Health Information and Quality 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:	Ballinderry Nursing Home
Name of provider:	Ballinderry Nursing Home Limited
Address of centre:	Kilconnell, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	05 August 2022
Centre ID:	OSV-0000318
Fieldwork ID:	MON-0037172

About the designated centre

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

Ballinderry Nursing Home is located in a rural setting, a short drive from the village of Kilconnell and 13 kilometres from the town of Ballinasloe. It is a single storey over basement purpose built premises that is registered to accommodate 44 residents. The centre provides continuing care, convalescent and respite care to residents primarily over 65 years who may have low to maximum care needs. Residents have a choice of areas where they can spend time during the day. There are several sitting rooms, a dining room and outdoor garden space available for use by residents. Bedroom accommodation consists of 14 single and 15 double rooms. The centre aims to provide a quality of life for residents that is appropriate to their care needs and is stimulating and meaningful.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 August 2022	09:00hrs to 16:00hrs	Una Fitzgerald	Lead
Friday 5 August 2022	09:00hrs to 16:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The inspector met and spoke with several residents over the course of this two day inspection. In addition, the inspector spent time observing communal areas and the interactions between staff and residents. Overall, the feedback was positive. When asked about the staff, comments made included "they are the best there ever was". No resident spoken with had made a complaint and when asked about staff responses to requests made, one resident stated "it is done" - meaning staff are very attentive to requests. Residents who spoke with the inspector commended the staff on their commitment and dedication. The only source of dissatisfaction was that days could be long and that more activities would be welcomed.

The centre had multiple large and small communal rooms for resident use. On day one of the inspection, there was limited activity occurring and there was no staff member assigned to activities due to staffing shortages. However, on day two there were multiple activities held and residents were observed enjoying the activities. In the morning, a prayer session was led by one of the residents in one of the communal rooms. For residents who did not wish to partake, there was a second communal room with the television on showing age appropriate programmes. Other residents were observed sitting and reading the paper and doing crosswords.

The sun was out on day two of the inspection, and a small number of residents were sitting outside with a staff member catching up on daily news and having a chat about topics of interest to them.

Residents that were independent with their mobility were observed coming and going from communal rooms without restriction. The large communal dining room had a dedicated area with a tea and coffee making station with access to a microwave and toaster. This area was seen to be in use by staff throughout the inspection. The provider confirmed that there was no restriction in place for any resident or families to make use of the facilities. In addition, the inspector was informed by the provider that any resident who wished to make their own drink would be supported to do so.

On day two, the inspector observed that residents in the centre were not rushed. Staff availed of opportunities to engage at a social level with residents. For example; while giving out drinks the staff chatted with residents. Residents that required assistance with mobility were encouraged to walk to their destination. Staff in attendance chatted openly and freely. Resident choice was observed to be respected. For example, if a resident was not happy with a meal, an alternative would be provided. It was evident that the staff, on duty, knew the residents well and had good knowledge of their likes and dislikes.

The centre had been through a difficult time due to the COVID-19 pandemic and the inspector found that the residents were looking forward to returning to pre pandemic ways. At the time of inspection, the inspector found that there were

unnecessary visiting restrictions in place. Visits were scheduled and all visitors were requested to make a declaration of well being. These restrictions in place, were not risk assessed and the rationale behind the restrictions was not identified.

Parts of the centre were in need of cleaning and items of resident equipment and furniture were visibly unclean. For example, the inspector had observed a number of bed tables that were rusted and not amenable to cleaning. The inspector acknowledges that new tables were ordered by day two. The armchairs in the main foyer on day one were unclean with layers of dirt along the seams. Again, this was addressed by day two. Residents told the inspector that their bedrooms were cleaned daily.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that the provider was required to strengthen the overall governance and management of the centre in order to ensure effective oversight and safe delivery of care. The inspector found that the governance systems in place did not ensure appropriate monitoring of the service. In addition, there were insufficient staff employed to ensure residents direct care needs were consistently met.

The last inspection of the centre took place in May 2021 where non-compliance across multiple regulations was found. The inspector followed up on the action taken by the provider to address the poor findings and found that insufficient progress had been made to address or sustain compliance with the requirements of the regulations. Repeated non-compliance was found under Regulation 15: Staffing, Regulation 16: Training and staff development, Regulation 21: Records, Regulation 23: Governance and Management, Regulation 28: Fire precautions, Regulation 5: Individual assessment and care plan, and Regulation 8: Protection.

Ballinderry Nursing Home Limited is the registered provider of Ballinderry Nursing Home. The governance structure as outlined in the Statement of Purpose of the centre is made up of a Director of nursing (DON), who is supported by an assistant director of nursing (ADON) and an assistant manager.

The inspector reviewed the staffing rotas and found that the number of registered nurses employed in the centre was not in line with the levels committed to by the provider in the centre's statement of purpose. This had left the allocated nursing hours consistently short. The ADON was allocated full-time to the provision of direct nursing care due to the shortage of staff nurses. A review of the rosters found that

the ADON did not have any protected time to supervise and support the nursing and care teams or to contribute to the monitoring of the service. On day one of the inspection, there was one nurse on duty to provide care and monitoring to 40 residents. In addition, there was no provision of social care on day one of the inspection.

There was inadequate governance and management systems for oversight and monitoring. For example;

- poor documentation of resident care.
- inadequate management of risk with particular reference to the fire safety management in the centre.

A sample of staff files were reviewed which found gaps in the nurse qualification records. Vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 were in place for all staff.

There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed had gaps in mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control training. Following the last inspection of May 2021, the provider had committed to implement a new training matrix that would capture all outstanding training requirements within the centre. This had not been put in place and therefore, this was a repeated non-compliance.

Regulation 15: Staffing

On day one of the inspection there was insufficient staff on duty. On arrival to the centre, there was one nurse, one health care assistant and one activities staff not available to be rostered from what the person in charged had identified as required staffing. The impact observed on day one of the inspection, was that the social care needs of the residents were not met due to lack of staffing. The inspector observed that there was no facilities for occupation or recreation provided to residents by the staff.

The inspector acknowledges that on day two of the inspection, there was sufficient staff on duty. The overall staffing resources shortfall is actioned under Regulation 23 Governance and Management.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The staff training records evidenced gaps in fire safety training, manual handling

training, safeguarding and safety training and infection prevention and control training. In addition, the provider could not identify what staff had attended training in the management of behaviour that is challenging.

Judgment: Substantially compliant

Regulation 21: Records

Records as required by the regulations were not available. For example;

- Staff files did not contain all of the information required under Schedule 2 of the regulations. Written references and evidence of accredited training was not always available. This is a repeated non-compliance.
- The staff training record was not up to date.
- Significant gaps in the nursing documentation and resident records. For example, a nursing record of all residents' health and condition and treatment given, completed on a daily basis and signed and dated by the nurse in accordance with any relevant professional guidelines.

Judgment: Not compliant

Regulation 23: Governance and management

The provider did not have adequate resources in place to provide a consistent service. The centre had a shortage of nursing staff. The staffing availability in the centre on the day of the inspection did not reflect the staffing levels committed to in the centre's statement of purpose. At the time of inspection there were two nurse vacancies. The availability of registered nurses was not in line with what the provider had committed to in the centre's statement of purpose.

The governance systems in place to ensure that the service provided was safe, consistent and effectively monitored was inadequate. Inadequate monitoring of the service was evidenced by;

- There was no clinical care audit completed on the service in 2022. The last care audit completed was dated February 2021. A review of this audit found that it did not contain the information required to develop a quality improvement plan.
- Poor communication systems. The management team meet daily and hold monthly management meetings. The inspector reviewed the minutes of the meetings and was not assured that the management team were aware of the gaps in the monitoring of the service. For example; there was no reference to any discussion on how the centre is monitoring the provision of care. The

electronic system in place identified that at the time of inspection there was significant gaps in the assessment of resident needs which are required to develop and update the care plans to guide staff on the care needs of the residents.

- The system in place to ensure that residents pensions were managed in line with the Department of Social Protection Guidelines had not been progressed to ensure that resident monies were protected.
- The system in place to identify and respond to risk was not adequate. There was poor evidence available that the provider had awareness of the risks identified during this inspection or that any appropriate actions had been taken to reduce or address these risks. For example;
    - The risk associated with the non-compliance found on the management of fire precautions. The provider had failed to take appropriate action to ensure that risk identified in a fire risk assessment completed in September 2021 had been addressed.
    - The risk associated with restrictions in place on visitors for residents. The centre was operating an appointment schedule which was outside their own policy.
    - At the time of inspection there were seventeen open accidents and incidents documented on the electronic documentation system. While incidents were documented, there was no evidence of investigation, analysis of the incident or learning opportunities from incidents that could be shared with staff to provide opportunities for learning and quality improvement. All incidents logged related to resident falls.
    - The inspector found that there was a poor culture and insufficient leadership in relation to restrictive practices and the use of restraint. Documentation reviewed demonstrated that bed rails were in place with no assessments of need in place and no guidance for staff on the rationale for their use. In addition, the inspector was informed that bed rails were in place without appropriate consent.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications to the Chief Inspector were submitted in accordance with regulation requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaint management system and found that it

contained the detail required under Regulation 34.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provision of care was not of a consistently high quality. The findings of this inspection were that the inadequate governance and management systems in place impacted on the quality of the entire service. This poor quality was reflected in the delivery and documentation of care to residents' and in the ability to provide assurance that residents were safe in the centre. While residents described a satisfactory quality of life in the centre, a review of the quality and safety of the service found that action was required to ensure compliance with assessment and care planning, management of restrictive practices, including restrictions on visiting. Repeated non-compliance was found in fire safety and resident protection.

A review of a sample of resident records did not provide assurance that residents' needs were met in line with professional and best practice guidelines. The inspector found significant gaps in the nursing documentation reviewed. There was an electronic care planning system in place, which was used by the nursing staff to record the assessments, care plans and daily progress notes of all residents. The inspector found that the information documented lacked person-centred detail and was not specific to the care needs of individual residents.

The provider had completed a fire risk assessment of the centre in September 2021. This assessment highlighted areas of high risk within the centre. The provider had failed to address the findings of this assessment. The inspector found that the work that had been completed in the attic space to address the fire containment risk in the centre had been damaged. This damage had not been repaired and was no longer fit for purpose. This meant that in the event of a fire, the compartments would not effectively contain the fire and smoke resulting in smoke or fire spreading throughout the centre. Daily and weekly fire safety checks were not consistently documented. Fire and evacuation drills were held infrequently and did not contain the detail required to provide assurance that residents could be evacuated to a place of safety in a timely manner.

Regulation 11: Visits

The inspector found that visiting restrictions were in place on the day of inspection. The guidance to all visitors and staff on the days of inspection was that visits were by appointment only. While the inspector acknowledges that this was not strictly enforced, the restrictions in place were not risk assessed and the rationale for

continued restrictions was not in line with the centre's own policy.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required in relation to the management of fire safety which posed a risk to the safety of residents. This was evidenced by;

- The inspector found significant risks regarding the attic compartmentalisation. The attic was one large compartment. This meant that in the event of a fire the attic space was one open space and so a fire would not be contained. This risk had been identified in a fire risk assessment completed in September 2021.
- Weekly fire alarm testing was not consistently documented.
- A review of the record of fire drills found that drills were not scheduled at suitable intervals and the detail of the drills did not provide assurances that all staff would be aware of the procedure to be followed, or that residents could be safely evacuated, in the event of a fire.
- Some staff spoken with did not demonstrate appropriate knowledge of evacuation procedures in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector found that care plans did not contain the information required to guide the care. The inspector found that residents' needs were not appropriately assessed in a timely manner which resulted in no care plan being developed to guide care. For example; a resident had been admitted and discharged without any clinical assessment of need recorded and therefore had no care plan in place to guide their care. The review of resident care documentation also found that care plan detail was not always accurate with the most updated information.

The inspector reviewed a sample of resident files and found that individual assessment and care planning was not in line with the requirements of Regulation 5. For example;

- resident assessments of health and social care need were not always completed on admission to the centre.
- In files where assessments where completed, there was then no care plan developed to guide the care needs.
- Incomplete detail in relation to a wound management care plans. Incomplete

detail in relation to nutritional risk assessment and intervention management.

- Assessment of risk with regard to the use of bedrails had not been completed for residents prior to implementing the use of bedrails. This was not in line with the national policy. In addition, there were no care plans in place to guide staff.

Judgment: Not compliant

Regulation 8: Protection

The provider acted as a pension agent for some of the residents in the centre. The provider had failed to take adequate measures to ensure that the system in place to safeguard resident finances were in line with the Department of Social protection guidelines. This is a repeated non-compliance.

Judgment: Not 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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Ballinderry Nursing Home OSV-0000318

Inspection ID: MON-0037172

Date of inspection: 09/08/2022

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: In order to come into compliance with regulation 15;staffing five new HCA have been taken on in the nursing home. Three have commenced employment and two are waiting vetting. Two staff nurses have been sourced from overseas and we have a start date for these nurses of 20/11/2022. We are currently advertising for an additional cleaner and hope to fill that vacancy and will be filled within the next two weeks. We have maintained 6 carers on the day shift as required.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: In order to come into compliance with regulation 16; training and staff development the vast majority of staff training has been brought up to date with onsite manual/patient handling, First aid and CPR, fire training being carried out in the nursing home in recent weeks. All training will be complete by 30/10/2022. All training records have now been moved to new system which allows a training matrix to be easily printed off.	
Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
In order to come into compliance with regulation 21;Records Staff files have been complete with the exception of two with outstanding references which have been requested, same to be completed by 30/10/2022.Staff training record has been transferred to new system and is readily accessible. All resident nursing records have been brought up to date and are maintained on a daily/shift basis.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
In order to become compliant with regulation 23;Governance and management two overseas staff nurses have been recruited with a start date of 20/11/2022 . Regular audits of are provision have been commenced and the outcome of these discussed at management meetings to ensure a high standard of care is provided. The Provider has opened fiducidry accounts for all residents who the nursing home were formerly agents or and the next monthly payment should deposit into these accounts. The risk assessment on the management of fire precautions building upgrade is being commenced on 09/10/2022 and is due to be completed on 23/11/2022.The center has reopened to visitors and is operating in accordance with government guidelines. At this time 9 incidents have been closed off and 7 are in process these will be audited and the results of the audit will be analysed for care quality improvement ,plan to complete by 30/10/2022.All restraint practice has been risk assessed with appropriate consent obtained for all.

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
In order to become compliant with Regulation 11;Visits the center is now fully open to visitors in accordance with government guidelines. The visitors room/conservatory continues to operate on a booking system to facilitate any residents/visitors who prefer to remain separate from the main nursing home. Completed 29/09/2022

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
In order to become compliant with Regulation 28;Fire precautions the necessary upgrading work is to commence on 09/10/2022 and to be completed on 23/11/2022. weekly testing of fire alarm is being consistently tested on a Monday. Monthly mock evacuation drills are being commenced.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
In order to become compliant with Regulation 5;Individual assessment and care plan all residents care plans have been reviewed and personalized . Completed 29/09/2022

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
in order to become compliant with Regulation 8;Protection the provider has opened Fiducidry accounts for all residents that the centre was formally an agent for and the next monthly payment should deposit into these accounts. Completed 29/09/2022

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	29/09/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	20/11/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	30/10/2022

	have access to appropriate training.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/10/2022
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.	Not Compliant	Orange	23/11/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means 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.	Not Compliant	Orange	30/10/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	23/11/2022

	containing and extinguishing fires.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	29/09/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	29/09/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	29/09/2022