



**Health
Information
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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:	CareChoice Ballynoe
Name of provider:	Carechoice Ballynoe Limited
Address of centre:	Whites Cross, Cork
Type of inspection:	Unannounced
Date of inspection:	24 October 2022
Centre ID:	OSV-0000210
Fieldwork ID:	MON-0037589

About the designated centre

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

Carechoice Ballynoe (known as Ballynoe) is a designated centre which is part of the Carechoice group. It is located in the rural setting of Whites Cross and is a short distance from the suburban areas of Ballyvolane, Blackpool, and Cork city. It is registered to accommodate 46 residents. Ballynoe is a two-storey facility with lift and stairs to the upstairs accommodation. It is set out in three corridors on the ground floor called after local place names of Glen, Shandon and Lee; and Honan on the first floor. Bedroom accommodation comprises single and twin rooms downstairs and 12 single occupancy bedroom upstairs. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise a comfortable sitting room, Morrissey Bistro dining room, large day room and a large quiet room with comfortable seating. The hairdressing salon is located near the main day room. There is a substantial internal courtyard with lovely seating and many residents have patio-door access to this from their bedrooms; there is a second smaller secure courtyard accessible from the quiet room and a further enclosed space accessible from the main day room. At the entrance to the centre there is a mature garden that can be viewed from the sitting room, dining room and some bedrooms. Carechoice Ballynoe 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:	36
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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
Monday 24 October 2022	08:50hrs to 17:30hrs	Breeda Desmond	Lead
Tuesday 25 October 2022	08:50hrs to 16:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met many residents on the day of the inspection and spoke with nine residents in more detail, and spoke with one visitor. Residents gave positive feedback about the centre and were complimentary about the staff and the care provided, and said that staff were kind and helpful.

There were 36 residents residing in CareChoice Ballynoe at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the infection control assessment and procedures by the administrator, which included a signing in process, electronic temperature check, hand washing and face covering. There was a hand-wash hub at main reception for visitors and staff to complete hand washing on entry to the centre.

The person in charge was on leave at the time of inspection; an opening meeting was held with the deputy person in charge which was followed by a walk-about the centre with the deputy person in charge. CareChoice Ballynoe was a two-storey building with resident accommodation on both floors. The main entrance was wheelchair accessible and led into a reception area where information such as the statement of purpose, residents' guide, inspection reports, health and safety statement were displayed. The statement of purpose was an A3 size booklet that enabled easy reading for residents and their relatives. The nursing home registration and insurance certificate were displayed near reception. Nurses' offices were by reception.

The main day room was to the right of reception and was set out in four large pods with comfortable seating and tables for residents to place their belongings, read the news paper or engage in activities. The arm chairs here were comfortable and many were seen to be new and upholstered in a variety of coloured fabrics; residents reported that they were very comfortable. Staff were in the process of decorating the centre as part of the activities programme for halloween festivities with colourful lanterns and decorations draped from windows and on shelving units. The interactive games console was located here to enable more residents participate in the activities, in particular, residents with a diagnosis of dementia. There was an expansive retractable movie screen to show movies.

On the first day of inspection, relaxing music was playing initially in the day room and then the activities person switched channels so that residents could view mass on the television. The activities person facilitated one-to-one and group activities in accordance with residents' preferences, and encouraged all residents to engage in some activity. On the second morning, before the activities person came on duty, four residents were in the day room, however, cartoons were on the television and one resident said that it was suitable for very small children. Most residents brought to the day room were asked by staff if they were comfortable or enquired did they

wanted anything else, however, one gentleman was seen in the day room with a short-sleeved shirt, and said he was cold and looked for a blanket. The housekeeping staff brought him a lovely warm cosy blanket from the hot press and he was delighted with it.

There was a new enclosed outdoor space which was accessed through the patio doors of the day room. This space was surrounded by a railing that was covered by artificial foliage. Residents reported that they had great times out there when the weather was good, including a summer party.

Many of the areas around the centre were re-painted including external walls off the main corridor. Wall-mounted flower baskets decorated these external walls and the space looked well when looking out as one was passing by. The area around reception, Lee corridor and storage presses were recently painted and the space was de-cluttered. Photographs of 'old Cork' were displayed along the corridor here as reminiscence for residents. The large activities board on the Lee corridor had information on the weekly activities scheduled. Other information displayed included access to advocacy services, and specific CareChoice leaflets such as information on dementia care, infection control, nutrition and antibiotic usage. A written and pictorial version of the complaints procedure was displayed.

Group activities were facilitated on a daily basis and included external facilitators as well as the in-house programme which was facilitated over seven days. Mass was live streamed in the day room and following mass, tea, juices and snacks were offered to residents in the day room and their bedrooms. Activities included news paper reading, arts and crafts, nail painting and exercises. A movie was shown in the afternoon. On the second day of inspection, laughter yoga was facilitated by an external provider. Residents were seen to enjoy this. They also said that live music and sing-songs occurred regularly and that was good fun.

Other interactions observed throughout the morning showed that staff were respectful towards residents, they knocked on residents' doors before entering and asked residents how they were. When residents were being accompanied up to the day room, staff were seen to actively engaged with them.

The physiotherapist was seen providing one-to-one care with residents demonstrating and educating residents regarding their individual exercise regimes. Staff incorporated the exercise regime into the activities programme for residents to enable continuity of the exercise programme.

The dining room was to the left of reception and had full views of the entrance to the centre. The window coverings facilitated residents to look out but protected their privacy and prevented outsiders from looking in. There was a large board displaying pictorial and written information of the menu choice of the day including the array of vegetables and desserts. Food allergen information was alongside this. Tables were seen to be set before residents' came to the dining room for their meals and one resident pointed out that the table clothes were new. A member of staff explained the menu choice to residents and then delivered the residents' choices to the chef who plated-up meals for residents. Residents sitting together at tables were served

together and staff actively engaged with residents when serving meals. Assistance was provided in a social manner and conversation and interaction was seen before, during and after meals. Residents gave positive feedback about their meals and meals were seen to be well presented and appetising. The inspector observed that the noise level in the dining room was unpleasant as staff cleaned off dinner plates in the dining room as residents were having their deserts. When this was highlighted, the facilities manager moved the clearing trolley outside the dining room; this reduced the noise level and enabled a more social dining experience.

Meal times were protected as medications were administered after meals to enable a normal dining experience. A medication round was observed. The nurse administering the medication actively engaged with residents in a social manner and explained medications to residents in accordance with their cognition.

During the day the inspector saw three non kitchen staff enter the main kitchen. Further examination showed that the area was not well demarcated to highlight to staff the non-entry boundary. This was reported to the facilities manager who immediately placed large highlighting tape on the ground to aid as an alert to staff regarding the allowable parameters within the kitchen area.

There were two sitting rooms; one was a smaller quiet room, beautifully decorated and located alongside the office of the person in charge. The exercise bike was located here and two residents use this regularly as part of their exercise programme. The second, larger room, was off the back corridor and was used by residents and staff. This room had a kitchenette, comfortable seating and dining table and chairs, and patio door access to one of the enclosed gardens. The main garden was enclosed and was a large area with colourful raised flower beds, rattan garden chairs and tables. Many bedrooms had patio access to this space and others had window views. The weather on the day of inspection was not great so most residents remained in-doors; one resident was seen to independently go outside when the sun shone for a short period.

Visitors were observed coming into the centre and the administrator guided them through the infection control procedures. There was orientation signage displayed around the centre to orientate residents to rooms such as the dining room and day room to allay confusion and disorientation.

Residents' bedroom accommodation was beyond reception in adjoining corridors and bedrooms comprised single and twin bedrooms. Additional shower rooms and toilet facilities were located throughout the building to enable residents easy access to shower facilities near their bedrooms and communal areas. The hairdressers' room had a feature wall with wall paper and co-ordinating painted walls; there was a large floor-to-ceiling silver mirror, all of which gave the room a lovely appearance.

Downstairs, bedrooms were personalised and decorated in accordance with residents wishes. Residents were encouraged to bring in their personal furniture, pictures and memorabilia, and a number of residents had personal items such as photographs, ornaments and books in their rooms. Flat-screen TVs were wall-mounted in bedrooms. Storage for residents' personal possessions comprised double

wardrobes, chest of drawers and bedside lockers; some bedrooms were seen to have a second double wardrobe. Bedrooms had comfortable bedside chairs. Privacy screens in shared rooms were effective and ensured residents' privacy. The doors to residents' bedrooms resembled a 'front door' with wrought iron-like number and door knocker, and each was coloured differently as an aid to residents to identify their own 'front door'. Some of these doors were upgraded as part of their fire safety management and were due to be painted.

There was stairs and lift access to the upstairs accommodation which was designated for short-stay residents and comprised 12 single occupancy bedrooms with toilet and wash-hand basin en suite facilities. Communal space comprised a sitting room and separate dining room with kitchenette facilities; both rooms were bright, comfortable and relaxing. Bath and shower facilities were available upstairs. There was an open-plan nurses station. The sluice room was located at the end of the corridor to the right and this was securely maintained.

Wall-mounted hand sanitisers were displayed throughout the centre with advisory signage demonstrating hand hygiene and staff were observed to comply with best practice hand hygiene. There were separate staff changing rooms and canteen facilities available. Storage of personal protective equipment (PPE) was in designated spaces. The cleaners room had a hand-wash sink and a low sluicing sink; mops were stored off the ground. House-keeping trolleys had lockable storage for chemicals and had storage compartments for clothes and mop-heads. Cloths were colour-coded and housekeeping staff were knowledgeable regarding their appropriate use.

Linen trolleys with clean linen were available on each corridor. Separate linen trolleys were seen on each corridor to collect laundry which was segregated at source. There were arrows on the floor of the laundry showing the work-flows to be adhered with to prevent cross-over of dirty and clean laundry. There were two sinks available; one was a designated hand-wash sink with advisory signage, soap dispenser and paper towel dispenser.

Clinical rooms were securely maintained. Appropriate signage was displayed outside the clinical room advising that oxygen was stored within. The daily temperature checks of medication fridges were seen to be recorded. Medicines were seen to be labelled and dates of opening of the medication recorded. Controlled drugs were securely maintained in the secure clinical room.

Emergency evacuation plans were displayed in the centre; these were large and colour-coded with zones identified with primary evacuation routes identified; some were not orientated to reflect their relative position in the building. Large domestic waste bins were seen along corridors and these partially obstructed emergency evacuation routes.

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

Overall, this was a good service where a person-centred approach to care was promoted. The inspector reviewed the actions from the previous inspection and found that actions were taken in relation to training and staff supervision, staff files, fire safety precautions, the complaints procedure, and contracts of care. Further attention was necessary regarding regulations relating to some fire safety precautions, aspects of care planning, controlled drug recording, practices relating to unauthorised access to the kitchen, and cleaning crockery in the dining room during mealtimes.

CareChoice Ballynoe was operated by CareChoice Ballynoe Limited and was registered to accommodate 46 residents. CareChoice Ballynoe was part of the CareChoice group which operated a number of other nursing homes throughout the country. The governance structure of CareChoice comprised a board of directors with the CEO appointed as the nominated person representing the registered provider. The management team within the centre was supported by a national and regional management team of quality, finance, catering, facilities and human resources (HR). On site, the person in charge was full time in post and he was supported by the recently appointed assistant director of nursing (ADON), and clinical nurse manager (CNM).

The registered provider had applied to re-register CareChoice Ballynoe. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to re-register the designated centre.

Minutes of meeting and ongoing regulatory monitoring of the service through solicited information and liaising with the person in charge demonstrated that this was a responsive service. The quality and safety of the service was monitored through weekly collection of key performance indicators (KPIs) such as falls, restraints, infection, weights, pressure ulcers and complaints. Where deficits were identified, action plans were developed, with progress recorded. This information fed into the monthly clinical governance meetings, where issues such as human resources, incidents, audits, and key performance indicators were discussed to enable continuous monitoring of the service. While an audit system was in place to monitor the service which included monthly, quarterly, six-monthly and annual audits, this required further review to ensure it was sufficiently robust to enable effective monitoring as many deficits identified on inspection were not identified through their audit process. Examples of this were included under Regulation 23, Governance and Management and throughout the report.

The person in charge communicated with staff regularly, during daily hand-overs and safety pause meetings, as well as formal meetings. Staff appraisals were completed on an annual basis. Staffing levels were discussed and assurances were provided that staffing levels were under continuous review in line with the changing

needs of residents and the increase number of residents. The duty roster showed the ongoing training provided for staff including fire and safeguarding completed the week prior to the inspection, and further training was scheduled for the weeks following the inspection.

Schedule 5 policies and procedures were updated on inspection to ensure compliance with regulatory requirements. The residents' guide required review to ensure it had the specified requirements as listed under Regulation 20, Information for residents.

There was a comprehensive record of all accidents and incidents that took place in the centre, and while relevant notifications were submitted, there was a delay in submitting two notifications. Complaints were recorded in line with regulatory requirements. Contracts of care were examined and these were updated since the last inspection to reflect the residents' entitlements to medical card services.

Overall, this was a good service where a rights-based approach to care delivery promoted.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of CareChoice Ballynoe was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to re-register the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the necessary experience and qualifications with the required qualifications specified in the regulations. He was a registered nurse who was full time in post and actively engaged in the governance and operational management of the service.

Judgment: Compliant

Regulation 15: Staffing

The staff roster showed that the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation

5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff supervision required attention to ensure that care was delivered in line with their statement of purpose. Evidence of this was further described under Regulations 9, Residents' rights, and Regulation 18, Food and Nutrition.

Relevant staff were not knowledgeable regarding the regulations governing a designated centre to enable care to be delivered in accordance with current legislation.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents had all the requirements as specified in Schedule 3 of the regulations which ensured that comprehensive records were maintained of a resident's occupancy in the centre.

Judgment: Compliant

Regulation 21: Records

The sample of Schedule 2 staff files were reviewed and the following were updated on inspection to ensure compliance with regulatory requirements:

- current professional registrations certificates for three nurses
- full employment history for one staff, and
- the address of one staff.

Judgment: Compliant

Regulation 22: Insurance

A current insurance certificate was displayed by reception with the insurance

requirements as specified in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

While a schedule of audit was in place, it was not sufficiently robust to provide oversight of all aspects of the service that ensured the service was effectively monitored, as many deficits identified on inspection were not identified through their audit process, such as recording of legionella precautions, cleaning regimes for curtains, staff file records, health care routine blood monitoring, and Schedule 5 policies and procedures for example.

Regarding risk, issues identified included lack of oversight of the large clinical waste bins, as one was seen in one of the enclosed outdoor spaces, the four other large clinical waste bins were located to the side of the building, however, this space was not secured and three of the four bins here were unsecured, enabling unrestricted access to harmful waste.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Additional fees being charged to residents was updated since the last inspection to ensure that the services residents were entitled to under the medical card scheme, were outlined.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated at the time of inspection to reflect the current layout of the centre to ensure regulatory compliance.

Judgment: Compliant

Regulation 31: Notification of incidents

While most notifications were submitted in a timely manner, two notifications were not. The relevant six-monthly notifications (NF40) as described in the regulations were not submitted.

Judgment: Not compliant

Regulation 34: Complaints procedure

Records showed that complaints were followed up and investigated and the complainant was liaised with; the outcome of the complaint and whether the complainant was satisfied with the outcome was recorded. A new easy-access pictorial complaints procedure was displayed which facilitated residents to understand how they could make a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

The following Schedule 5 policies were updated on inspection to ensure compliance with regulatory requirement:

- residents' personal property, personal finances and possessions
- staff training and development
- recruitment, selection and Garda vetting, and
- responding to emergencies.

Judgment: Compliant

Quality and safety

In general, the inspector observed that the care and support given to residents was respectful; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner. Residents' independence was encouraged and promoted in accordance with their ability and preferences.

The daily hand-over report and safety-pause report were seen to be comprehensive and provided staff with holistic information to care for residents. Information included clinical and social material to remind staff of matters such as visitors, appointments, physio exercise regime, falls risk and creams to apply to dry skin for

example.

A sample of care documentation was examined including residents that were recently admitted. Assessments were completed on admission and the a re-assessment was completed the following month to establish a more realistic baseline as residents might be anxious or upset during their initial assessment. A 'head-to-toe' skin assessment was included in this and reflected an excellent review of the resident's skin condition so that staff had a good baseline of the resident's condition. However, further review was necessary to ensure that the information available in assessments and prescriptions informed the care planning process. Where appropriate, records evidenced that families were also consulted in the care-planning process. When relevant, a smoking assessment and care plan was in place. Residents' support needs were clearly documented in their personal emergency evacuations plans (PEEP) which were updated regularly; information such as the resident's requirement for oxygen therapy was detailed in the PEEPs. Advanced care directives to support care at end of life were discussed with residents and their families and detailed the wishes of the resident.

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. The physiotherapist was on site on a daily basis and completed a full assessment of residents on admission to establish residents' base-line; additional assessments were completed following re-admission to the centre or post fall. Short and long-term goals were set to provide support to residents to enable best outcomes for them. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, geriatrician, dietician, tissue viability and palliative care for example. Residents' notes included transfer information following a resident's transfer into and out of the service, to ensure the relevant information was communicated when a resident was transferred.

Monthly medication audits were completed and these included oversight of antibiotic usage, dosage, duration and rationale for prescribing the particular antibiotic, with start and finish date. Quarterly antimicrobial stewardship audits were completed. A medication round was observed and the nurse administering medications was knowledgeable and comprehensively reported on the electronic medication system in place. Controlled drug records and storage was examined and maintaining these records required attention to ensure they were completed in line with professional guidelines.

Copies of letters and records of phone calls from the person in charge to residents' families showed that they liaised with families on a regular basis providing updates on their relative and the life and times of the centre. Minutes of residents meetings showed that they were facilitated by the person in charge, along with the chef, and activities staff; residents gave lots of feedback and raised issues as part of the meetings. However, the minutes of the meeting scheduled for June were not in place, so it could not be determined whether the issues raised in April were followed up.

A post COVID-19 outbreak review was completed following the outbreak earlier in

the season and the COVID-19 response plan was updated accordingly, to be used as a reference document should the need arise. The centre was visibly clean. Household staff spoken with were knowledgeable regarding best practice procedures for cleaning and infection control. Cleaning schedules including terminal cleaning checks were available and staff provided a thorough oversight of these procedures. Nonetheless, issues were identified regarding infection prevention and control and these were further discussed under Regulation 27, Infection control.

Daily, weekly and monthly fire safety checks were seen to be comprehensively completed. An external fire risk assessment was completed in February 2022 which identified 8 areas to be actioned within one month, 10 areas to be actioned within two months and 1 to be actioned within six months. An action plan was developed following this report and, with the exception of one, all the issues were remedied. Records seen did not demonstrate that 'an adequate number of fire drills were conducted to reflect night shift conditions'; this was further detailed under Regulation 28, Fire precautions.

Painting and redecorating was an ongoing project and many areas had been recently painted. Other painting works were planned following the replacement of some of the bedroom doors. Reports seen demonstrated good oversight of maintenance and the building. Servicing of equipment such as hoists, boiler, generator, gas and machines were all up to date. Actions were completed following the premises and equipment audit such as removal and replacement of equipment such as the washing machine and other electrical items. Nonetheless, there continued to be limited storage for equipment in the centre, and evidence of this was further discussed under Regulation 17, Premises.

Regulation 11: Visits

Visiting had opened up in line with current HPSC guidance of October 2022, (COVID-19 guidance on visits to long term residential care facilities, Health Protection and Surveillance Centre). Visitors were observed throughout the day; they were welcomed to the centre and staff completed the appropriate COVID-19 safety precautions with visitors upon entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had good access to personal storage space which comprised a double wardrobe, chest of drawers and bedside locker with lockable storage space; some residents had a second double wardrobe for their personal use.

Judgment: Compliant

Regulation 17: Premises

Storage facilities for equipment remained limited. For example, linen storage trolleys were stored in bathrooms when not in use. Large domestic waste bins remained along corridors following personal care delivery as there was no facility for their storage; this posed the additional risk relating to fire evacuation.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide required review. While it referred the reader to additional reading material of the statement of purpose and contract of care, it did not include the terms and conditions relating to residence in the designated centre, as specified in the regulations.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Copies of information provided when a resident was transferred in or out of the service were available, to ensure that relevant information was provided so the resident could receive appropriate care. MDRO and HCAI status was included in the transfer letters seen.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy had the risks as specified in the regulations.

Judgment: Compliant

Regulation 27: Infection control

There were infection control issues identified that were not consistent with the current national standards for the Prevention and Control of Healthcare Associated Infections published by the Authority and regulatory requirements, as follows:

- some clinical hand wash sinks had metal outlets and metal overflows; some clinical sinks did not have hands-free mechanism to mitigate the risk of cross infection
- protective coating on some architraves, skirting boards and hand-rails was worn so effective cleaning could not be ensured
- records were not maintained regarding legionella precautions and flushing infrequently used outlets to mitigate the risk of legionella
- the cleaning regime for curtains was not adhered with as curtains were due to be laundered every six months minimum, however, records seen did not demonstrate that this was completed
- staff were seen entering the kitchen at different times during the day which posed a risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following issues fire safety were identified on inspection:

- large domestic waste bins were seen along corridors and these partially obstructed emergency evacuation routes,
- an external fire safety report (February 2022) recommended that compartment evacuations were undertaken cognisant of night duty staffing levels. While a compartment evacuation was completed in September, this was reported to be done cognisant of day time staffing levels. One compartment evacuation was completed cognisant of night duty staffing levels, however, this was undertaken in January prior to the external fire safety audit in February. Consequently, it could not be assured that residents would be evacuated in a timely and safe manner,
- the fire safety register was not updated with the current person in charge and maintenance contact staff.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents assessment and care planning required further attention as follows:

- some care plans and assessments to support residents needs were not comprehensively updated to reflect their changing needs including oxygen requirements for example, as detailed in their prescription,
- while a resident's health profile assessment had comprehensive information, it was completed a month following admission to the centre rather than within 48 hours of admission
- one resident's care plan stated that the resident was to have weekly blood glucose monitoring, and the monitoring records showed that the blood test was completed infrequently over the previous nine months. A recently admitted resident did not have their blood monitored (as part of their initial assessment) for nearly three weeks following admission so the baseline for this resident was unknown
- the weekly monitoring regime detailed in the care plans was not in keeping with their policy relating to residents with a diagnosis of non-insulin dependent diabetes.

Judgment: Substantially compliant

Regulation 6: Health care

A high standard of evidence-based nursing care in line with professional guidelines issued by An Bord Altranais agus Cnáimhseachais was not adhered with as follows:

- the administration and subsequent signing of residents' controlled drug medication was not completed in line with the centre's policy and professional guidelines in that the records were not signed at the time of administration by either the administering nurse or the nurse witnessing the drug check.

Judgment: Substantially compliant

Regulation 8: Protection

Staff training was up to date for all staff regarding safeguarding. Petty cash records were examined and showed best practice regarding dual signatures for each transaction; this included residents signing records when possible. Audits of records and statements were undertaken on a regular basis as part of their oversight management. The service was a pension agent for residents and these accounts were maintained in line with current legislation.

Judgment: Compliant

Regulation 9: Residents' rights

Better oversight was necessary to ensure that a rights-based approach to care was delivered, as follows:

- residents in the day room were left to watch cartoons prior to the activities person coming on duty; cartoons were not age-appropriate or respectful of people in residential care
- one resident was brought to the day room following personal care delivery, however, the care staff had not ensured that the resident was warm and comfortable,
- while minutes of the residents' meeting were seen for April 2022, the minutes for the proposed meeting in June were not available so it could not be determined whether issues highlighted in the April meeting were followed up. This was important as they were not detailed as part of the complaints records.

Regarding mealtimes:

The inspector observed that the noise level in the dining room was unpleasant as staff cleaned off dinner plates in the dining room as residents were served their dessert. When this was highlighted, the facilities manager moved the clearing trolley outside the dining room; this reduced the noise level and enabled a more social dining experience. While immediate action was taken to improve the dining experience for residents, this was identified on a previous inspection, however, this inspection showed that staff had reverted to the practice of clearing plates in the dining room.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for CareChoice Ballynoe OSV-0000210

Inspection ID: MON-0037589

Date of inspection: 25/10/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The clinical management will continue to supervise staff on a daily basis with a member of the team on duty daily. This will include supervision in the dining areas at mealtimes and the communal areas in the morning. • Information in relation to the Safeguarding of Residents and Human rights will be provided to all staff via formal and Informal training. Also, training in relation to the expected standards of care will be provided to All grades of staff. • Staff have access to necessary documentation on the regulations at all nurses stations i.e. Health Act, HIQA standards. 	
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"> • The audit system has been reviewed and implemented in line with the homes annual audit schedule. Audits continue to be completed by the clinical management team and supported by the Quality Department. Monitoring of the areas identified by the inspector on the day of inspection has increased with robust checks in place to ensure that the relevant documentation is completed and printed policies are available in the relevant folders. Staff will continue to have access to up to date schedule 5 policies on the employee electronic system. 	

- The group facilities manager will continue to spot check the recording of documentation as part of legionella precautions and the HR team have a system in place to audit employee files.
- Audit training will be provided to the relevant staff grades with internal monitoring will be carried out by the Clinical Management team, in addition to external monitoring by the Quality Team to ensure that all actions are followed up and completed.
- There are daily safety walk checks in place to identify and manage any risks and the clinical waste area is now securely locked.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- Notification of Incidents training will be provided to all the clinical team to ensure that Incidents are advised to the regulatory office within the required timeframe. This will be given oversight internally by the PIC and externally by the Quality team.
- The relevant notifications have been submitted following inspection.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- While storage space can pose a challenge at various times in the day, a designated space has been identified for the linen trollies and this is monitored by the nurse in charge on the day.
- All staff continue to be reminded of the importance of allocated storage areas.
- The domestic waste bins have now been removed from the corridors and no longer pose a risk during an potential evacuation.

Regulation 20: Information for	Substantially Compliant
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residents	
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ul style="list-style-type: none"> • The resident's guide is being reviewed by the Director of Quality in conjunction with the regulations and suitable alterations implemented. This will be rolled out in the home during the coming months. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. An audit was completed on the clinical sinks in the home in June 2022 and all internal controls recommended were implemented at the time. Identified sinks will be replaced as part of the facilities improvement plan in Q1 2023. 2. The maintenance department are advised to ensure that painting works are kept to a standard so the cleaning can be always maintained. This is monitored by the PIC, IPC team lead and the Household Supervisor. Any woodwork identified for replacement will be discussed with the Group Facilities Manager and upgrades planned in Q1 2023 3. Documentation and checks on Legionella and Flushing regime are being monitored by the clinical team on a daily basis. Legionella testing is also carried out as part of preventative maintenance programme rolled out the Group Facilities manager. Any actions from this audit is reviewed and an appropriate corrective action plan is implemented and monitored for completion by the PIC. 4. While a curtain cleaning regime was in place and deep cleaning of the curtains was completed minimum biannual and/or per IPC changes in the residents room, it was not being recorded effectively. This cleaning schedule is now being appropriately documented and monitored by the Clinical Management team. 5. All staff other than catering staff, have been advised that the Kitchen is a no access area and a notice to this affect has been put in place. This will be managed by the Head chef & kitchen staff with oversight by the PIC. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Domestic Waste bins have been removed from the corridors and placed in a suitable location for use which removes any obstruction. 2. An evacuation drill has been completed simulating the Night time staffing level on the 03/11/2022 and this will be repeated at regular intervals as part of the fire management 	

systems.

3. The fire register has been reviewed and updated to reflect the current Person in charge.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Assessments are carried out in line with regulation within 48hours of admission.
- Monthly audits are in place to monitor compliance
- Staff have received training in assessment and careplanning

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- The clinical management team will continue to review resident plan of care in conjunction with the residents GP and the resident health status in relation to their Diabetes diagnosis and blood testing. The residents blood sugars are taken in cognisance of the need for same as per GP /Hospital discharge advice, any change in health status and the residents comfort. The policy on recording residents blood sugars has been revisited by CMT and related guidance has been provided to the nursing team to prevent any similar incidence in the future. The Clinical management team will continue to monitor the effectiveness and application of the relevant policy.
- The PIC reassures the inspector that all nursing staff have had their Medication competencies completed in the last 2 months and they have completed the HSEland Medication training.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Additional Resident Right Information and training will be rolled out in the coming weeks to all grades of staff.

- The home has an allocated advocate available for residents and will roll out information sessions for resident and staff in this regard.
- The Clinical management team will provide increased oversight and management of the Mealtime experience and of the overall care delivery to all residents.
- QUIS audits will continue to be completed by staff to ensure the oversight of the Day room throughout the day and also the dining experience.
- Action plans will continue to be developed in an attempt to ensure residents rights are met and their preference, likes/dislikes are recorded in their care plan and communicated to all staff with particular emphasis on clothing and TV progamme choice.
- The home will continue to hold residents committee meetings and any items discussed will be followed up and recorded appropriately. Any concerns raised will be recorded on the electronic system as per the complaints policy.

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	30/01/2023
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations made under it.	Substantially Compliant	Yellow	30/11/2022
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	01/03/2023
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	29/11/2022
Regulation 23(c)	The registered	Substantially	Yellow	29/11/2022

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Compliant		
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/03/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	29/11/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Substantially Compliant	Yellow	29/11/2022

	case of fire.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	29/11/2022
Regulation 31(4)	Where no report is required under paragraphs (1) or (3), the registered provider concerned shall report that to the Chief Inspector at the end of each 6 month period.	Not Compliant	Orange	29/11/2022
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	30/01/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a	Substantially Compliant	Yellow	29/11/2022

	high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	30/01/2023
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	29/11/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	29/11/2022
Regulation 9(4)	The person in charge shall make staff aware of the	Substantially Compliant	Yellow	29/11/2022

	matters referred to in paragraph (1) as respects each resident in a designated centre.			
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