



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

## Issued by the Chief Inspector

Name of designated centre:	Ballincollig Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Murphy's Barracks Road, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	01 December 2022
Centre ID:	OSV-0000712
Fieldwork ID:	MON-0037019

## About the designated centre

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

Ballincollig Community Nursing Unit is a purpose-built facility consisting of two integrated building blocks with four residential wings. It is registered to accommodate a maximum of 100 residents. It is a three storey building and each of the four residential wings comprises 25 beds, 17 single bedrooms, two twin bedrooms and a four bedded room. All bedrooms are en-suite with additional toilet facilities on each corridor. Also, in each wing, there are two dining rooms, a kitchenette, two day rooms and two nurses' stations. The ground floor comprises the reception area with seating, a prayer room, smoking room, quiet/visitors room, physiotherapy and occupational therapy room and a hairdressing room. There is also a kitchen, laundry, staff quarters and offices for the home manager and administration. Ballincollig CNU provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided. There are two dedicated Dementia Units for residents who require specific care throughout the various stages of dementia.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	96
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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
Thursday 1 December 2022	09:00hrs to 18:00hrs	Siobhan Bourke	Lead
Thursday 1 December 2022	09:00hrs to 18:00hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

From the observations of the inspectors and from speaking with residents, it was evident that residents were supported to have a good quality of life in the centre. The inspectors met with many of the 96 residents living in the centre and spoke with 12 residents in more detail to gain an insight into their lived experience. Inspectors also met a number of visitors who were visiting their relatives during the inspection. Residents and relatives were complimentary about the care provided and told inspectors that staff were kind and caring. The inspectors observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

On arrival, the inspectors were guided through the centre's infection control procedures by the centre's receptionist. An opening meeting was held with the person in charge and the assistant director of nursing. Following this meeting, they accompanied the inspectors on a walk around the centre.

Ballincollig Community Nursing Unit is located within a large site in the suburban town of Ballincollig and is registered to accommodate 100 residents. Residents accommodation is located over three floors and is surrounded by mature gardens. Accommodation for residents is in four units namely Laney, Bride, Maglin and Shournagh and each unit accommodated 25 residents. Bride and Maglin were two Memory Care Units for residents who required specific care throughout the various stages of dementia.

Each unit had one four bedded room, two twin rooms and 17 single rooms, all bedrooms had en suite shower, toilet and hand wash sink. Inspectors saw that the single rooms were spacious with plenty of space for clothing, belongings and were seen to be decorated with residents personal possessions, photographs, and in some rooms, their own furniture. One of the units was decorated with beautiful art work created by a resident. However, as identified on the previous inspection, storage in the multi-occupancy rooms required attention as they remained short of space for residents' belongings. Privacy screens remained unchanged and had gaps when they were fully extended. The person in charge outlined how shelving and screens had been ordered and installation of new screens was due in the coming weeks for the centre. Overall the general environment, residents' bedrooms, communal areas and toilets and bathrooms inspected appeared well decorated and clean. However, the décor in some areas of the centre was showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing painting and maintenance.

All four units had plenty communal space including day rooms, quiet rooms and dining rooms. Each unit had a designated pantry. The ground floor also had an oratory and a large gymnasium where a number of residents participated in exercise sessions. The inspectors saw that the communal spaces in the centre were furnished in a homely way with dressers, soft furnishings, plants and electronic fireplaces. The

quiet rooms in the units were restful places where residents could sit in private. On the first floor, there was a large space with comfortable seating where large group activities could take place. Mid-morning on the day of inspection, a large group of residents were participating in an exercise yoga session with one of the activity coordinators and an external facilitator. The inspectors saw that residents were actively participating in the stretching exercises and were supported by staff to make the session enjoyable.

Residents had easy access to a number of outdoor spaces in the centre through the communal rooms and lobby. There were a number of internal courtyards one of which had mature trees and plants and a walk way for residents. In the Bride Unit the inspectors saw the courtyard was well maintained with raised beds, plenty seating and a well paved walkway.

Conveniently located alcohol-based product dispensers sinks and clinical hand wash basins within each bedroom, facilitated staff compliance with hand hygiene requirements. These sinks complied with the recommended specifications for clinical hand wash basins. Wall mounted dispensers for aprons, masks and gloves were available along the corridors and in the sluice rooms. Appropriate use of PPE was observed during the course of the inspection. However, inspectors observed that excessive infection prevention and control signage was on display throughout the centre.

The inspectors observed the dining experience at breakfast in one unit and lunch and tea time in two others. Dining room tables were decorated with table cloths, flower posies and condiments. The lunch time menu choice was displayed in the each of the dining rooms. Meals were served from buffet trolleys to ensure that food was served at hot as possible. During the walkaround in the morning, the inspectors saw that there were plenty staff assisting residents with their breakfast in Bride Unit. The lunch time meals were nicely presented, looked appetising and inspectors saw that residents had a choice of meals for lunch. Residents could choose where to have their meals, with a number of residents choosing to eat either in the dining rooms or their bedrooms. The inspectors saw that a small group of residents were served their lunchtime meal from bed tables in a day room in Bride Unit which didn't facilitate a sociable dining experience. While the textured modified diets looked appetising at the lunch time meal, for the evening meal, they did not look well presented. Residents who spoke with inspectors gave mixed feedback regarding the quality of food in the centre.

The inspectors saw that there was a varied schedule of activities in each of the units seven days a week. Both Bride and Maglin unit had dedicated activity staff on each unit, who were rostered until 7pm each day. Activity staff were also assigned to the remaining units. On the day of inspection due to unexpected sick leave, one of the activity staff was unavailable. The inspectors saw that in their absence, care staff continued with the activity schedule for residents. Photographs of residents enjoying social activities were displayed on notice boards on each unit and residents told the inspectors there was plenty for them to do in the centre. During the inspection, the inspectors saw sessions of ballgames, arts and crafts, imagination gym and residents having one-to-one sessions. In the afternoon, a large number of residents

attended a music session where an opera singer sang a range of lovely Christmas and old time songs. A number of residents were seen to sing along during the session. A number of residents attended the hairdresser in the centre's salon on the day of inspection and told the inspectors " she was great." Residents had access to TVs, newspapers and electronic devices in line with their capacity. Residents had access to religious services and clergy of their own faith. Mass was held weekly in the centre. Residents had access to independent advocacy services. Visitors were seen coming and going throughout the day of the inspection. Resident outings and visits to homes of families and friends were also being encouraged and facilitated.

Those residents who could not communicate their needs appeared comfortable and content. The inspectors saw that residents were dressed to their own preferences. The inspectors observed that staff provided care and support in a respectful and unhurried manner during the day of inspection. Staff were observed to be kind, compassionate and were familiar with residents' preferences and choices. Residents described person-centred and compassionate care and told the inspectors they were listened to and respected by the staff.

Residents' views on the running of the centre were sought through regular surveys of residents and their relatives. The inspector reviewed a sample of responses and found that these were mainly positive. Regular residents meetings were held in the centre and issues such as activities and food were discussed. Minutes of these meetings showed that some residents raised issues about the quality of the food and that action was taken in response to any issues raised.

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

## Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to follow up on solicited information received in relation to quarterly notifications and the findings of the previous inspection in April 2022. The inspectors found that there were good governance and management systems in place to ensure good quality care was provided to residents and a person-centred approach to care was promoted. However action was required in relation to the systems in place with regard to oversight of infection control and nutrition and hydration. These are addressed under the relevant regulations.

Ballincollig Community Nursing Unit is a designated centre, that is owned by the Health Services Executive who is the registered provider. The centre is operated by Mowlam Healthcare Unlimited Company and is registered to accommodate 100

residents. There is a clearly defined management structure in place with identified lines of accountability and responsibility. The organisational structure comprised the HSE general manager, Mowlam Healthcare Unlimited Company's Chief Executive Officer (CEO), general manager and healthcare manager. On site, the person in charge was full time in post and was supported by an assistant director of nursing (ADON). Each of the four units in the centre was managed by a clinical nurse manager 2 (CNM) and a CNM1. One of the CNMs was onsite at weekends to ensure oversight and management of the service during this time. The centre also had a general services manager onsite who assisted in the day-to-day operational management of the centre, such as oversight of record management and the standard of cleaning in the centre. There had been a significant turnover of staff in the centre since the previous inspection in particular among the clinical nurse managers and care staff. The person in charge, assistant director of nursing and senior healthcare team were working to support the clinical nurse managers and care team in their new roles. Staff working in the centre were aware of their roles and responsibilities.

Staff rosters were examined and there were adequate staff to meet the assessed needs of residents having regard to the size and layout of the centre. Recruitment in the centre was ongoing and new staff were supported with induction. There were no agency staff rostered at the time of inspection. There were two registered nurses rostered to each unit during the day shift and one registered nurse each night. Clinical nurse managers were supernumerary on each unit. A dedicated activity staff member was assigned to each of the dementia units seven days a week until 7 pm to ensure residents had access to meaningful occupation.

Management in the centre ensured that staff were provided with both face-to-face and online training appropriate to their role. Staff confirmed that they had been provided with training to support them in their roles. Uptake of training was monitored by management in the centre.

The provider had effective systems to monitor the quality and safety of the service through auditing and collection of key performance indicators (KPIs) such as falls, restraints, infections, antimicrobial usage, residents' weights, pressure ulcers, medication errors and complaints for example. This information was monitored by the management team and reviewed and actioned through the centre's governance and management structures such as the monthly quality and safety meeting and the quarterly corporate and clinical governance committee.

Minutes of the monthly quality and safety management meetings included a review of risk with the associated action register. The clinical nurse managers in the centre were assigned as leads for aspects of care such as wound management, infection control, fire safety and medication to monitor aspects of care. The centre also had established a number of committees where key risks to residents' well-being were discussed and actioned such as a falls prevention committee, a wound care management committee and infection prevention and control. The person in charge had identified that the incidence of grade one and two pressure ulcers in the centre was higher than expected. An action plan to reduce the incidence of same for residents was in place and increased assessments of skin integrity and monitoring of



preventative measures were in place.

Monthly monitoring of a minimum dataset of healthcare associated infection (HCAI), antimicrobial resistance (AMR) and antimicrobial consumption was undertaken through CHO 4. Monthly reports reviewed included breakdown and benchmarking nationally and within CHO4. A recent report showed that the provider had reduced the use of prophylactic antibiotics in the centre from 11% down to 1%. This was an example of good practice. However surveillance of multi drug resistant organism (MDRO) colonisation was not routinely undertaken and recorded. Findings in this regard are further discussed under Regulation 27.

The provider had ensured there was formalised and regular access to infection prevention and control specialists within CHO4. The provider had nominated a staff member with the required training and protected hours allocated, to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. The infection control link practitioner demonstrated a commitment and enthusiasm for their role.

The centres outbreak management plan was available in the COVID-19 resource folder. This plan was regularly reviewed and defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. The centre had experienced a number of outbreaks of COVID to date. Formal reviews of the management of the outbreaks of COVID-19 to include lessons learned to ensure preparedness for any further outbreaks had been undertaken.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. It was evident to inspectors that action plans were implemented from findings from these audits to improve practice. Infection prevention and control audits covered a range of topics including waste and linen management and environmental and equipment hygiene. High levels of compliance were consistently achieved in recent audits.

The person in charge was responsible for the management of complaints in the centre. The complaints log was examined and records maintained were in compliance with regulatory requirements. The arrangements for the review of accidents and incidents within the centre was robust and from a review of the incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

## Regulation 15: Staffing

From review of rosters and speaking with residents and staff, the inspectors found that there were an appropriate number and skill mix of staff on duty in the centre to

meet the assessed needs of residents, given the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. The inspectors saw that staff were appropriately supervised in their respective roles. The provision of mandatory infection prevention and control training was up-to-date for all staff. Housekeeping staff had completed a specialised hygiene training program for support staff working in health care. Staff responsible for cleaning were found to be knowledgeable in use of the cleaning chemicals and cleaning techniques. However, the inspectors identified through speaking with staff that additional training and education on MDRO prevention and control was required. Findings in this regard are further discussed under Regulation 27.

Judgment: Compliant

### Regulation 23: Governance and management

Some management systems in particular pertaining to oversight of infection control were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored:

This was evidenced by:

- surveillance of multi-drug resistant organism (MDRO) colonisation was not routinely undertaken and recorded.
- infection prevention and control guidelines did not give sufficient detail on the use of transmission based precautions to be implemented when caring for residents with known or suspected infection or MDRO colonisation including Carbapenemase-Producing Enterobacterales (CPE).
- some of the actions required following the previous inspection relating to premise findings were not implemented within the time-lines set out in the compliance plan submitted by the provider.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The inspectors saw that an electronic record of all incidents that occurred in the centre was maintained. Based on a review of incidents, inspectors were satisfied that notifications, outlined in Schedule 4 of the regulations, had been submitted to the office of the Chief Inspector as required. The person in charge submitted quarterly notifications to the Chief Inspector in line with the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. Complaints were seen to be recorded in detail and each element of the complaint was documented. The outcome and whether the complainant was satisfied with the outcome was recorded. Residents who spoke with the inspectors were aware how to raise a concern or make a complaint at the centre.

Judgment: Compliant

### Quality and safety

Overall, the quality of care provided to residents was found to be of a good standard, and several examples of good practice and person-centred care were observed. Residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. However, the inspectors found that improvements were required in the management of infection control and food and nutrition to ensure residents safety and care was promoted at all times.

Residents had good access to medical care and a general practitioner attended the centre each weekday. Residents were also provided with access to other health care professionals, in line with their assessed need. The residents had access to a physiotherapist who attended the centre three times a week along with an onsite occupational therapist. The physiotherapist and occupational therapist were very active in falls prevention in the centre and there was evidence that residents were referred and reviewed as required by allied health and social care professionals.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. The inspector observed that residents were provided with a choice of nutritious meals at mealtimes. However

action was required to improve the mealtime experience in relation to timing, presentation and quality of food provided. This will be addressed under regulation 18.

The person in charge ensured that staff were up to date with training in the management of responsive behaviours. Where residents were predisposed to episodes of responsive behaviours, they were responded to in an appropriate manner by staff, and care plans were comprehensive and person-centred. It was evident to the inspectors that alternatives to restraint were in use in accordance with best practice guidelines and there were no bed rails in use in the centre.

There was a dedicated clean utility room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings on each unit. The design and finish of the sluice rooms facilitated easy cleaning and had sufficient of storage space for commodes/ used linen trolleys etc. There were also separate housekeeping rooms within each unit for the storage and preparation of cleaning trolleys and equipment. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy.

The environment appeared visibly clean on the day of the inspection. The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, colour coding to reduce the chance of cross infection, infection control guidance, and audits of equipment and environmental cleanliness. Waste and used laundry was segregated in line with best practice guidelines. The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections to support sharing of and access to information within and between services. A review of acute hospital discharge documentation and laboratory reports in resident's files found that several residents had been identified as being colonised with multi-drug resistant organisms (MDROs) while in hospital. However, this information was not documented in their assessments or care plans on return or admission to the centre. As a result, staff were unaware of the MDRO colonisation status of some residents. Details of issues identified are set out under Regulation 27.

Visits were encouraged and practical precautions were in place to manage any associated risks. Inspectors were informed that there were no visiting restrictions in place and national guidance on visiting was being followed.

Residents views were sought on the running of the centre through surveys and residents meetings and surveys where relevant issues such as menu and activities were discussed. Management and staff promoted and respected the rights and choices of residents in the centre. Dedicated activity staff implemented a varied and interesting schedule of activities and there was an activities programme available daily.

## Regulation 11: Visits

All visiting restrictions had been removed and public health guidelines on visiting were being followed. Visits were encouraged and practical precautions were in place to manage any associated risks.

Judgment: Compliant

## Regulation 17: Premises

While the premises was seen to be appropriate to the number and needs of the residents living in the centre and was generally well maintained, issues identified in the previous inspection remained outstanding such as the privacy screens for the twin and multi-occupancy rooms and increasing the storage space in bedrooms for residents' personal belongings. The inspector saw evidence that funding for these issues had been granted by the provider and installation of new privacy curtains and shelving was expected in the coming weeks.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

As found in the previous inspection, there were mixed reviews from residents with some negative feedback from residents both in residents' meetings and to inspectors in relation to quality of food available. Some residents stated that potatoes and some of the meats could be hard. The inspectors saw that while the lunch time textured modified meals looked appetising, the teatime meal did not.

The inspector observed that the lunchtime meal experience and how meals were served to residents also required action. On one of the units while the majority of resident ate their meals in the dining room, a small number of residents ate their meals from bed tables in a day room which was not conducive to a sociable dining experience. Furthermore mealtimes were not protected and medications were administered during the lunchtime meal.

Judgment: Substantially compliant

## Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. There was a major emergency plan in place for the centre should a major incident occur.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- Surveillance of MDRO colonisation was not routinely undertaken and recorded as recommended in the National Standards. There was some ambiguity among staff and management regarding which residents were colonised with MDROs. As a result appropriate MRDOs care plans were not available for several residents. This meant that appropriate precautions may not have been in place to prevent ongoing spread and potential infection when caring for residents that were colonised with MDROs.
- The centres admission assessment did not include a comprehensive healthcare infection and MDRO colonisation assessment.
- Infection prevention and control guidelines did not give sufficient detail on the use of transmission based precautions to be implemented when caring for residents with known or suspected infection or MDRO colonisation including Carbapenemase-Producing Enterobacterales (CPE).
- Additional education was required to ensure staff are knowledgeable and competent in the management of residents colonised with bacteria that were resistant to antibiotics (MDROs).

The provider had not ensured that potential outbreaks of respiratory infection were prevented or identified in a timely and effective manner. For example;

- A resident with new respiratory symptoms compatible with COVID-19 and/ or influenza had not been tested for COVID-19 infection and Influenza (as a minimum). This may impact early detection which could reduce the likelihood of further spread within the centre.
- Staff training was observed to be taking place in a small poorly ventilated room. This may increase the risk of cross infection.

Equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Residents wash basins were washed in the bedpan washer. This practice increases the risk of cross contamination as bedpan washers are only validated for the reprocessing of human waste receptacles.

- Safety engineered needles were not available. This increased the risk of a needle stick injury.
- Foot pedals of several used linen trolleys were broken. This increased the risk of cross transmission.
- Specimen fridges were observed within treatment rooms on each unit. Bringing potentially contaminated samples into these rooms increases the risk of environmental contamination.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspectors saw that care plans were personalised and supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff. These were updated four monthly or more frequently if residents' needs changed. However, further work was required to ensure that all resident files contained resident's current health-care associated infection status and history. Details of issues identified are set out under Regulation 27.

Judgment: Compliant

### Regulation 6: Health care

The health of residents was promoted through ongoing medical review. Residents were reported to have good access to general practitioners (GPs) who were in the centre every weekday. This was confirmed by residents who said that the medical care was good and regular reviews in residents' medical notes. Residents had access to speech and language therapy and dietetic services. Physiotherapist and occupational therapy services were provided to residents in the centre as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Comprehensive care plans were in place for residents who experienced the behaviour and psychological symptoms of dementia (BPSD). Staff were up-to-date with training to support residents who had responsive behaviours.

There was no use of bedrails and other physical restraints in the centre and there was evidence of alternatives to restraint such as low-low beds in use in accordance with best practice guidelines.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents' rights and choices were promoted and respected in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. There was a team of activities staff employed in the centre who facilitated a varied and stimulating activities programme for residents. Activity staff were assigned to each of the dementia specific units seven days a week. External musicians and external activity facilitators also attended the centre. Residents had access to media and aids such as newspapers, radio, televisions, telephone and wireless Internet access were also readily available. Mass was held in the centre once a week. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned.

Judgment: Compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ballincollig Community Nursing Unit OSV-0000712

Inspection ID: MON-0037019

Date of inspection: 01/12/2022

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The PIC will ensure the surveillance of multi-drug resistant organism (MDRO) colonisation is routinely undertaken and recorded. A template has been devised to capture this information and this will be maintained up to date by the PIC. Since the inspection, the PIC has conducted a review of all clinical notes and updated the MDRO status of residents as required. Care plans have been updated to include MDRO status and transmission based precautions.</li> <li>• Residents with MDROs allocated single ensuite room.</li> <li>• Staff education on MDROs has been scheduled with the Infection Prevention &amp; Control (IPC) Lead.</li> <li>• Admission assessment forms have been revised to include comprehensive infection status and MDRO colonisation. We will include an MDRO alert on the ISBAR handover tool that is in use in the facility.</li> <li>• The PIC has reviewed IPC guidelines to ensure sufficient detail is included on the use of transmission based precautions when caring for residents with known or suspected infection or MDRO colonisation, including CPE, and will oversee the effective implementation of these guidelines.</li> <li>• Findings from previous inspection relating to premises have been funded and plans are in progress to ensure premises is in compliance.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The PIC will ensure that the findings from previous inspection relating to premises will</li> </ul>	

be completed.

- Privacy screens are now in place in all multi-occupancy rooms.
- Extra storage for residents in multiple occupancy rooms will be provided. Furniture items have been ordered and we await delivery of same.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- The PIC will ensure that a review of mealtimes is undertaken in consultation with residents and changes will be introduced. Residents' meetings will continue monthly and will address Food and Nutrition. Service improvements will be implemented where practicable based on residents' suggestions and feedback.
- A Multi-disciplinary meeting (MDT) took place in early January which focused on a comprehensive review of food and nutrition; the group will continue to meet each month to ensure quality improvements are implemented.

The quality improvement plan includes:

- Supervision of mealtimes and dining experience.
- Regular auditing of the presentation of meals, including the textured modified meals will continue, and feedback will be provided to catering manager if there are further improvements required.
- Quantity and portion sizes of food served to residents.
- Nutritional review of menus by the dietitian.
- Education for catering staff and clinical staff. Hospitality Manager will attend the community nursing unit to provide education to all staff.
- Dining tables have been ordered for dining room in Bride unit and we are awaiting delivery of these.
- The PIC will ensure that mealtimes are protected and will review the timing of medication administration to avoid interrupting residents' meals.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- The PIC will ensure the surveillance of multi-drug resistant organism (MDRO) colonisation is routinely undertaken and recorded. A template has been devised. A review of all clinical notes has taken place. MDRO surveillance complete. MDRO folder in place on each unit. Care plans have been updated to include MDRO status and transmission based precautions. Residents with MDROs are allocated single ensuite room. An alert

system will be incorporated to the ISBAR handover tool to highlight MDRO status.

An alert system will be implemented to highlight MDRO for housekeeping staff.

- Admission assessment forms will be enhanced to include infection status and MDRO colonisation.
- The PIC has reviewed IPC guidelines to ensure sufficient detail is included on the use of transmission based precautions when caring for residents with known or suspected infection or MDRO colonisation, including CPE, and will ensure implementation of these guidelines.
- Staff education on MDROs scheduled with infection control lead. On-site classroom education for clinical and non-clinical staff will be provided. The PIC has contacted a Consultant Microbiologist who will provide education specific to MDROs for clinical staff.
- The PIC will ensure that any residents presenting with respiratory symptoms are screened for Covid19/ Influenza (Viral screen).
- The PIC will ensure that the Physiotherapy room is utilised for staff training and scheduled at times not conflicting with residents' therapy programmes.
- The PIC will ensure that wash basins are sanitised manually by staff using Sprint200 detergent. A schedule has been put in place to ensure compliance and the General Services Manager will monitor practice.
- Safety needles have been sourced and are in use on all units. Non safety needles have been disposed of.
- The PIC has ordered foot operated laundry bins and we are awaiting delivery.
- One specimen fridge has been provided and is centrally located on the ground floor.

## 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(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/02/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	28/02/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	28/02/2023

	consistent and effectively monitored.			
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.	Not Compliant	Orange	28/02/2023