



**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:	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:	28 April 2022
Centre ID:	OSV-0000712
Fieldwork ID:	MON-0036799

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	93
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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 28 April 2022	08:40hrs to 18:20hrs	Siobhan Bourke	Lead
Thursday 28 April 2022	08:40hrs to 18:20hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

From the observations of the inspectors and from speaking with residents, it was evident that residents were supported to have a good quality of life in this centre. The inspectors met with many of the 93 residents living in the centre and spoke with ten residents in more detail to gain an insight into their lived experience. Inspectors also met a number of visitors who were visiting their relatives during the inspection. In general, residents and relatives were complimentary about the service and the care provided. Residents told the inspectors that staff were kind, caring and respected their choices.

This was an unannounced inspection to monitor compliance with the regulations. On arrival, the inspectors were guided through the centre's infection control procedures by the centre's general manager who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. An opening meeting was held with the person in charge and the assistant director of nursing. Following this meeting, they accompanied the inspectors on a walk around the centre.

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

Each unit had one four bedded room, two twin rooms and 17 single rooms, all bedrooms had en suite shower, toilet and hand wash sink. Inspectors saw that the single rooms were spacious with plenty of space for clothing, belongings and were seen to be decorated with residents personal possessions, photographs, and in some rooms, their own furniture. However, while the multi-occupancy rooms had some improvements made since the last inspection in relation to personalisation, inspectors saw that some of the rooms appeared cluttered with little storage space for residents clothing and belongings. Wardrobe drawers were very full and cluttered and wardrobes had minimal hanging space. Privacy screens in some of these rooms did not ensure residents' privacy and dignity was promoted at all times as there were gaps when they were fully extended. The inspectors saw that where needed extra televisions had been placed in residents bed spaces and residents had boards in their bed spaces to display photographs and memorabilia. Some residents had been provided with extra storage boxes for their belongings.

All four units had plenty communal space including day rooms, quiet rooms and dining rooms. Each unit had a designated pantry. The ground floor also had an oratory and a large gymnasium where a number of residents participated in exercise sessions. On the first floor, there was a large space with comfortable seating where large group activities could take place. 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. The units had beautiful murals with artwork created by the residents. One resident was a gifted artist and displays of their artwork could be seen throughout the centre. As well as these, there were lovely pictures, paintings and expressions of encouragement such as "home is where you make it" on walls. The inspectors saw that all the units were clean, warm and bright.

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 well maintained courtyard garden with raised beds, plenty seating and a well paved walkway. A number of units also had balconies, some of which were used as smoking areas for residents. There were bird feeders on the balconies and residents enjoyed watching the birds during the day. While inspectors were informed that the height of these balconies had been raised since the last inspection, inspectors saw that tables and chairs could easily be moved and may present a falls risk for residents with a cognitive impairment.

The inspectors saw that there was a varied schedule of activities in each of the units seven days a week. Both Bride and Maglin unit had dedicated activity staff on each unit, who were rostered until 7 pm each day. Activity staff were also assigned to the remaining units. Photographs of residents enjoying social activities were displayed on notice boards on each unit and residents told the inspectors there was plenty for them to do in the centre. During the inspection, the inspectors saw sessions of skittles, imagination gym and residents having one to one sessions such as nail painting and hand massage. In the afternoon, a large number of residents attended a lively music session given by an external musician who regularly attended the centre. The inspectors saw that the day's activities were listed on notice boards in each of the units so that residents knew what they could look forward to. For example one unit had listed "exercise, chats and a Sonas session" as the plan for the day. Bingo was a favourite among residents and one of the residents was the in house number caller. In the evening of the inspection, a number of residents were sitting enjoying a glass of wine and having a lively chat in the centre's lobby area which appeared to be great fun. A number of residents were seen to be going down to the hairdresser in the centre's salon on the day of inspection. Residents had access to TVs, newspapers and electronic devices in line with their capacity.

The inspectors observed the dining experience at breakfast in one unit and at lunch and tea time in two others. Dining rooms' tables were decorated with table cloths, flower posies and condiments. The lunch time menu choice was displayed in the dining rooms. Meals were served from buffet trollies to ensure that food was served at hot as possible. During the walkaround in the morning, the inspectors saw that there was plenty staff assisting residents with their breakfast in Bride Unit and residents were seen to be eating a variety of foods from porridge, fruit smoothies and fried eggs. The lunch time meals were nicely presented, looked appetising and inspectors saw that residents had a choice of meals for lunch. Residents could choose where and how to spend their day, with a number of residents choosing to eat either in the dining rooms or their bedrooms. The inspectors saw that assistance

was provided to residents in a discreet manner to residents who required it. Medication rounds were ongoing during the lunch time meal which does not promote a social dining experience for residents. The inspectors observed that the evening meal was served at the early time of 16.15hrs in one of the units and the choices and food available did not look appetising. For example, battered chicken pieces looked hard and dry and were returned to the kitchen. At this mealtime texture modified diets did not look well presented. Residents who spoke with inspectors gave mixed feedback regarding the quality of food in the centre.

There was good signage in the centre to direct staff in the event of fire and fire compartments were clear. The inspectors observed during the walkaround that there was plenty hand hygiene facilities through out each unit, however signage required improvement in some areas to ensure staff were clear on whether to use hand wash or hand rub. The centre had easy access to PPE so that staff could avail of it when providing care. The inspectors saw that staff were wearing FFP2 masks in line with national guidance. However storage in the centre required action as the inspectors saw that medical salt and creams were inappropriately stored in some of the residents' bathrooms and two wheelchairs were stored in one shared bathroom.

Overall the inspectors observed that the residents were well cared and staff ensured residents were supported with their needs. The inspectors observed that staff provided care and support in a respectful and unhurried manner during the day of inspection. Staff were observed to be kind, compassionate and were familiar with residents' preferences and choices Residents described person-centred and compassionate care and told the inspectors they were listened to and respected by the staff. Inspectors also observed lots of visitors coming and going to the centre on the day of inspection. Visitors and residents confirmed with inspectors that they were happy with the arrangements in place.

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, inspectors found that there were effective management systems in this centre, ensuring good quality care was provided to residents and a person-centred approach to care was promoted. The management team were proactive in response to issues as they arose and some of the improvements required from the previous inspection had been addressed and rectified. On this inspection action was required in relation to the management of food and nutrition, infection control and premises. These are addressed under the relevant regulations.

Ballincollig Community Nursing Unit is a designated centre, that is owned by the

Health Services Executive who is the registered provider. The centre is operated by Mowlam Healthcare Unlimited Company and is registered to accommodate 100 residents. There is a clearly defined management structure in place with identified lines of accountability and responsibility. The organisational structure comprised the HSE general manager, Mowlam Healthcare Unlimited Company's Chief Executive Officer (CEO), general manager and healthcare manager. On site, the person in charge was full time in post and was supported by an assistant director of nursing (ADON). Each of the four units in the centre was managed by a clinical nurse manager 2 (CNM) and a CNM1. One of the CNMs was onsite at weekends to ensure oversight and management of the service during this time. The centre also had a general services manager onsite who assisted in the day to day operational management of the centre such as oversight of record management and the standard of cleaning in the centre. Staff working in the centre were aware of their roles and responsibilities.

The provider had effective systems to monitor the quality and safety of the service through auditing and collection of key performance indicators (KPIs) such as falls, restraints, infections, antimicrobial usage, residents' weights, pressure ulcers, medication errors and complaints for example. This information was monitored by the management team and reviewed and actioned through the centre's governance and management structures such as the monthly quality and safety meeting and the quarterly corporated and clinical governance committee. Minutes of the monthly quality and safety management meetings included a review of risk with the associated action register. The clinical nurse managers in the centre were assigned as leads for aspects of care such as wound management, infection control, fire safety and medication to monitor aspects of care. The centre also had established a number of committees where key risks to residents well being were discussed and actioned such as a falls prevention committee, a restrictive practice committee and infection prevention and control.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. It was evident to inspectors that action plans were implemented from findings from these audits to improve practice.

The annual review for 2021 of the quality and safety of care delivered to the residents in 2021 had been prepared in consultation with residents and was made available to inspectors. This review was comprehensive and included findings from feedback from residents as well as detailing the quality of care provided to residents during the year.

Staff rosters were examined and there were adequate staff to meet the assessed needs of residents having regard to the size and layout of the centre. While the centre experienced staffing shortages through recent resignations, it was evident that gaps in rosters were filled by staff working extra shifts and hiring agency staff where required. There was ongoing local and overseas recruitment evident in the centre and new staff were supported with induction. Activity staffing had increased since the previous inspection to ensure residents had improved access to meaningful activities.

Management in the centre ensured that staff were provided with both face to face and online training appropriate to their role. Staff confirmed that they had been provided with training to support them in their roles. Uptake of training was monitored by management in the centre and a training needs analysis identified that a number of staff required refresher training and this was scheduled in the weeks following the inspection.

The inspector acknowledges that residents and staff living and working in the centre have been through a very challenging time. The centre had experienced a recent outbreak of COVID-19 that impacted a number of residents and staff. The person in charge and management team had implemented its contingency plan for management and staffing and its communication strategy for residents and their relatives during the outbreak. Management team and staff were supported onsite and remotely from the HSE's infection control team. A review after the outbreak had been completed in line with HPSC guidance to identify any areas for improvement and this had been actioned by the time of inspection.

The person in charge was responsible for the management of complaints in the centre. The complaints log was examined and records maintained were in compliance with regulatory requirements.

Regulation 15: Staffing

On the day of inspection, inspectors found that there were sufficient staff on duty in the centre to meet the assessed needs of residents given the size and layout of the centre. Management staff rotated on duty at weekends to support governance and oversight of the service over the seven days.

Judgment: Compliant

Regulation 16: Training and staff development

It was evident to the inspector that there was ongoing monitoring of mandatory training in the centre. The inspector reviewed documentation that confirmed that three staff were overdue training in medication management.

Judgment: Substantially compliant

Regulation 21: Records

Requested records were made available to the inspectors, and all records were well-maintained. A sample of staff files were reviewed and found to contain all of the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. There were good management systems in place to ensure the service was safe, appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2021 was completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of the contracts of care were reviewed and they outlined the terms on which the residents shall reside in the centre. They were seen to include.

- the room to be occupied and number of other occupants in that room.
- the fee for the service
- details of any additional fees to be charged that are not included in the fee.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors saw that the person in charge maintained an electronic record of all incidents that occurred in the centre. Based on a review of incidents, inspectors were satisfied that notifications, outlined in Schedule 4 of the regulations, had been submitted to the office of the Chief Inspector as required. Incidents such as falls were regularly analysed and reviewed through the centre's falls committee.

Judgment: Compliant

Regulation 34: Complaints procedure

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

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through prompt access to medical care and plentiful opportunities for social engagement. However, the inspectors found that improvements were required in the management of food and nutrition, infection control and premises to ensure residents safety and care was promoted at all times.

The inspectors were assured that residents' health care needs were met to a good standard. There was good access to general practitioner services, including out-of-hours services. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy, occupational therapy, dental and opticians. The residents had access to a physiotherapist who attended the centre three times a week along with an onsite occupational therapist. The physiotherapist and occupational therapist were very active in falls prevention in the centre and there was evidence that residents were referred and reviewed as required by allied health and social care professionals. A new programme had recently commenced in the centre where newly admitted residents were assessed onsite and followed up by a community based older persons medicine team.

Residents' records evidenced that a comprehensive assessment was carried out for each resident. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. These assessments informed care plans, which guided staff to deliver individualised care and were updated regularly and following a change in the resident's condition.

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 dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy

specialists and their recommendations were implemented. Inspectors observed that residents were provided with a choice of nutritious meals for the lunch time meal, however action was required to improve the evening meal in relation to timing, presentation and quality of food provided. This will be addressed under regulation 18.

Inspectors saw that the premises was generally well maintained throughout. Inspectors saw that the privacy screens in some of the four bedded rooms required attention as they did not ensure the privacy and dignity of residents at all times. Inspectors were concerned regarding the safety of one of the first floor balconies, this is discussed under regulation 17.

While residents bedrooms were personalised and spacious, personal storage space in some of the rooms was limited with single wardrobes and limited drawer space. The inspectors saw that drawers were very full resulting in some of the drawers being difficult to open.

Overall the inspectors saw that the centre was clean. Cleaning staff who spoke with inspectors were knowledgeable regarding cleaning practices and the required frequency of cleaning. Deep cleaning and terminal cleaning was carried out regularly in the centre and was monitored by the general services manager. Inspectors saw that there was good compliance with the wearing of FFP2 masks in line with national guidance and good facilities through out the centre for staff to access hand hygiene facilities and PPE. Some improvements required in relation to infection control are discussed under regulation 27.

The risk management policy included the regulatory, specified risks and a risk register was in place which included assessment of risks, such as risks related to residents' care and the controls in place to minimise risks of falls or absconsion. Fire fighting equipment was located throughout the building. Fire safety systems were supported by a fire safety policy.

Resident' meetings were held regularly and there was a good level of attendance by residents. Issues identified during these meetings were actioned by management in the centre. Individuals' choices and preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Visiting was facilitated in the centre in line with national guidance.

Regulation 11: Visits

Visiting was facilitated in line with the most recent national guidance. Visitors were welcomed into the centre and staff guided them through the COVID-19 precautions. The inspectors saw and met numerous visitors coming and going to the centre

during the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

The space provided for residents personal possessions in some multi-occupancy rooms required action as the wardrobe provided was a single wardrobe with drawers underneath. Hanging space in these wardrobes was very limited and did not allow residents to have access a full range of their clothing to choose from. The drawers underneath were so crammed full of clothing that it was difficult to open them and many of them were in need of repair. The inspectors also saw that plastic boxes/drawers were seen by some residents beds to give extra storage. The inspectors noted complaints were made from residents and relatives about loss of clothing which were often later found at the back of wardrobes. This led inspectors to conclude that residents did not have adequate control and access to their clothing.

Judgment: Substantially compliant

Regulation 17: Premises

Although the premises was seen to be appropriate to the number and needs of the residents living in the centre and was generally maintained to a high standard the following areas required action.

- Issues pertaining to storage for resident personal possessions is outlined under Regulation: 12
- Privacy screens in some of the twin and multi-occupancy rooms did not ensure residents privacy and dignity was promoted at all times as there were gaps when they were fully extended
- There was outdoor furniture on the balconies that was not secured, some was positioned in too close proximity to the edge and could be used for residents to climb over the balconies. These needed to be moved back and secured. The provider assured inspectors that this would be addressed immediately.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were a number of issues identified with the choice, presentation and quality of the food identified during the inspection that required action.

- The inspectors saw that meals were served early not allowing residents choice. Inspectors saw the main evening meal served as early as 16.15hrs even though there was a supper served at 19.00hrs, this still left a big gap between the evening meal and breakfast the next morning at 08.30hrs onwards.
- There were mixed reviews on the food from residents, some were complimentary about the food and others stated the menu was limited and quality was not very good. The inspectors saw the tea time offering and the modified diet in particular did not look appetising. Battered chicken pieces were also on the main menu but the inspectors saw they were very hard and looked inedible. The staff member serving the teas said they did not give them to residents as they were overcooked.
- The quality of meals was an ongoing issue discussed at residents meeting and was being addressed by the chefs
- The inspectors also saw that on some units the deserts were served with the main meal which did not enhance the pace of the dining experience.

Judgment: Substantially compliant

Regulation 26: Risk management

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

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre. For example;

- the inspectors saw that salt and creams were inappropriately stored in two bathrooms, these were removed immediately once brought to the attention of the person in charge
- two wheelchairs were inappropriately stored in a shared bathroom
- hand hygiene signage over hand wash facilities required review to guide staff on appropriate usage
- staff were using 70% alcohol wipes inappropriately throughout the centre for

cleaning equipment and surfaces. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces. Furthermore, alcohol wipes can damage equipment with prolonged use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspectors saw that comprehensive systems had been developed for the maintenance of the fire detection and alarm system and emergency lighting. Certificates for the quarterly and annual service of fire safety equipment were available. Daily and weekly checks were recorded, such as the sounding of the fire alarm on a weekly basis. Residents had Personal Emergency Evacuation Plans (PEEPs) on file and displayed in their rooms and these were updated regularly.

A number of fire drills were conducted indicating that staff were assessed for response time, team work, efficiency and knowledge. Systems were supported by a fire safety policy. Fire evacuation drills were carried out of the largest compartments in the centre with minimum staffing levels regularly in the centre. Emergency exits were displayed and free of obstruction and clear directional signage was available at various locations throughout the building.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were generally well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care.

These were updated four monthly and end of life care wishes were recorded and these were also subject to review in line with best practice.

Care plans were developed for a number of care areas including, nutrition, falls, infections and dementia care and all activities of daily living.

These were supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff.

Judgment: Compliant

Regulation 6: Health care

The health of residents was promoted through ongoing medical review. Residents were reported to have good access to general practitioners (GPs). This was confirmed by residents who said that the medical care was good and regular reviews in residents medical notes. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Psychiatry of old age was available as required.

Residents had access to speech and language therapy and dietetic services. Residents were reviewed by tissue viability specialist where required. Physiotherapist and occupational therapy services were provided in house and the inspector saw the physiotherapy room set out with exercise bikes and equipment for the promotion of mobility and strengthening exercises.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

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

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

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. All allegations of abuse were reported to the chief inspector and actioned and investigated as required.

There were robust systems in place for the management and protection of residents finances and in the invoicing for care and extras such as chiropody and hairdressing.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were generally well promoted and respected in the centre. Residents' survey results and minutes of residents' meetings were reviewed. These indicated that residents were attending regular resident information meetings and were made aware of any changes in the centre. Residents indicated in these documents that their rights were respected and the advocacy service was accessible to them.

Staff, residents and relatives assured the inspectors that choices were respected in relation to visits, bedtimes, access to the outdoors, personal newspapers and mobile phones. The inspectors saw evidence to indicate that there was good communication with relatives and residents from the person in charge and the management team throughout the COVID-19 outbreak.

The provision of varied daily activities for residents was seen to be a positive focus in residents' lives and lent structure to their day. There was an activity co-ordinator allocated to each unit and activities took place over seven days per week. Dedicated and enthusiastic staff were seen to lead morning and afternoon activity, including personal one to one interactions. Trips out were facilitated and enjoyed by the residents.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	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-0036799

Date of inspection: 28/04/2022

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> <p>The PIC has scheduled dates for staff training and staff will be facilitated to attend to ensure that:</p> <ul style="list-style-type: none"> • all staff receive the required mandatory training and refresher updates and education in line with legislative and regulatory requirements. • all Staff Nurses complete HSE land medication management training as part of their induction period. 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • The PIC will facilitate a review of resident storage space in the multiple occupancy rooms on each unit to ensure that each resident has sufficient space for storage of personal items and clothing. • The CNMs assigned to each unit will ensure that each resident has an opportunity to have their storage needs assessed so that their personal belongings are neatly and safely stored and can be retrieved with ease. • The CNMs assigned to each unit will ensure that each resident is afforded an opportunity to have complete access to their clothing and personal possessions. This will include consulting with individual residents regarding the placement of clothing in wardrobes/drawers. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The PIC will ensure that the privacy screens in multiple occupancy rooms are sufficient to provide complete privacy when fully extended. • The outdoor furniture on the balconies will be positioned away from the edge and will be secured in place to prevent them being moved. 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • The PIC will ensure that a review of mealtimes is undertaken in consultation with residents and changes will be introduced where necessary. • A variety of nourishing snacks and refreshments will be readily available to residents between supper and breakfast; these will be offered to residents on the evening tea round. • A comprehensive review of menus will take place in consultation with residents and a revised rolling 4-week menu will be implemented which reflects residents' choices and preferences. • Staff education and training on the dining experience will be provided and the dining room will be supervised during all meals to ensure a quality service is being provided to all residents. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The PIC will conduct a daily walkaround of the building with ADON and General Services Manager (GSM) to monitor standards of cleaning and identify any deficits to the Housekeeping Supervisor. • The PIC will monitor storage so that there is no inappropriate storage in bathrooms • We will review and update all signage over handwash facilities • The GSM will facilitate safe cleaning practices and procedures for housekeeping staff, ensuring that they refer to the Housekeeping Manual for guidance regarding best 	

practice if required.

- The GSM will review and update cleaning schedules and monitor adherence and compliance in conjunction with the ADON.
- The PIC will ensure that all household staff are trained in appropriate cleaning techniques and procedures by completing a Clean Pass programme.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/08/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Substantially Compliant	Yellow	31/08/2022

	which conform to the matters set out in Schedule 6.			
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	31/05/2022
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	31/05/2022
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	30/06/2022