



**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:	Ballincurrig Care Centre
Name of provider:	Ballincurrig Care Centre Limited
Address of centre:	Ballincurrig, Leamlara, Cork
Type of inspection:	Unannounced
Date of inspection:	18 February 2021
Centre ID:	OSV-0000197
Fieldwork ID:	MON-0032065

About the designated centre

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

Ballincurrig Care Centre is a family run designated centre and is located in the rural setting of Ballincurrig, a short distance from the town of Midleton, Co. Cork. It is registered to accommodate a maximum of 55 residents. It is a single storey building and bedroom accommodation comprises 41 single bedrooms and seven twin bedrooms, all with en-suite facilities of shower, toilet and hand-wash basin. Additional bath and toilet facilities are available throughout the centre. Communal areas comprise the main day room, the quiet conservatory, sitting room by main reception, the family palliative care room, a games activities room, tranquillity therapy room, hairdressers, smoking room, and large dining room. Residents have free access to the main enclosed large courtyard as well as the well-maintained gardens with walkways around the house. Ballincurrig Care Centre 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.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
--	----

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 18 February 2021	09:00hrs to 17:00hrs	Breeda Desmond	Lead
Thursday 18 February 2021	09:00hrs to 17:00hrs	Abin Joseph	Support

What residents told us and what inspectors observed

The inspectors arrived to the centre for a short-notice announced inspection in the morning. A designated staff member guided the inspectors through the infection prevention and control (IP&C) measures necessary on entering the designated centre. The process included hand hygiene, face coverings, temperature checks, signing in process and COVID-19 questionnaire.

At the main entrance of the centre there was an enclosed porch. All visitors had to complete their infection prevention and control pre checks in this porch, before entering the centre. Health Surveillance and Protection Centre (HSPC) national guidelines regarding COVID-19 precautions were displayed. Temperature monitoring facility, hand sanitisers, shoe cleaning facility and personal protective equipment (PPE) were available here.

Visitors were escorted from the porch through a key-pad locked door, to a large foyer with comfortable seating arrangements. There was a reception area/nurses station to the right of this foyer. There was a small sitting room to the left where residents could receive their visitors privately. This room was also accessible from inside the centre as well. Due to COVID-19 restrictions, currently this facility was not used for receiving visitors.

Following a socially distanced opening meeting in a large day room, the person in charge accompanied the inspectors on a tour of the premises. There were two corridors leading from left and right of this foyer. The corridor on the left lead to residents bedrooms, the main dining room, sitting rooms and other communal areas. The corridor on the right lead to the nurses station, residents bedrooms, and other facilities. Both corridors were internally linked and this enabled the residents to easily access all the communal areas. Communal areas comprised the main day room, the quiet conservatory, visitors' sitting room by main reception, the family palliative care room, a games activities room, tranquillity therapy room, hairdressers, smoking room, and a large dining room. Residents had free access to the main enclosed large courtyard as well as the gardens with walkways around the house. The centre was generally clean, well ventilated and bright and there was advisory signage throughout the centre to orientate residents and visitors around the centre.

The inspectors had opportunity to speak with a number of residents on the day of inspection. Residents confirmed to inspectors that they felt safe in the centre and the overall feedback from residents was positive. Some residents praised the staff and commented that they were kind and caring. One of the resident's told the inspector that they really enjoyed their outdoor walks and fresh air. In general, staff were found to be kind and engaging with residents in a respectful manner. Residents looked comfortable, neatly dressed and well-groomed. Inspector spoke with two residents in a shared bedroom where residents were enjoying their

afternoon drinks and snacks in each others' company.

Some residents shared their experience of coping with COVID-19 virus and they were complimentary about the care and support received from the staff. One of the resident's told the inspectors that she was very happy in the centre and she hoped to get back to normality soon. Some residents had their own hand sanitisers and masks in their bedrooms and they explained that staff had shown them how to use them. Another resident told the inspectors that she was very happy as she had tested negative for COVID-19. This resident informed the inspectors that she could see the light at the end of tunnel as she had received her COVID-19 vaccination recently. One resident shared her experience of receiving her first dose of COVID-19 vaccination and she was looking forward to the second dose. Residents with whom the inspectors spoke understood the importance of restricted visits and mentioned that they felt that the staff were doing their very best to keep them safe.

Inspectors viewed two photo albums and while most of these photographs were from pre COVID-19 times, they reflected a good social model of care with photographs of residents participating in various social activities such as birthday celebrations, baking, exercise sessions, music sessions, mass, feet massage, beauty therapy, gardening, board games and drama.

Residents were observed relaxing in comfortable chairs in their bedrooms listening to music, watching television and reading newspapers. Inspectors observed a staff member assisting a resident with a video call with their family. On the day of inspection, a family member was facilitated to visit a resident on compassionate grounds, following necessary infection prevention and control precautions.

On the day of inspection, most residents spent their time in bed rooms as the centre was just recovering from a COVID-19 outbreak. Nonetheless, inspector observed some residents doing short walks both indoor and outdoors. Inspectors spoke with one resident who was doing his afternoon walks independently through the corridor as a part of his daily exercise. He did this walk a few times a day he said to build up his strength.

Residents had their meals in their bedrooms. Inspectors observed that the meals were delivered to residents' bedroom in an unhurried manner. In the afternoon, inspector observed staff serving tea, coffee, juice, snacks and fruits in residents' bedrooms. Inspectors also noticed residents receiving assistance and support for various activities of daily living in a dignified and respectful manner. Residents were complimentary about the food they received in the centre. It was also observed that a staff member asked residents their preferred menu choice for the following day.

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

Ballincurrig Care Centre was a residential care setting operated by Ballincurrig Care Centre Limited. It was registered to provide care for 55 residents. This was a family run service where the registered provider representative (RPR) and person in charge was Elaine McGrath; Margaret McGrath was the director of operations and was responsible for non-clinical areas of the service. There was a clearly defined management structure with identified lines of accountability and responsibility for the service and staff and residents were familiar with these arrangements. The clinical nurse manager supported the person in charge and deputised for her when necessary.

This was a good service with effective governance arrangements to promote positive outcomes for residents and provide a service that was resident-led. Overall, a holistic approach was taken to ensure delivery of care was in accordance with the statement of purpose.

The person in charge demonstrated knowledge of her role and responsibilities relating to the person in charge and RPR, including good oversight of residents. The assistant person in charge demonstrated in-depth knowledge of residents to deliver individualised care.

As part of the COVID-19 preparedness plan the person in charge had commenced a two-team system in June 2020, whereby the centre was separated into two wings with separate care teams to minimise the potential for cross infection. Additional staff were recruited to support this. At that time, the premises was reviewed and a new nurses' station was being constructed to facilitate the two-team approach to care delivery. However, this refurbishment was put on hold due to the COVID-19 outbreak in the centre.

As this service had just come through a significant COVID-19 outbreak, the inspectors acknowledged the stressful, upsetting and challenging times for residents, staff and families.

As required by the regulations, the person in charge had submitted a notification informing the Chief Inspector that the centre was subject to an outbreak of COVID-19. She had appropriately liaised with the relevant bodies such as the HSE public health and COVID support team, who provided leadership and support during the outbreak. Outbreak control meetings were held in relation to outbreak management in the centre. The person in charge also actively engaged with the inspectorate during this time and provided regular updates on the COVID-19 status in the centre and the management and staffing arrangements that were in place daily. The registered provider representative acknowledged the clinical and governance support given by the HSE, and support given by the defence forces to the centre during the period of the outbreak. The governance team of the person in charge and CNM were back on site and the director of operations provided support from afar.

At the time of inspection, all staff had returned to work and inspectors found that staffing levels and skill mix were adequate to meet the assessed needs of residents.

There was evidence that training was scheduled on an ongoing basis. For example, fire safety training was scheduled for the week after the inspection. The training matrix examined showed that mandatory training was completed along with other relevant training such as infection prevention and control, hand hygiene, personal protective equipment (PPE) usage. Nonetheless, observation showed that better staff supervision was necessary to ensure adherence to best practice, for example, staff were observed taking non clinical waste outside to dispose, but returned via the laundry as re-entry was easier here, which was not in line with infection control best practice. A further example, the inspector observed a resident with cognitive impairment was trying to get into another resident's bedroom, however, the staff member beside the resident did not respond, and did not re-direct the resident to their own bedroom.

Staffing levels were adequate to the size and layout of the centre. Additional cleaning staff were employed to facilitate the deep cleaning regime. Staff documents specified in Schedule 2 of the regulations were in place in the sample reviewed. All nurse registration certificates were seen. Certification of professional qualifications were authorised by the conferring universities or the relevant government authorisation office.

Prior to the COVID-19 outbreak an annual schedule of audits had been undertaken to establish the quality and safety of care. This had recommenced and audits undertaken included medication management, and pressure care and skin integrity observation tool; care plan documentation audits highlighted similar issues identified on inspection. As residents remained in their bedrooms as part of their adherence to HPSC guidelines, observation assessments of proximity of call bells to residents in their bedrooms were completed as part of their quality assurance strategy. A monthly report of incidents was generated which enabled information to be easily trended and issues remedied where necessary. Infection prevention and control (IP&C) audits included hand hygiene and PPE usage to ensure people adhered to current HPSC guidance and mitigate the risk of cross infection.

The statement of purpose was updated at the time of inspection to include information relating to accessing GMS and national screening programme services; and information acknowledging adherence to HSPC guidance and the impact of COVID-19 precautions on Schedule 5 policies such as visiting arrangements. The incidents and accidents log was reviewed and notifications to the office of the Chief Inspector correlated with these. A synopsis of the complaints procedure was displayed in the centre and records were maintained in line with the regulations. There was thorough oversight of complaints by the person in charge.

The atmosphere was friendly and relaxed and in general, staff actively engaged with residents and visitors. Observation showed that staff were familiar with residents' preferences and choices and facilitated these in a friendly, good humoured and respectful manner.

Regulation 14: Persons in charge

The person in charge had the required regulatory qualifications and experience set out for a person in charge of a designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff to the size and layout of the centre. Staffing levels were under constant review and there was significant consideration given to staffing levels by the RPR throughout the day and evening times to ensure adequate support was available to residents. Additional staff were recruited to support the two-team approach.

Judgment: Compliant

Regulation 16: Training and staff development

Better overview of staff supervision was necessary to ensure adherence to policies and best practice; and to ensure that residents were supported in a timely manner.

Judgment: Substantially compliant

Regulation 21: Records

Schedule 2 files were comprehensively maintained in the sample files examined.

Judgment: Compliant

Regulation 23: Governance and management

While the annual audit schedule indicated that regular audits were taking place, inclusion of areas such as sluice rooms would provide better oversight of environmental hygiene and storage practices to ensure the service was effectively monitored and enable timely remedial actions when indicated.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was updated at the time of inspection to include information regarding accessing GMS and national screen programme services. It acknowledged the impact the COVID-19 pandemic and adherence to HPSC guidelines had on Schedule 5 policies.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were timely submitted and these correlated with the incident and accident log reviewed. This log contained comprehensive records including follow-ups, whether the care plan was updated and whether the GP was informed.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents spoken with relayed that they could raise issues with the person in charge without reservation. The complaints log was reviewed and showed that complaints were recorded in line with the regulations; issues raised were thoroughly followed up by the person in charge in a timely manner.

Judgment: Compliant

Quality and safety

Adherence to HPSC guidelines and the COVID-19 outbreak significantly impacted the lives of residents in the centre. Nonetheless, residents living in the centre confirmed to the inspector that they had a good quality of life and were complimentary of the care they received. The centre was just recovering from a recent COVID-19 outbreak. The person in charge highlighted the impact of social isolation on residents and had started the process of deep cleaning in order to recommence use of the dining room and sitting rooms to increase social contact with

fellow residents.

Inspectors discussed care planning with the person in charge and clinical nurse manager (CNM) during the inspection. Residents were assessed on admission using evidence based assessment tools and care plans were developed based on these assessments. While care plans were reviewed regularly and updated based on these reviews, some improvements were required to reflect the most recent change in residents' conditions. While these recent changes were recorded in the nurses' daily narrative notes, identifying a resident's response to an intervention, progress or time lines of change to a resident's current status may be difficult to determine. As part of their quality improvement the CNM was in the process of reviewing all the care plans in conjunction with the induction of newly recruited staff, to ensure personable information was consistently recorded in the care plans.

Residents' health care needs were met through access to medical and nursing care and timely referrals to specialist services such as psychiatry, geriatrician and surgical consultation. GP cover was predominantly provided remotely during the pandemic but on-site visits for assessments and review were conducted when clinically indicated. Multidisciplinary health professional services were accessible remotely and advice from these professionals was incorporated in residents' care plans. There were records of in-house review by a physiotherapist and an occupational therapist. Speech and language therapy (SALT) and dietician service were temporarily unavailable during COVID-19 lock down, however appropriate remedial measures were taken in consultation with general practitioners (GPs).

Inspectors observed nurses administering medications according to nursing and midwifery board of Ireland (NMBI) guidelines. Nurses whom the inspectors spoke with were knowledgeable about the centre's medication policy, including transcribing. There was separate colour coded kardex for long term, short term, *pro re nata* (PRN) or 'as needed' medications and fortified supplements. Consent forms co-signed by GPs were available on medication folders for residents who required crushing of their medications. Pain-scale assessment records and psychotropic PRN medication records were available as part of the medication management kardex. This enabled easy trending of information to monitor residents' responses to medication.

There was evidence of consultation and participation with residents, GPs, families and other professional experts in the management of challenging behaviour. Restraint assessment forms, consent forms and restraint release charts were available in resident's records reviewed by inspectors, in line with best practice.

A sample of end of life care plans were reviewed where residents' end-of-life care wishes and preferences were recorded. The records indicated that care was provided in a professional and dignified manner. Inspectors observed that a family member was facilitated to visit on compassionate grounds. The resident and family member were happy with these arrangements. There was evidence of regular consultation with residents' families and GP during end-of-life care to ensure optimum medical and psychosocial support.

The centre had satisfactory arrangements and information sharing when residents were transferred between services such as acute hospitals and nursing homes, including medication reconciliation checks. This process ensured that information was comprehensive to ensure that care was delivered in accordance with the most up-to-date information.

The centre had a COVID-19 plan folder which contained current HPSC information and guidance regarding risk management, IP&C, PPE, visiting and clinical information such as oxygen usage.

Post COVID-19 outbreak deep cleaning had commenced in the centre and communal areas had undergone deep cleaning, and deep cleaning had commenced in residents' bedrooms. Additional cleaning staff were on duty each day to support the additional cleaning regimes. A daily cleaning schedule as well as deep cleaning and terminal cleaning check list were in place.

Infection control guidelines were displayed throughout the centre to remind staff and residents of best practice guidelines. Isolation precautions and staff adhering to the correct use of PPE were observed to be adhered to on the day of inspection. The residents were actively monitored for signs and symptoms of COVID-19 by nursing staff twice daily. As part of IP&C precautions, additional wall-mounted dani-centre were available to store PPE such as plastic aprons and disposable gloves. There were number of (PPE) donning and doffing stations throughout the centre. Nonetheless, some improvements were required in relation to infection prevention and control as detailed under regulation 27 infection control.

The inspector viewed the health and safety statement, the risk management policy and the emergency plan for the centre. The risk register was populated with a number of risks including risks associated with COVID-19. Responsibilities were assigned for controls to be in place with associated time lines. However, risk associated with broken bed controls was not identified. This was highlighted on inspection and the person in charge remedied the issue at the time of inspection.

Fire servicing records were up-to-date. While fire evacuation drills were undertaken on night duty, they required to be done more frequently to be assured that all staff were familiar with evacuation procedures. Narrative records of fire safety evacuation drills demonstrated that more frequent simulations were necessary to be assured of timely responses. As records did not highlight the number of staff involved in the procedure, it could not be assured that these were undertaken cognisant of night duty staff levels. The person in charge said that fire safety training was scheduled for the week following the inspection and assured that additional fire evacuation drills would be undertaken regularly, cognisant of night duty staff levels. The location of fire extinguishers at the fire exit near bedroom 38 required re-location as there were located at the fire exit door and was a slight hindrance to easy evacuation. A review of secondary fire exit signage was requested to ensure adequate signage was in place to guide people towards fire exits on both sides of corridors.

The centre did not have a dedicated activity staff, however health care assistants

were allocated to provide activities for residents on a daily basis. Residents had opportunity to engage in activities in accordance with their interests such as walks (indoor and outdoor), listening to music, massage, and watching television during COVID 19 outbreak. There were records of other activities such as baking, nail care, quiz, exercise, floor games, flower arrangement and bingo during pre COVID-19 times. The inspector observed one resident receiving a leg and knee massage to help them with their pain management. Residents spoken with had information and awareness about COVID-19, visiting restrictions, social distancing and hand hygiene. Residents had opportunities to be connected with their families and friends via skype and whatsapp. Window visits and compassionate visits were facilitated for families and friends in line with HSPC guidelines. The person in charge discussed recommencement of group activities and this was scheduled for the week following the inspection following completion of the centre's deep cleaning.

Regulation 11: Visits

In normal times the centre had an open visiting policy. However due to COVID-19 level 5 restrictions, window visits and compassionate visits were facilitated with family and friends. HSPC COVID-19 guidance information was displayed at the main entrance and throughout the centre to remind visitors about the visiting restrictions and IP&C protocols in place to protect people during the pandemic.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate private personal space for their personal possessions. Some residents had decorated their bedrooms with photos and mementos providing a homely atmosphere in their bedrooms.

Judgment: Compliant

Regulation 13: End of life

Where a resident was approaching the end of his or her life, the person in charge ensured that appropriate care and comfort, which addressed the physical, emotional, social, psychological and spiritual needs of the resident concerned was provided. There was evidence of regular consultation with residents' families and GPs during end-of-life care to ensure optimum medical and social support.

Judgment: Compliant

Regulation 17: Premises

The centre was generally bright and clean. The centre had adequate personal and communal space to cater for the number of residents in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Inspectors observed staff replenishing residents water or juice in their bedroom throughout the day. Meals served were pleasantly presented and residents had menu choices at mealtimes. Person in charge ensured that the menu met the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned. There were adequate staff available to assist residents at meals and when other refreshments are served.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

When a resident was temporarily transferred from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge ensured that all relevant information about the resident was shared with the receiving centre or hospital. The centre had good medication reconciliation practices when a resident was returned to the centre from an acute care facility.

Judgment: Compliant

Regulation 26: Risk management

While the risk register was populated with a number of risks with responsibilities assigned for controls to be implemented, risk associated with broken bed controls was not identified. This was highlighted on inspection as some beds were maintained at a very high level. The person in charge acknowledged this and

immediately sought to remedy the problem.

Judgment: Substantially compliant

Regulation 27: Infection control

Issues identified relating to infection control included the following:

- there were insufficient wall-mounted hand sanitisers
- one sluice room was unclean and cluttered with items such as hoovers and other cleaning equipment
- there was no designated storage room for cleaning equipment
- a number of clinical bins did not have yellow bin liners; this was rectified on the day of inspection
- laundry staff used reusable yellow gloves rather than disposable gloves
- the hand washing sink in the new nurses' station required clinical taps
- catheter care with nozzle trailing on the ground
- the practice of using the laundry entrance as an entry point.

Judgment: Not compliant

Regulation 28: Fire precautions

While fire evacuation drills were undertaken on night duty, they required to be done more frequently to be assured that all staff were familiar with evacuation procedures. Narrative records of fire safety evacuation drills demonstrated that more frequent simulations were necessary to be assured of timely responses. As records did not highlight the number of staff involved in the procedure, it could not be assured that these were undertaken cognisant of night duty staff levels.

The location of fire extinguishers at the fire exit near bedroom 38 required re-location as there were located by the side of the fire exit door and were a slight hindrance to easy evacuation.

A review of secondary fire exit signage was requested to ensure adequate signage was in place to guide people towards fire exits on both sides of corridors.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre had a suitable pharmacy service that met obligations to residents under relevant legislation or guidance issued by the Pharmaceutical Society of Ireland. There was a record of medication related interventions in respect of relevant resident. All the medicinal products dispensed or supplied to a resident were stored securely at the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While care plans were reviewed regularly and updated based on these reviews, some of the information in the care plans were not reflective of recent changes in residents' health status; the daily nursing notes contained most up to date information on residents changing care needs.

The CNM had commenced a review of care planning documentation to ensure they were person-centred and address the findings of their audit of care documentation.

While residents' vital signs such as temperature and blood pressure were recorded, it was not always clear who recorded it.

Judgment: Substantially compliant

Regulation 6: Health care

Residents health care needs were adequately met through GP and other multidisciplinary team members such as occupational therapist (OT), Physiotherapist, Psychiatrist and specialist consultants. There was some limitations for accessing speech and language therapist and dietician due to COVID 19 restrictions, however related care needs were consulted with GPs and necessary follow ups were taken.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence of consultation and participation with residents, GPs, families and other professional experts in the management of challenging behaviour. The resident records' reviewed contained restraint assessment form, consent form and restraint release chart, in line with best practice.

Judgment: Compliant

Regulation 8: Protection

All staff had up-to-date training relating to safeguarding residents. The person in charge was knowledgeable regarding her responsibilities relating to protection of vulnerable adults and the notifications required in such circumstances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunity to be connected with their families and friends. During COVID-19 level 5 restrictions residents were supported to make video calls with families. Window visits and compassionate visits were facilitated with family and friends. Health care assistants (HCAs) were allocated to provide activities for residents on a daily basis. Residents had opportunities to exercise choices and undertake personal activities in private. Residents had opportunities to communicate freely and had access to information about current affairs and local matters through radio, television, newspapers, local newsletters and other media. The group activity programme was scheduled to re-commence the week after the inspection to facilitate social engagement and fellow residents to meet up again and re-kindle friendships.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballincurrig Care Centre OSV-0000197

Inspection ID: MON-0032065

Date of inspection: 18/02/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. Introduction of an observational audit to ensure practices and lessons learned in training and/or outlined in policies adhered to. 2. Review and update staff training in the areas highlighted in the observational audit, if widespread. Otherwise address issue with specific staff member.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. Expand the environmental audit to include sluice rooms and storage areas.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: 1. Review Risk Register 2. Expand the risk assessments to include other commonly used equipment.	

3. Introduce a more expansive/systematic maintenance folder where problems/issues would be identified more readily .	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Addition of more wall mounted sanitisers.</p> <p>2.Laundry staff advised to use disposable gloves.</p> <p>3.All staff advised to use correct exit door for waste disposal.</p> <p>4.Source an alternative area for cleaning equipment.</p> <p>5.Clinical taps on order for new Nurses Station.</p> <p>5.Introduce an observational audit to ensure correct practices followed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1. Review fire signage from corridors.</p> <p>2. Change location of fire extinguisher near room 38.</p> <p>3. More frequent fire drills, particularly at night. Currently doing two drills at night and two by day, every week for one month. The amount of fire drills will be reviewed and dictated by the outcome of drills.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>1. Review and update individual assessments and care plans.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/03/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	29/03/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	22/03/2021
Regulation 27	The registered	Not Compliant	Orange	29/03/2021

	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.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	05/04/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	14/03/2021
Regulation	The registered	Substantially	Yellow	14/03/2021

28(1)(e)	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.	Compliant		
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	05/04/2021