



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

Issued by the Chief Inspector

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| 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: | 30 September 2025 |
| Centre ID: | OSV-0000712 |
| Fieldwork ID: | MON-0048248 |

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.

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| Number of residents on the date of inspection: | 99 |
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How we inspect

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 |
|---------------------------|----------------------|----------------|---------|
| Tuesday 30 September 2025 | 09:00hrs to 17:00hrs | Siobhan Bourke | Lead |
| Wednesday 1 October 2025 | 08:00hrs to 13:45hrs | Siobhan Bourke | Lead |
| Tuesday 30 September 2025 | 09:00hrs to 17:00hrs | Louise O'Hare | Support |
| Wednesday 1 October 2025 | 08:00hrs to 13:45hrs | Louise O'Hare | Support |

What residents told us and what inspectors observed

The inspectors met with many residents during this two day inspection and spoke with twenty residents in more detail, to gain an insight into their experience of living in Ballincollig Community Nursing Unit. The feedback from residents was overall positive and residents described staff as "kind and helpful" and "excellent." From speaking with nursing and care staff working in the centre, it was evident to the inspectors that they knew residents well and were knowledgeable regarding residents' preferences and dislikes. The inspectors met with seven visitors who also gave positive feedback regarding the care provided to their relatives.

The inspectors arrived unannounced to the centre in the morning and followed the centre's signing in procedures. At reception, a memorial table held a photograph and a candle of remembrance for a resident who had recently passed away in the centre. The inspectors walked around each unit, to meet with residents and staff and to observe the daily routines and experiences of residents living in the centre.

Ballincollig Community Nursing Unit is registered to accommodate 100 residents and there were 99 residents living in the centre at the time of the inspection. The centre has four separate units arranged over three floors namely Bride, Laney, Maglin and Shournagh. Two units were designated for residents living with dementia. Each unit or wing consists of 17 single bedrooms, two twin bedrooms and one four bedded room. All bedrooms were en suite with shower, toilet and washbasin. There was sufficient storage in residents' bedrooms. Residents' bedroom accommodation comprised of single and shared bedrooms and were personalised with items of personal significance such as photographs and ornaments. One resident told inspectors their bedroom had recently been painted with their chosen colour. Inspectors observed information on "what matters to me" was displayed in many residents' bedroom doors and behind their bed space. This included information such as residents' preferred topics of conversation, or how they preferred to interact with staff.

The inspectors saw that the majority of the single bedrooms in the centre were well maintained. However, some of the paintwork in the shared bedrooms was marked and chipped and required attention. The inspectors saw that there was one television in the twin rooms and two televisions in the four bedded rooms. A number of residents told the inspectors that the volume from the shared televisions could be noisy, if another resident was watching a programme and could disturb them if they were trying to rest.

All four units had 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 both days of inspection. A resident told the inspectors that they started each day with a 45 minute session in the gymnasium to keep themselves mobile. A number of residents

had adaptive equipment to meet their needs such as motorised wheelchairs, walking frames and specialist seating.

On the first day of inspection, one of the visitors' rooms in a unit was noted to have equipment such as walking frames and wheelchairs inappropriately stored there. These were removed when brought to the attention of the management team. While many of the communal rooms were cosy spaces and were decorated in a homely style, others had damage to walls and woodwork and required renovations.

Residents could freely access the well maintained outdoor spaces in the centre. During both days of the inspection, residents were walking outside independently, with staff or with their relatives. The inspectors saw that there was a strong focus on maintaining residents' mobility where possible and residents were encouraged to go for walks with staff or join the walking club that was led by the centre's physiotherapist. Residents were supported to leave the centre for outings with relatives and other residents independently; or went with staff on outings to local coffee shops or amenities in the nearby town.

During the two days, inspectors saw that staff interacted with residents in a respectful and dignified manner. Staff were observed to knock on residents' bedroom doors before entering and gently directed residents to either the day rooms or the activities in the centre. There was a calm atmosphere in the centre; the inspectors observed respectful interactions and a kind rapport between staff and residents. Residents who spoke with the inspectors confirmed that they could get up and go to bed at times of their choosing, or eat in the dining room or their bedrooms, in line with their preferences. Residents who could not communicate their views to inspectors appeared comfortable and content in the company of staff.

The inspectors observed the mealtime experience for breakfast on both days and the lunch time and evening meal on the first day of the inspection. It was evident that there was enough staff available to ensure that residents who required assistance were provided with this, in an unhurried fashion. The inspectors saw that residents were offered a choice for each meal. Residents gave positive feedback on the quality and temperature of food served in the centre. For the lunch time meals, a hot buffet style trolley was placed in each dining room and residents portion size preference and choice of main course was facilitated. Many of the residents were supported to have a sociable dining experience, whereby residents ate together from tables in the dining room, where residents sitting at each table were served their meals together. In one of the units, six residents were served their meals from bed tables in the day room, which did not provide them with the same experience. This is outlined further in the report.

The inspectors saw that housekeeping staff were allocated to each unit and residents' bedrooms were seen to be clean. On one of the units, an outbreak of COVID-19 had been declared and staff and visitors to this unit were observed wearing masks and following transmission based precautions for residents who were in isolation. Residents who were not in isolation in this unit were able to enjoy the dining room and other activities in the unit.

During both days of the inspection, staff who spoke with inspectors confirmed that they knew how to raise a concern with the management team and that their views were listened to. Staff also confirmed that there was enough staff rostered to meet residents' needs. The inspectors saw that residents had call bells within easy reach during the inspection and residents who spoke with inspectors confirmed that staff attended to their needs without delay. Residents spoke very highly regarding the kindness and attention they received from staff. A small number of residents told the inspectors they sometimes found it hard to understand some of the staff, whereby English was not their first language.

The activity schedule was displayed on each unit and five staff were rostered each day to facilitate both one-one and small group activities in each unit. The hairdresser was in the centre on the first day of inspection and both male and female residents were having their hair done during the day. The residents and hairdresser were having great chats and banter during their time in the salon. Inspectors observed a number of residents participating in the "Imagination Gym" in one of the communal areas in Bride unit. Residents appeared to enjoy this session which included calming sensory elements such as relaxing music, sensory equipment and hand massages. Some of the residents told the inspectors that they enjoyed visits from the therapy dogs to the centre. On the second day of the inspection, a singer who attended the centre once a month, gave a lively jazz singing session to get the residents ready for the upcoming jazz festival, which residents appeared to enjoy. Overall feedback from residents regarding the schedule and availability of activities in the centre was positive. Other activities in the centre included art therapy, yoga, group exercises, walking club and bingo.

Residents' views on the running of the centre was sought through surveys and residents' meetings. An action plan was developed following each meeting to action any of the suggestions raised by residents. Residents had access to independent advocacy services if required.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection, carried out by two inspectors of social services over two days, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. Inspectors also followed up on the compliance plan submitted by the registered provider following the previous inspection in October 2024. Overall, inspectors found that this was a well-managed centre, where residents received safe and good quality care. On this inspection, some action was required in regards to governance and management, as outlined under the relevant regulation.

The Health Service Executive (HSE) is the owner and registered provider for Ballincollig Community Nursing Unit. The centre is operated by Mowlam Healthcare Services Unlimited Company, and it is registered to accommodate 100 residents. The organisational management structure for the designated centre comprises the HSE general manager, and Mowlam Healthcare Services Unlimited Company's chief executive officer (CEO), general manager and healthcare manager. The director of nursing was the person in charge for the centre. They were supported in their role by an assistant director of nursing (ADON) and clinical nurse managers (CNMs). Each unit had an assigned CNM2 and a CNM1. There was an appropriate deputising arrangement in place, if the person in charge was temporarily absent. There were clear lines of authority and accountability in place. The inspectors saw that regular management and governance meetings took place with a management action register to support quality improvement.

The provider had ensured that there was sufficient resources to ensure the effective delivery of care in line with the centre's statement of purpose. The inspectors found that the levels of staff during the inspection were sufficient to meet the care needs of residents in the centre. The provider had increased the evening staffing levels on Shournagh unit, with an additional healthcare assistant (HCA), in response to the findings of the previous inspection. Staff supervision in the evenings had also been enhanced since the previous inspection with a CNM on-site seven days a week until 9pm. However there was a lack of managerial supervision overnight in the centre. This is detailed further in Regulation 23; Governance and Management.

The 2024 annual review of the quality and safety of care for residents had been completed. It included audit results, feedback from residents and family surveys, issues raised at residents meetings and actions arising from them. There was a comprehensive schedule of audits in place, on areas including the dining experience, call bells and medication management, in addition to a number of committees focused on topics including activities, falls prevention and restrictive practice. Inspectors saw that appropriate actions were taken and quality improvement plans were in place. There continued to be an especially low use of restrictive practice in the centre.

Effective arrangements were in place to facilitate staff to raise concerns, inspectors saw minutes of a number of staff meetings including those for staff nurses, HCAs, catering and housekeeping staff. Staff who spoke to inspectors told them that they were comfortable raising concerns or issues regarding care of residents.

Following a review of records and discussion with staff, inspectors found appropriate training was provided through both face-to-face and online formats. During the first day of inspection a number of staff nurses participated in on-site medication management training. The training matrix indicated that staff had completed training in fire safety, manual handling, safeguarding and managing behaviours that are challenging. Inspectors saw that a small percentage of staff who required training were scheduled to attend this training in the coming weeks.

Records detailed in Schedule 2, 3 and 4 of the regulations were made available to inspectors on request. Records were maintained on both an electronic and paper-

based system. A sample of residents' contracts of care were seen by inspectors, and contained the necessary information.

Incidents and complaints were recorded on an electronic system. Records demonstrated that incidents were investigated and preventative measures implemented as appropriate. Inspectors saw that there was good oversight of incidents by the person in charge. Incidents which required notification to the Chief Inspector, as detailed in Schedule 4 of the regulations, were submitted appropriately and in a timely manner. The person in charge was the complaints officer. Inspectors found from a review of records that complaints were investigated in a timely manner and that a written response was provided to the complainant when appropriate in line with the centre's policy.

Regulation 14: Persons in charge

The person in charge had been in post in the centre since 2019 and had the necessary qualifications and experience as set out in the regulations. They demonstrated good knowledge of their regulatory responsibilities, and of the needs of the residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that there were sufficient numbers of staff with an appropriate skill mix rostered and on-duty on the days of inspection to meet the assessed needs of the residents. The registered provider had increased evening staffing levels on one unit, and staff supervision in the evenings following on from the previous inspection findings.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspectors indicated that the majority of staff were up-to-date with mandatory training. Further training had been scheduled over the two weeks following the inspection.

Judgment: Compliant

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| Regulation 21: Records |
| Records as set out in Schedules 2, 3 and 4 of the regulations were made available to the inspectors. Records were stored electronically and on a paper based system. A sample of staffing records were reviewed, a qualification certificate was absent from one file and this was actioned on the day of inspection. |
| Judgment: Compliant |
| Regulation 23: Governance and management |
| Management systems with regard to supervision of staff at night required strengthening as there was no designated on site manager in the centre at night for 100 residents. One of the four nurses rostered each night was designated as the senior nurse for the centre, to support staff in the other three units. This meant that they would have to leave the unit they were assigned to, when staff needed assistance or support. The person in charge was on-call every night for the centre and was frequently contacted by staff, when any resident became unwell or had a fall, for example. This demonstrated an over reliance on the person in charge as they were effectively on call at all times for the centre. |
| Judgment: Substantially compliant |
| Regulation 24: Contract for the provision of services |
| A sample of contracts of care were reviewed and contained the required information including the terms relating to residents' bedrooms, the services to be provided and relevant fees. |
| Judgment: Compliant |
| Regulation 31: Notification of incidents |
| Incidents were recorded and maintained electronically. The person in charge reported incidents that required notification as per Schedule 4 of the regulations to the Chief Inspector in a timely manner. |

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy in line with the requirements under regulation 34. A review of the complaints found that they were documented and investigated in a timely manner, in line with the centre's policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 of the regulations were available to staff. Policies had been updated at intervals not exceeding 3 years, and had been updated in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspectors found the care and services provided to the residents in Ballincollig Community Nursing Unit was of a very good standard. Residents spoke positively about the care and support they received from staff and told the inspectors that they were very contented and felt safe in their home. Residents living in the centre were seen to have a good quality of life, which was encouraged by staff who were kind and supportive. There was evidence of good consultation with residents, and their needs were being met through good access to health care services and good opportunities for social engagement. Some action was required with regard to premises and residents' rights, to come into compliance with the regulations.

The inspectors saw that every resident had a care plan developed within 48 hours of admission as required in the regulations. Care plans were developed using validated assessment tools and it was evident that they were updated when residents' conditions changed. Care plans contained sufficient detail to guide staff in the provision of person-centred care to residents. This was detailed in the daily progress notes and the individualised plans of care, which were regularly reviewed. Residents' records showed that a high standard of evidence-based nursing care was

consistently provided to the residents, which resulted in good outcomes for residents. There was a low level of pressure ulcer development in the centre.

The management team and staff had a strong focus on maintaining residents' independence and mobility and the inspectors saw that many of the residents were reviewed regularly by the physiotherapist. Residents were encouraged to go on walks with the staff or with their relatives and on the second day of inspection, many of the residents were attending the walking club, while other residents accessed the gymnasium in the centre.

Residents health care needs were met to a high standard and there was satisfactory evidence that residents had timely access to health care and medical services. A General practitioner was onsite both days of the inspection and from a review of records, it was evident that residents were regularly reviewed. There was also access to allied health care professionals such as occupational therapy, speech and language therapists and dietitians. There was evidence that residents' nutritional needs were assessed and monitored. Residents who required assistance were provided with this in a timely manner.

Residents were supported with their communication requirements. Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. The centre promoted a restraint free environment and there were no restraints in use at the time of inspection. There was evidence that alternatives were used such as crash mats and low low beds.

There were effective systems in place to ensure oversight of fire safety procedures in the centre. The inspectors saw that regular simulations of evacuations of residents considering day and night time staffing levels were undertaken in the centre. Resident had personal emergency evacuation plans in place that were updated if a resident's condition changed.

The provider ensured that staff had training in infection control and residents confirmed that their bedrooms were cleaned every day. There was good oversight of antimicrobial usage and monitoring of residents who were colonised with MDROs. Outbreak reports were developed following any outbreaks of infection in the centre.

The inspectors saw that residents had access to advocacy services and were encouraged to maintain close links with the community. Residents views on the running of the centre were regularly sought and the inspectors saw that residents had been recently surveyed to ascertain their feedback on the quality and variety of activities provided. Residents' meetings were held regularly to seek their views on the running of the centre. Overall, the inspectors saw that residents' rights and choices were respected; such as when to get up and when to go to bed. Residents mostly could choose where to eat their meals, however, in one unit this was not evident for all residents. Some residents also raised concerns regarding the volume of the televisions in the shared rooms and other findings as outlined under Regulation 9; Residents' rights.

Regulation 10: Communication difficulties

From a review of residents care plans and from the observations of the inspectors, it was evident that residents who experienced communication difficulties had appropriate assessments and care plans in place. Staff interacted with residents in a respectful manner and showed awareness of residents' non-verbal clues.

Judgment: Compliant

Regulation 11: Visits

Visitors were welcomed in the centre and visitors who spoke with inspectors confirmed that these were not restrictive. The inspectors saw that the visitors guidelines had been updated to reflect the recent changes to the regulations.

Judgment: Compliant

Regulation 12: Personal possessions

The inspectors saw that residents had access to lockable storage in their bedrooms and there was adequate space for residents' belongings. Resident's laundry was managed by an external provider. From a review of feedback and complaints from residents regarding the management of laundry, systems had been put in place in the recent weeks to reduce issues arising from laundry management. This action had resulted in a reduction in laundry issues for residents.

Judgment: Compliant

Regulation 17: Premises

Action was required with regard to the upkeep and maintenance of the premises as evidenced by the following;

- the inspectors noted some paintwork and woodwork in a number of the multi-occupancy bedrooms and in a number of the communal rooms were marked and chipped.

- equipment such as walking aids and chairs were stored in the visitors' lounge on Bride Unit on the first day of inspection; these were removed by staff on the same day and were not present on the second day of inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspectors found that residents had a nutritional assessment in place and there was evidence that residents' weights were monitored closely in the centre. Residents at risk of malnutrition were appropriately referred to a dietitian or speech and language therapist as required. Residents who spoke with the inspectors gave positive feedback on the choice of food available and the quality of food served. The inspectors saw that residents who required assistance, were provided with it, in a dignified and respectful manner. Some improvements were required to the dining experience in one of the units as outlined under Regulation 9; Residents' rights.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide was available in the centre. It contained the required information with regards to independent advocacy services and the complaints procedure.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging hospital. Copies of transfer documents were filed in the residents' records.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was up-to-date and encompassed all of the information required by the regulation. There was a plan in place for responding to major incidents.

Judgment: Compliant

Regulation 27: Infection control

The inspectors saw that action had been taken to ensure the findings of the previous inspection were addressed. One of the clinical nurse managers was the lead for infection prevention control in the centre and had completed appropriate training. There were sufficient resources available to ensure that residents' bedrooms were cleaned every day and deep cleaned regularly. During the inspection, one of the units in the centre had an outbreak contingency plan implemented as an outbreak of COVID-19 was suspected. An inspector saw that staff were complying with appropriate transmission based precautions on this unit and residents were appropriately isolated.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors reviewed the fire safety management folder and saw that staff were up-to-date with annual fire training. Regular simulations of evacuations of the compartments in the centre were undertaken, to ensure staff could evacuate residents safely, in the event of a fire. Daily and weekly records were maintained to check exits were clear and that the fire alarm was in working order. There was evidence that quarterly and annual servicing of the fire alarm system and the emergency lighting was undertaken.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of residents' care plans, the inspectors found that validated assessment tools were in use to inform care plan development. Care plans were updated every four months or when a residents' condition changed. The centre had adapted the Age Friendly Health System(AFHS) model of care and embedded a "What matters to me" approach into residents' care plans. The inspectors saw that

this approach ensured care planning was person-centred and individualised to include residents' preferences and dislikes.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre had good access to General practitioner (GP) services who were on site regularly to review residents. Residents had access to a physiotherapist who was onsite in the centre three days a week and occupational therapy as required. There was evidence that residents were referred to speech and language therapy if required. Wound care was well monitored and scientific assessments were used to assess wounds where required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge and training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). From a review of residents' care plans, it was evident to inspectors that a person-centred approach was implemented for residents with responsive behaviours where by distraction and de-escalation techniques were evident.

Judgment: Compliant

Regulation 8: Protection

The provider ensured that staff were provided with training in safeguarding vulnerable adults and staff who spoke with inspectors demonstrated an awareness of how to raise safeguarding concerns. Any incidents or allegations regarding safeguarding were investigated by the person in charge. The inspectors saw that there were robust systems in place for protection of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

The following required action to ensure that residents' rights were upheld at all times;

- In the Maglin unit, an inspector saw that while the majority of residents were served their meals in the main dining room, six residents were eating from bed tables in one of the day rooms, which did not support a sociable dining experience for them.
- A number of residents told the inspectors that they found the shared rooms noisy especially from the televisions. Residents had no choice with regard to what TV channel was on in the shared rooms.
- Two residents told the inspectors that they sometimes found it hard to communicate with staff as they found them difficult to understand.

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 | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | 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 | Substantially compliant |

Compliance Plan for Ballincollig Community Nursing Unit OSV-0000712

Inspection ID: MON-0048248

Date of inspection: 01/10/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• We will review staffing resources in relation to enhancing supervision at night to facilitate a supernumerary nighttime supervisor.• Since the inspection, the Person in Charge (PIC) has implemented enhanced supervision arrangements in the evenings up to 9pm to ensure that there will be a Clinical Nurse Manager (CNM) available, and there is a CNM rostered to provide oversight at weekends.• The CNM will do a walkaround each evening to oversee care delivery and ensure that a person-centered approach to all residents is maintained.• We will implement an on-call rota to include the CNM2s, ADON and PIC. The PIC will alternate weekends on call with the Assistant Director of Nursing (ADON) so that a senior management person is always available to provide support and advice to staff. | |
| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Storage has been reviewed and those items inappropriately stored have been removed.• The PIC has identified an area for safe and appropriate storage of resident equipment such as walking aids and specialist chairs.• The PIC and Facilities Manager have reviewed décor on all units and a refurbishment plan has been submitted to HSE for approval. | |

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|---|-------------------------|
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The PIC has ordered an additional dining table so that all residents can enjoy a sociable engagement with each other at mealtimes in accordance with residents' own preferences. • We will provide individual TVs with headphones for those residents in multi-occupancy to enable all residents to enjoy TV without disturbing fellow occupants of the shared rooms. • The PIC has a waiting list in place for residents that wish to transfer from multi occupancy rooms to single rooms and will facilitate transfer when a single room becomes available. • The PIC and CNMs will provide support to staff on appropriate communication and acculturation to ensure that they understand the best ways to communicate with each resident. • The PIC will ensure that all new staff are scheduled for communication training during induction. • The PIC/ADON will observe effective appropriate staff interactions with each other and with residents and their families. | |

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|------------------------|--|-------------------------|-------------|--------------------------|
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 31/01/2026 |
| Regulation 23(1)(d) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Substantially Compliant | Yellow | 31/03/2026 |
| Regulation 9(3)(c)(ii) | A registered provider shall, in so far as is reasonably practical, ensure that a resident is facilitated to communicate freely and in | Substantially Compliant | Yellow | 31/01/2026 |

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|--------------------|---|-------------------------|--------|------------|
| | particular have access to radio, television, newspapers, internet and other media. | | | |
| Regulation 9(3)(e) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights. | Substantially Compliant | Yellow | 31/01/2026 |