ongoing health and wellbeing.

Where possible, residents were consulted with regarding their care plan development and subsequent reviews. Families were consulted on behalf of individual residents who were unable to be involved in their care planning and review process. Records were maintained of this consultation process.

Judgment: Compliant

### Regulation 6: Health care

High standards of evidence based health and nursing care was provided for residents in this centre. Residents were supported to safely attend out-patient and other appointments in line with public health guidance.

Residents had timely access to general practitioners (GPs) from local practices, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Allied health professionals provided timely assessment and support for residents as appropriate.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by staff using effective de-escalation methods which were described in their care plans to ensure a consistent



approach to care by all staff.

The centre was promoting a restraint free environment and were working to reduce use of full length restrictive bed rails. There was evidence of ongoing assessment with trialling of less restrictive methods. Where full length restrictive bedrails were assessed as being the most appropriate intervention, arrangements were in place to minimise the amount of time in use and that they were used safely.

Judgment: Compliant

### Regulation 8: Protection

Staff were facilitated to attend training and were knowledgeable regarding safeguarding residents from abuse. Staff were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

The documentation records gave assurances that all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

### Regulation 9: Residents' rights

While residents' right to choice was respected for the most part, their choice to rest and relax in the sitting room or in an alternative quieter area when the sitting room was busy was compromised due to the absence of sufficient communal facilities.

The centre premises and staff practices mostly promoted residents' privacy and dignity, however these rights were compromised for two residents due to the layout and design of the twin bedroom as discussed in the first section of this report.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Ballard Lodge Nursing Home OSV-0005507

Inspection ID: MON-0031598

Date of inspection: 09/06/2021

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Infection control: We have remained to date COVID 19 thanks to the hard work and dedication of our staff and the infection control policy. Our infection control audit was reviewed by the HSE Infection Control Nurse. Very few changes were advised but any that were advised are now in our policy, all staff are informed of policy changes and advice given is put into practice.</p> <p>A deep clean of the premises has been carried out.</p> <p>All new hand gel dispensers with trays are installed throughout the building.</p> <p>All commodes have been either replaced or repaired COMPLETED</p> <p>FIRE: We now have a fire warden on nightly. This warden will remain on duty until the renovation of the premises are completed on the 31st December 2021.</p> <p>A check list as advised is in operation nightly. Fire Training completed again with ALL staff. All staff have completed day and night fire evacuations in a timely manner. All staff are aware of closing all doors prior to commencing evacuation as per policy.</p> <p>All magnets were checked and replaced where needed. All bedroom doors have new sealants applied to bottom of doors. Intumescent/cold sealing on door leaves of all fire doors checked &amp; reviewed by fire officer. COMPLETED</p> <p>Premises: The updated renovations of the current building are due to commence on the first week in August 2021. These renovations as outlined in plans &amp; submitted to HIQA will be completed by the 31st of December 2021</p>	
Regulation 17: Premises	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The Premises: The updated renovations as show on plans submitted will commence on the first week in August 2021.  Building was not painted internally over the past 18 months as we were not open to visitors and also did not allow any external workers into building during COVID 19 restrictions. This enabled us to remain COVID free. A painter was booked to commence all works internally at the end of June 2021. This has since been put on hold as construction work is now commencing. We are continuing to paint small areas ourselves as we have done to date to maintain until all works completed.  This will include a third bathroom on middle corridor as per plans.  Twin Room will be converted into a single room and a separate quiet area/Visitors Bay. There will be a new extension to dining room which will be used as an activation area and increased room for residents to relax.  A cleaner’s room is included in plans  Storage rooms are included as per plans to hold equipment ie hoist  Laundry will be relocated as per plans  Staff room &amp; staff changing areas are included in the plans. Current storage area for staff belongings remains. This was not locked on day of inspection. Each staff member has now been given a key to access and secure area.  New nurses’ station &amp; treatment room is also included in plans  We will now have 24 single rooms with no double or multiple occupancy room</p> <p>Engineer &amp; builder will decide the build schedule and I will submit this to our inspector once I have received same</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  We have remained COVID 19 free and this is due to the hard work and dedication of our staff. We engaged the HSE infection Control Nurse Specialist, and she has reviewed our policy and audit tool. Few changes were recommended but those that were have now been implemented and all staff have received training on same. New commodes are now in place and hand gel dispensers with trays are now in place throughout the building. A deep clean of the building was completed.  Laundry will be located to new area outside the building</p>	
Regulation 28: Fire precautions	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  <b>FIRE:</b> We now have a fire warden on nightly. This warden will remain on duty until the renovation of the premises are completed on the 31st December 2021. A check list as advised is in operation nightly. Fire Training completed again with ALL staff. All staff have completed day and night fire evacuations in a timely manner. All staff are aware of closing all doors prior to commencing evacuation as per policy. All magnets were checked and replaced where needed. All bedroom doors have sealants reapplied to bottom of bedroom doors. Intumescent/cold sealing on door leaves of fire doors reviewed and checked by fire officer.</p> <p>COMPLETED</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  An extra sitting area plus a quiet room/ Visitors Bay is in the renovation plans to be completed by the 31st December 2021.  The twin room will be changed to a single room.</p>	

## 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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/12/2021
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	Orange	31/12/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	31/12/2021

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/12/2021
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	11/07/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	11/07/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means	Not Compliant	Orange	11/07/2021



	of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/12/2021