

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Ballard Lodge Nursing Home
Centre ID:	0011
Centre address:	Borris Road Portlaoise, Co. Laois
Telephone number:	057 8661299
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Email address:	angeladuggan@hill16.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Spring Water Home Ltd.
Person in charge:	Bernadette Brennan
Date of inspection:	15 November 2011
Time inspection took place:	Start: 09:15 hrs Completion: 13:30 hrs
Lead inspector:	Sheila Doyle
Support inspector:	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Ballard Lodge is a single-storey building which provides care mainly to people over 65 years. It has 24 places and offers residential, respite and convalescent care. On the day of inspection there were 24 residents living in the centre, 22 of these were over 65 years and two were under 65. Some of the residents had dementia.

Bedroom accommodation for residents comprise of one twin room and 22 single rooms. Six of the single rooms have en-suite shower facilities. There are four additional assisted toilets and two assisted showers.

There is a dining room and a large sitting room. The nurse's station is close to the entrance of the centre and is also used to store residents' files and the medication trolley. There is a linen room, sluice room and small laundry off the corridor.

There is an attractive garden to the rear and an enclosed courtyard. There is limited parking to the front of the nursing home.

Location

Ballard Lodge is situated on the Borris Road one mile outside Portlaoise in Co. Laois

Date centre was first established:	1996
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	16	8	0	0

Management structure

Spring Water Home Ltd. is the Provider and the nominated person is Angela Duggan. She has an administrative role, which includes the management of finances and the payroll. Bernadette Brennan is the Person in Charge. The nurses, healthcare assistants, catering, household and laundry staff report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	4	2	3	0	1*

* the provider

Background

Ballard Lodge Nursing Home was first inspected by the Authority on 12 September 2009 with a follow up inspection on 29 December 2009. A registration inspection took place on 10 and 11 January 2011.

Whilst areas for improvement were identified at that inspection, overall the inspectors found that the provider and person in charge met the majority of the requirements of the Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. They had established strong management processes to ensure the delivery of services to residents in a consistent and safe manner. The health needs of residents were met.

Improvements were required in some areas such as care plans pertaining to wound care, management of restraint and medication management. Significant improvements were required in relation to a fire exit. Other areas identified for improvement included the supervision of residents in the communal area in the morning, water temperatures, storage space and the statement of purpose.

The premises were homely and comfortable, however, communal space was inadequate and residents did not have access to a quiet area apart from their bedrooms.

These inspection reports can be found at www.hiqa.ie.

Summary of findings from this inspection

This was an unannounced follow up inspection, and the centre's fourth inspection by the Health Information and Quality Authority (The Authority). The inspector found that 13 of 17 actions were completed, three were partially completed and one was not completed.

Issues relating to risk including fire exits and water temperatures had been completed. Improvements were also noted in infection control and clinical issues such as medication management and wound care. However, further work was required on the use of restraint. Policy development also required additional work as some policies were not specific enough to inform practice.

The actions relating to the premises were not completed but there was evidence of on going planning to address these.

Areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Actions reviewed on inspection:

1. Action required from previous inspection:

The fire exit in the dining room was obstructed by a table and chairs.

Provide adequate means of escape in the event of fire.

This action was completed.

This action related to a fire exit in the dining room which was obstructed by a table and chairs. They had been removed and the inspector saw that the fire exit was now clear. A checking system had been implemented to ensure that exits remained clear at all times.

2. Action required from previous inspection:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

This action was completed.

A comprehensive risk management policy was in place including identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

A health and safety statement was in place and the inspector saw that there had been a recent visit from the health and safety authority.

3. Action required from previous inspection:

Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

This action was completed.

The emergency plan had been revised and included arrangements for alternative accommodation should total evacuation of the residents be necessary. Staff spoken with were familiar with the plan.

4. Action required from previous inspection:

Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

This action was partially completed.

The inspector read a sample of care plans for residents using bedrails. A comprehensive assessment had been undertaken and release and review checks were completed. Staff spoken with were aware of the correct procedure to follow should a resident require bedrails. Twelve residents were currently using either one or two bedrails.

The inspector remained concerned for the safety of residents as the policy was not specific enough to inform practice. The inspector read the restraint policy and noted that it was generic in nature and had not been adapted for use in the centre. For example, it made reference to four-hourly reviews by a multi-disciplinary team which was not available in this centre.

5. Action required from previous inspection:

Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

This action was completed and related to wound management in the centre.

The inspector read the care plan of residents who had wounds and saw that appropriate assessment and treatment plans were in place. This included wound photographs to track progress accurately taken at frequent intervals with residents' consent.

The need for additional training for staff had been identified and the inspector saw that all nurses had recently attended wound management training. Advice was also available through tissue viability nurses in the acute hospital and the community.

6. Action required from previous inspection:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

This action was completed.

A comprehensive medication management policy was in place and covered the areas previously identified such as transcribing by nurses. The inspector saw that the policy was used to inform practice.

The person in charge also discussed with the inspector plans in place to review the administration times for medication. Currently morning medications were administered at 7.00 am. The intention was to change this to a later time to facilitate additional choice for the residents.

7. Action required from previous inspection:

Provide suitable changing and storage facilities for staff.

This action was completed.

The inspector saw that changing, storage, toilet and shower facilities had been set aside for staff.

The person in charge and provider discussed plans for a proposed extension to the centre which will allow for separate changing facilities for the catering staff.

8. Action required from previous inspection:

Provide a sufficient supply of piped hot and cold water, which incorporates thermostatic control valves or other suitable anti-scalding protection.

This action was completed.

A new thermostatically controlled system was in place which maintained the hot water at a temperature of no higher than 43 degrees.

A monthly check was undertaken to ensure that this system was working correctly. The inspector ran the hot tap for several minutes and was able to hold her hand under the running tap without risk of scalding.

9. Action required from previous inspection:

Put in place a policy on and procedures for the prevention, detection and response to abuse.

This action was partially completed.

The person in charge and staff spoken with were aware of the correct procedure to follow in the event of an allegation of abuse. Staff had received training and were able to discuss the forms of abuse with the inspector. One staff member spoke of her upset on seeing the training DVD and questioned how could that happen 'in places that is supposed to be their home'.

However, the policy in place was generic and not specific enough to inform practice. This was discussed with the provider and person in charge who undertook to amend this immediately.

10. Action required from previous inspection:

Provide suitable and sufficient care to maintain the resident's welfare and wellbeing, having regard to the nature and extent of the resident's dependency.

This action was completed.

This related to lack of supervision of residents in the day room for periods of time. The inspector saw that staff members frequently checked on the residents and completed a check list to ensure that no resident was left unsupervised for long periods.

11. Action required from previous inspection:

The statement of purpose did not sufficiently outline the services and facilities available to residents.

This action was completed.

The statement of purpose had been updated to reflect the services offered and met the requirements of the Regulations.

12. Action required from previous inspection:

Develop written operational policies and procedures in accordance with current Regulations, guidelines and legislation. Put systems in place to ensure that policies and procedures inform and guide staff practice.

This action was partially completed.

The inspector read a sample of policies and noted that some had been amended to reflect practice in the centre. For example, the nutrition policy outlined the procedure to follow should a resident be losing weight including the involvement of the dietician. The inspector saw that this was happening in practice.

However, other policies such as the restraint policy already discussed were generic and not specific enough to inform practice. The person in charge and provider told the inspector that this was something they had already identified. They had bought in a suite of policies which they hoped would replace the existing ones. However, they required adapting so that they included the specific procedures for staff to follow. They were currently updating these.

13. Action required from previous inspection:

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

This action was completed.

This action related to staffs' understanding of infection control procedures. Additional training had been provided for staff. The inspector spoke to some of the household and laundry staff who were very knowledgeable about infection control procedures. The household staff outlined the appropriate cleaning techniques should a resident have an infection. The staff member in the laundry outlined the correct procedure for dealing with contaminated laundry.

14. Action required from previous inspection:

Provide adequate facilities for residents to wash, dry and iron their own clothes if they wish to do so, and make arrangements for their clothes to be sorted and kept separately.

This action was completed.

The staff member who was working in the laundry for the previous two years was able to identify each resident's clothing. If labels became illegible, a system was in place to remark.

15. Action required from previous inspection:

Provide adequate private and communal accommodation for residents

Provide suitable storage facilities for the use of each resident

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents

This action was not completed.

The deficits identified at previous inspections remained including:

- A lack of suitable space for storage of equipment
- communal and private space was limited
- no private lockable storage space for residents' personal possessions.

The person in charge and provider discussed with the inspector proposed plans to extend the centre in order to meet the requirements of the Regulations. They had engaged an architect and project manager to assist them with this.

16. Action required from previous inspection:

Provide written policies and procedures relating to the recruitment, selection and vetting of staff in accordance with Schedule 2 of the Regulations.

This action was completed.

The inspector read a sample of four personnel files and noted that they contained all the documentation required by the Regulations. The recruitment file was read by the inspector and this too met the requirements of the Regulations.

17. Action required from previous inspection:

Provide and maintain external grounds, which are accessible and suitable for safe use by residents.

This action was completed.

This referred to a trip hazard in the internal courtyard. The inspector saw that this had been fixed.

Report compiled by:

Sheila Doyle

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

17 November 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
12 September 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
29 December 2009	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
11 January 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Ballard Nursing Home
Centre ID:	0011
Date of inspection:	15 November 2011
Date of response:	30 November 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The inspector remained concerned for safety of residents as the restraint policy was not specific enough to inform practice.

Action required:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Action required:

Provide a high standard of evidence based nursing practice.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The practice and recording of restraint is being exercised correctly. The policy has now been reviewed, amended and is now updated to reflect nursing practice.	Completed

2. The provider has failed to comply with a regulatory requirement in the following respect: The policy on prevention of elder abuse was not specific enough to guide practice.	
Action required: Put in place a policy on and procedures for the prevention, detection and response to abuse.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our policy on elder abuse was reviewed, amended and is now adjusted to be more specific to guide practice.	Completed

3. The provider has failed to comply with a regulatory requirement in the following respect: Other polices were generic and not specific enough to inform practice.	
Action required: Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.	

Reference: Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All policies as listed in Schedule 5 of the Regulations have been reviewed and are now amended. These policies are now more centre-specific and less generic.	Ongoing reviews

4. The provider has failed to comply with a regulatory requirement in the following respect: The premises did not comply with the requirements of the Regulations: <ul style="list-style-type: none"> ▪ there was a lack of suitable space for storage of equipment ▪ communal and private space was limited ▪ there was no private lockable storage space for residents' personal possessions. 	
Action required: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.	
Action required: Make suitable provision for storage in the designated centre	
Action required: Provide adequate private and communal accommodation for residents.	
Action required: Provide suitable storage facilities for the use of each resident.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>As discussed during the inspection, we have employed an architect and project manager to extend our premises. We are also attending meetings with Laois County Council on an ongoing basis regarding planning permission.</p>	<p>Ongoing</p>
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Any comments the provider may wish to make:

Provider's response:

We would like to thank our inspector for the courtesy and respect she demonstrated during the inspection to residents, staff and management. She ensured that the experience was pleasant and relaxed for all concerned.

Provider's name: Angela Duggan

Date: 30 November 2011