



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

## Issued by the Chief Inspector

Name of designated centre:	Ballincollig Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Murphy's Barracks Road, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	22 June 2023
Centre ID:	OSV-0000712
Fieldwork ID:	MON-0030955

## About the designated centre

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

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

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

Number of residents on the date of inspection:	97
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 22 June 2023	09:00hrs to 17:30hrs	Robert Hennessy	Lead
Saturday 22 July 2023	09:00hrs to 17:30hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

Overall, the registered provider supported residents to have good quality of life. Most residents who spoke with the inspectors were content living in the centre. Inspectors met with the majority of residents living in the centre on the day and spoke with 14 residents in more detail. Feedback from residents was generally complimentary with regard to care and support received, but some residents had concerns regarding the food served in the centre. Inspectors spoke with a number of visitors who were visiting their relatives in the centre. Visitors spoken with on the day were very complimentary about the care and support received by the residents in the centre.

On arrival, the inspectors met with the person in charge and one of the clinical nurse managers (CNM) 2. An opening meeting was held and following this, inspectors were accompanied on a walk around of the centre.

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

Each unit had one four bedded room, two twin rooms and 17 single rooms, all bedrooms had en suite shower, toilet and hand wash sink. Inspectors saw that the single rooms were spacious with plenty of space for clothing, belongings and were seen to be decorated with residents personal possessions, photographs, plants, and in some rooms, their own furniture. One of the units was decorated with beautiful art work created by a resident living there. Extra storage space for personal possessions of the residents in the multi-occupancy rooms had been installed, which provided ample room for the storage of residents' items such as clothes. Extra privacy screens had been placed in the four bedded rooms to ensure the curtains fully encircled the bedspace as required from the last number of inspections. However in the twin bedrooms, the privacy screens did not give full privacy for residents when deployed.

All four units had plenty communal space including day rooms, quiet rooms and dining rooms. Each unit had a designated pantry. The ground floor also had an oratory and a large gymnasium where a number of residents were participating in physiotherapy sessions with the physiotherapist, who was in attendance on the day of inspection. The inspectors saw that the communal spaces in the centre were furnished in a homely way with dressers, soft furnishings, plants and electronic fireplaces. The quiet rooms in the units were restful places where residents could sit in private. Inspectors observed that residents, on some units, generally sat in big groups in communal areas and were not utilising the small quieter sitting rooms

where there was ample seating and comfort.

On the first floor, there was a large space with comfortable seating where large group activities could take place. On the day of the inspection inspectors observed that residents were eagerly waiting to attend physiotherapy sessions. Rosary was held in one of the units and residents sat together in a communal area to participate in this. In the afternoon, a visit took place from a previous staff member. This was a great celebration for many of the residents, who enjoyed singing and dancing during this visit. On the day of inspection there was dedicated staff members to manage activities for the residents, there was one dedicated person for both the Bride and Maglin units, and one person provides activities in Shournagh and Lainey units. An overview of activities was given to inspectors on the day of inspection which showed a comprehensive activities program, with a mixture of internal and external activities taking place.

Inspectors saw that the centre was visibly clean on the day of inspection. There were systems in place for the storage and preparation of cleaning trolleys and equipment on all units. Laundry services were well managed in the centre with a person identified for oversight of laundry and managing residents clothing. One resident that inspectors met, told inspectors that he was going down to the laundry personnel to ask them to label their clothing.

Residents had easy access to a number of outdoor spaces in the centre through the communal rooms and lobby. There were a number of internal courtyards one of which had mature trees and plants, and a walk way for residents. In the Bride Unit the inspectors saw the courtyard was well maintained with raised beds, plenty seating and a well paved walkway. Many residents' room had doors that opened out into these impressive garden areas. Work was underway repairing the external wall of the building out to the courtyard. These walls were being re-plastered.

The inspectors observed the dining experience at lunch time in each of the four units. The lunch time menu was displayed in each of the dining areas. Dining room tables were decorated with table clothes. Meals were served from bain-maries (used to keep food warm). However, inspectors observed there was limited choice of dessert available on the day of inspection. Residents had the choice to eat in the various dining rooms or have their lunch served in their own rooms. Some residents enjoyed their meal, while others reported that the food was not great and two residents did not have lunch at all. Residents' mixed views in relation to food were reflected in the residents' comments with one resident saying "do not like the food" and another saying "food not great" while other residents said "food is great" and "staff very obliging with plenty of food". Some of the meals, observed by the inspectors, being served during lunchtime did not appear well presented. Evidence was shown of extensive work undertaken to enhance the mealtime of the residents. Further work was required in this area and is discussed later in the report.

Throughout the day of inspection, inspectors observed the person in charge and staff interacting with residents in a positive and respectful manner. One resident explained to inspectors that staff "will do anything for you". Evidence of regular resident meetings were taking place in the centre, with issues being identified and

actions taken from same. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

In general, Ballincollig Community Nursing Unit was a well-managed centre where residents received good quality care and services. Some areas found on this inspection that require some improvement will be outlined under the quality and safety section of the report, in order to further enhance and support the life of the residents in the centre. These will be further detailed under the relevant regulations.

This was an unannounced risk inspection conducted by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

Ballincollig Community Nursing Unit is a designated centre, that is owned by the Health Services Executive, who is the registered provider. The centre is operated by Mowlam Healthcare Unlimited Company and is registered to accommodate 100 residents. There is a clearly defined management structure in place with identified lines of accountability and responsibility. The organisational structure comprised the HSE general manager, Mowlam Healthcare Unlimited Company's Chief Executive Officer (CEO), general manager and healthcare manager. On site, the person in charge was full time in post and was supported by an assistant director of nursing (ADON). Each of the four units in the centre was managed by a clinical nurse manager 2 (CNM) and a CNM1. There was adequate staff available on the day of inspection to support the residents, with a nurse assigned to each unit at all times day and night. The person in charge was working consistently to support staff and encouraging staff to develop their experience.

The clinical nurse managers in the centre were assigned as leads for aspects of care such as wound management, infection control, fire safety and medication to monitor aspects of care. The centre also had established a number of committees where key risks to residents' well being were discussed and actions taken, such as a falls prevention committee, a wound care management committee, and infection prevention and control. Following actions since the previous inspection incidents of pressure ulcers on the day of inspection were reduced to none. This was a major improvement in the management of wound care in the centre. MDRO surveillance was in place on the day of inspection with evidence of significant progress in this area since the previous inspection.

Training for staff has returned to in person training and uptake of this training was monitored by management in the centre. Training provided was appropriate to the

needs of the staff working in the centre.

Residents' meetings took place on a monthly basis, the nurse management team attend these, where residents are able to voice their concerns including their opinions on the dining experience. Evidence of action on these concerns was present on the day of inspection, but further action was required to ensure the residents' concerns regarding their dining experience are being addressed.

Staff rosters were examined and there was adequate staff available to meet the assessed needs of residents, and in relation to the size and layout of the centre. There were two registered nurses assigned to each unit during the day shift and one registered nurse each night. Clinical nurse managers were supernumerary on each unit. A dedicated activity staff member was assigned to each of the dementia units seven days a week until 7pm to ensure residents had access to meaningful occupation.

Records within the centre were managed in accordance with the regulations, with samples of staff files, the statement of purpose and the insurance certificate all viewed by the inspectors.

Incidents had been notified to the Chief Inspector and this had been done in line with the regulations and in a timely manner.

#### Registration Regulation 4: Application for registration or renewal of registration

The required information was submitted for the application to renew the registration.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre. She held the required qualifications under the regulations. She was well known to staff and residents, and was aware of her responsibilities under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing



There was ample evidence that the centre is adequately staffed to meet the needs of the residents. The staffing levels allowed for an appropriate skill mix of staff and the staff levels were suitable for the size and layout of the centre. A staff nurse was assigned to each unit both day and night.

Judgment: Compliant

### Regulation 16: Training and staff development

Appropriate training had been provided to staff for their roles, and training was up to date with a plan in place to ensure that staff remained up to date with training to support them in their roles.

Judgment: Compliant

### Regulation 21: Records

Records were managed in a comprehensive manner to ensure compliance. A sample of staff files were examined and contained all information required under Schedule 2.

Judgment: Compliant

### Regulation 22: Insurance

The insurance policy for the centre was viewed and found to be appropriate for the centre. The insurance certificate was on display on the entrance to the centre near reception.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place in the centre were appropriate for the centre. Following the last inspection various works had been undertaken including:

- effective management systems had allowed for improvement in wound care
- restrictive practices were used minimally and in the least restrictive method possible
- set up surveillance of multi-drug resistant organisms (MDROs) and staff had been educated in this system
- premises had been improved with the additional storage space available to residents in their rooms.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspectors were satisfied that notifications had been submitted as required by the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies listed under Schedule 5 of the regulations were available on request and were up to date.

Judgment: Compliant

## Quality and safety

In general, inspectors found that residents had a good quality of life in the centre with their healthcare and well being needs being met by the provider. Residents were protected from harm and abuse, and visiting arrangements promoted the well

being of residents. For the most part, the premises enhanced the residents' life in the centre. However, some actions were required by the provider to further enhance the premises for residents, and to improve further the quality of food being served for some of the residents.

The centre was well maintained with suitable, homely decoration. Extra space had been made available to residents in the shared bedrooms for their personal possessions. While privacy screens in the four bedded bedrooms had been improved, further action was needed in bedrooms occupied by two residents so the privacy screens operated correctly.

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

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of malnutrition or with swallowing difficulties had appropriate access to a dietitian, and to speech and language therapy specialists and their recommendations were implemented. However, action was required for the dining experience for residents which will be discussed further under regulation 18.

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

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

Fire safety equipment in the centre was correctly maintained and evidence of the equipment being correctly serviced in a timely manner was shown to the inspectors. Evacuation plans on the units and personal emergency evacuation plans for residents were in place and available throughout the residence. Evidence of staff education, training and simulation drills involving most members of staff was provided to the inspectors.

Residents views were sought on the running of the centre through residents meetings where relevant issues such as dining menus and activities were discussed. Management and staff promoted respected the rights and choices of residents in the centre. Dedicated activity staff implemented a varied schedule of activities and there was an activities programme available daily, which offered residents a wide range of activities to choose from.

Visit took place throughout the day and could be seen to be openly encouraged. There were many locations throughout the centre which were used for these visits. Visitors and residents used these areas throughout the day of inspection.

### Regulation 11: Visits

Visits were facilitated throughout the day in the centre with visitors having options of areas where they could visits their friends and family members.

Judgment: Compliant

### Regulation 12: Personal possessions

Extra storage space was made available to residents in shared rooms for personal possession. Residents had access to lockable drawers for safe keeping of valuables in their rooms.

Judgment: Compliant

### Regulation 17: Premises

Overall, the premises was well maintained and provides ample outdoor space for the residents. While attempts had been made to address the issues with privacy screens in twin rooms, the screening provided in this room still remained inadequate.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

While some work has been undertaken to improve dining experience of the residents, further improvements were required as resident had mixed opinions on the food being served. On the day of inspection, residents were not offered a full choice when it came to having dessert and some meals were not presented in an appetising manner.

Judgment: Substantially compliant

### Regulation 27: Infection control

The centre appeared very clean on the day of inspection. New systems were in place to prevent the cross contamination of residents items.

Judgment: Compliant

### Regulation 28: Fire precautions

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken a number of fire safety drills regularly in the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines and pharmaceutical services in the centre were well managed and administered in adherence with best practice guidelines.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspectors saw that care plans were personalised and supported by clinical risk assessments using

validated tools and were seen to contain sufficient detail to guide staff. These were updated four monthly or more frequently if residents' needs changed.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to GP services, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, geriatrician services, psychiatry of old age and physiotherapy services. Physiotherapy services were in progress in the centre on the day of inspection.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Comprehensive plans in relation managing behaviour in the centre were in place for the residents, with de-escalation techniques evident throughout. There was minimal use of restraints in place and when in use, they were used in the least restrictive manner.

Judgment: Compliant

### Regulation 8: Protection

The centre acted as a pension agent for a number of residents which was managed appropriately. Residents' personal items and valuables handed in for safekeeping were handled in a secure manner.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspectors found that residents' right and choices were promoted and respected in the centre. Residents could engage in appropriate activities in relation to their interests. There was a team of activity personnel present in the centre to facilitate this. Formal residents' meetings took place regularly where relevant issues were

discussed and actions taken to address these issues was evident.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
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	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	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 Ballincollig Community Nursing Unit OSV-0000712

Inspection ID: MON-0030955

Date of inspection: 22/06/2023

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• A review of privacy screens will be completed and where necessary screens will be replaced in double occupancy rooms to ensure optimum privacy when fully extended.</li> </ul>	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: <ul style="list-style-type: none"> <li>• The PIC will ensure that a review of mealtimes is undertaken in consultation with residents and changes will be introduced based on resident’s preferences where necessary.</li> <li>• Mealtimes will continue to be discussed as part of monthly resident meetings and we will respond to ideas and suggestions from residents where feasible.</li> <li>• Nutrition Committee will continue to meet fortnightly with input from SALT, CNM2, Nutrition Lead and Catering Manager.</li> <li>• A weekly dining experience audit will be carried out by the General Services Manager (GSM) and Catering Manager. A quality improvement plan will be developed and implemented to address any deficits identified during the audit.</li> <li>• The PIC, GSM and the Catering Manager will complete a comprehensive review of food and nutrition that will include:               <ol style="list-style-type: none"> <li>1. Presentation and appearance of meals.</li> <li>2. Quality of food served to residents.</li> <li>3. Enhanced education and awareness to be provided to all staff regarding hospitality, food service and nutrition.</li> <li>4. Review of menus to ensure residents are offered a variety of choices based on their</li> </ol> </li> </ul>	

preferences at all meals, particularly daily desserts.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/09/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/09/2023