



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

Issued by the Chief Inspector

Name of designated centre:	Ballincurrig Care Centre
Name of provider:	Ballincurrig Care Centre Limited
Address of centre:	Ballincurrig, Leamlara, Cork
Type of inspection:	Unannounced
Date of inspection:	08 June 2022
Centre ID:	OSV-0000197
Fieldwork ID:	MON-0036388

About the designated centre

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

Ballincurrig Care Centre is a part of the Silver Stream Healthcare Group and the registered provider is Ballincurrig Care Centre Limited. The centre is located in the rural setting of Ballincurrig, a short distance from the town of Midleton, Co. Cork. It is registered to accommodate a maximum of 55 residents. It is a single storey building and bedroom accommodation comprises 41 single bedrooms and seven twin bedrooms, all with en-suite facilities of shower, toilet and hand-wash basin. Additional bath and toilet facilities are available throughout the centre. Communal areas comprise the main day room, the quiet conservatory, sitting room by main reception, the family palliative care room, a games activities room, tranquillity therapy room, hairdressers, smoking room, and large dining room. Residents have free access to the main enclosed large courtyard as well as the well-maintained gardens with walkways around the house. Ballincurrig Care Centre provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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
Wednesday 8 June 2022	09:00hrs to 17:00hrs	Siobhan Bourke	Lead
Wednesday 8 June 2022	09:00hrs to 17:00hrs	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 the centre. The inspectors met with many of the 49 residents living in the centre and spoke with six residents in more detail to gain an insight into their lived experience. Residents told the inspectors that while staff were kind and caring, they were adjusting to the increased turnover of staff in the centre that happened with the recent changes in management and ownership in the centre. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

On arrival, a staff member guided inspectors through the centre's infection prevention and control procedures before entering the building. Following an initial meeting, the person in charge accompanied inspectors on a walk around of the centre. The centre was warm throughout and there was a relaxed and friendly atmosphere. During the walkaround, the inspectors saw that staff were attending to residents' personal care with some residents still in bed while a small number of residents were up and sitting in the day room or walking around the centre. It was evident to the inspector that the person in charge knew the residents and their care needs during the walkaround.

Ballincurrig Care Centre is a single storey building, located in the rural setting of Ballincurrig in East Cork. The centre is registered for 55 residents and has 41 single rooms and seven twin rooms all with ensuite shower toilet and handwash basin facilities. The inspectors saw that residents rooms were personalised and decorated in accordance with their preferences, with plenty storage for their belongings. While the centre was bright and warm throughout, inspectors saw that carpets in the centre's corridors and a number of bedrooms were worn and stained and in some areas lifting resulting in a potential trip hazard to residents. Inspectors noted a malodour from some carpeted rooms and corridors. Flooring in a number of residents' ensuites was also in need of repair as it was seen to be cracked and worn. The inspectors also observed that paintwork on furniture such as lockers, wardrobes and some bed frames in some residents' rooms also required attention. This will be discussed further under the quality and safety section of this report.

There was plenty communal spaces and rooms in the centre with one large day room, a conservatory, a sitting room, two interlinked dining rooms, a games room and a tranquility room. The inspectors saw residents using these spaces through out the day of the inspection and saw that many of the rooms had a homely feel with old style furniture and décor. The centre also had a large smoking room assigned for residents living in the centre who smoked. However some of the furniture in this room was worn and one seat was noted to have cigarette burns and was a potential fire risk for residents. The management team in the centre told inspectors that the provider planned to convert this room to a bedroom and to allocate a designated space outside the centre for smokers. Inspectors saw that there was a well laid out

hair salon in the centre for residents and was used by the hairdresser who attended the centre every week.

The inspectors saw that there was plenty of centres with storage of gloves and aprons throughout the centre to ensure that staff had easy access to PPE. Alcohol hand rub dispensers were available in residents' rooms and throughout the centre. Staff were seen to be wearing face masks in line with national guidance. The inspectors saw that residents with respiratory symptoms were appropriately isolated and the person in charge ensured that staff had access to appropriate PPE when attending residents in these rooms. However storage impacted on infection control practices in the centre as the inspectors saw that cleaning trolleys were stored in the centre's dirty utility rooms and store rooms were seen to be cluttered and therefore could not be effectively cleaned. During the walkaround the centre, inspectors saw that storage in the centre also impacted on the safety and well being of residents. Hoists and wheelchairs were stored near doors that were signposted as fire exits and had the potential to obstruct safe egress from the centre.

Residents could freely access the outdoor courtyard in the centre and inspectors saw some residents walking independently around the mature garden and grounds in the centre. The inspectors saw that the courtyard required renovating as outdoor furniture was worn and raised bedding plants needed some attention to make the space more inviting and pleasant for residents to enjoy.

The inspectors observed the lunch time meal and noted that food served to residents appeared appetizing and nutritious. The dining room tables were nicely decorated with flowers and condiments were available for residents' use. However the location and timing of the meals did not support a social dining experience for residents. Inspectors saw that many residents attended the dining room for their lunch from 12.30 however many residents were not served their meal in some cases for over an hour. Resident told the inspectors that their lunch was delayed. A number of residents who required assistance were seen to have their meal in the sitting room where they spent the day. Their meal was served on a bed table or side table placed in front of them. This did not facilitate residents to have the choice of a proper dining experience where they could sit at a dining table and socialise with other residents. While inspectors saw that there were sufficient staff available to assist residents who required it, this meant that residents remained in the same room for their meals and activities during the day. Residents told the inspectors that there had previously been two sittings in the centre for lunch time and the evening meal. The person in charge agreed to review these arrangements following the inspection.

Visitors were seen coming and going throughout the day of the inspection and were welcomed by staff. The centre's staff ensured that visitors were signed in and completed safety checks in line with national guidance. Visitors were happy with the visiting arrangements in place. Visits were mainly in residents' bedrooms, or a designated visiting room. The inspectors saw that some residents went on day trips out with relatives on the day of inspection.

There was a varied schedule of activities available for residents to enjoy in the

centre, that were facilitated by both staff and external musicians. On the morning of the inspection, the activity co-ordinator facilitated a newspaper reading session where residents discussed the news of the day. This was followed by a bingo session and a baking session in the afternoon. Resident told the inspectors how they loved the two baking sessions held in the centre each week as they enjoyed eating the goods they baked during the activity with their evening meal. Mass was also celebrated in the centre by a local priest. The new person in charge had held one residents meeting since starting at the centre and told inspectors that another meeting was planned for the weeks following the inspection. The inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents told the inspectors that they were listened to and that staff were kind to them.

The next two sections of the 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

The provider had a history of good compliance with the regulations, however inspectors found on this inspection that management systems in place required improvement to ensure the quality and safety of care provided to residents was safe and effective and compliant with the regulations. In particular, the systems in place with regard to infection prevention and control, fire safety, health care and premises. An urgent action plan was issued to the provider following the inspection in relation to fire safety.

This was an unannounced inspection to monitor compliance with the regulations. Ballincurrig Care Centre is a designated centre operated by Ballincurrig Care Centre Limited, who is the registered provider. The office of the Chief inspector was notified of changes of company directors for the provider in February 2022 indicating that the previous directors were departing and the incoming directors and chief executive officer brought the provider under the governance structures of the Silverstream Healthcare Group.

There was a clearly defined management structure in place that identified the lines of responsibility and accountability in the centre. A new person in charge had been recently appointed in the centre and she had the required experience and qualifications for the role. The person in charge was supported in the management of the centre by a clinical nurse manager, as the assistant director of nursing was on planned leave. A second clinical nurse manager had been recruited and was due to commence in the weeks following the inspection. The centre also had a team of nursing and care staff, housekeeping and catering staff, an activities co-ordinator

and an administrator.

Silverstream Health care Group senior management team included a director of operations, a director of clinical governance, quality and risk, a human resources and a finance team, who supported the management team within the centre. On the day of inspection, the director of operations was onsite in the centre. The inspectors saw that the person in charge along with the director of operations were working to develop a strategy for improving both the premises and quality of care for residents.

The inspectors found that the management team had been challenged with recruitment and retention of staff with the change of ownership and there had been a large turnover of staff. Ongoing recruitment was underway to replace current vacancies in the centre. Two registered nurses and a healthcare assistant had been recently recruited and were due to start in the coming weeks and recruitment was ongoing. From a review of rosters and speaking with staff and residents, the inspectors saw that gaps in rosters were filled with agency staff, some of whom were regular agency staff in the centre. The person in charge gave assurances that there was ongoing monitoring of staff levels in conjunction with the changing needs of the residents. The centre had two registered nurses on duty 24 hours a day. A review of the rosters found that there were adequate levels of staff on duty to meet the needs of the residents, and for the size and layout of the centre.

There was a programme of both online and face to face training available for staff at the centre that included fire safety, manual handling, safeguarding vulnerable adults and infection control. The person in charge had identified a need for training in nutrition and dysphagia for staff and three sessions had been completed with a fourth planned. Furthermore a nursing skills course update was underway for nursing staff in the centre. Inspectors found that wound care and management training was required for staff. This and other findings in relation to training and staff development are outlined under regulation 16.

The person in charge attended group management team meetings held by the director of operations and director of clinical governance, quality and risk and the directors of nursing from the group's designated centres. From review of minutes of these meetings it was evident that key issues such as infection prevention and control, fire safety and premises and findings from audits were actioned at these meetings. The person in charge held regular staff meeting with nursing, care staff and housekeeping staff to communicate the planned changes in the centre.

It was evident to inspectors that the person in charge was working to improve the quality and safety of care for residents. She had identified improvements were required in relation to nutrition and hydration and monitoring residents' intake and output from investigation of a complaint. Increased monitoring of residents intake and output had been implemented and ensuring residents who required assessment by a dietitian and speech and language therapist were provided with these therapies. There was a schedule of audits in place in the centre, however action plans arising from audits completed needed to be implemented. For example an external nurse specialist with expertise in infection prevention and control had undertaken an audit to identify key infection prevention and control risks in the

centre and made key recommendations, however inspectors found that work was required to implement this. A Quality of Interactions Schedule audit identified improvement was required in relation to staff interaction with residents and an action plan was required for same.

Key clinical risks to residents such as incidents, pressure ulcers, use of restraint, nutritional status, infections and residents who were end of life and quality of care indicators such as complaints were monitored and reported by the person in charge each week. These were collated in a care quality indicator report and submitted to the group's director of clinical governance, quality and risk. There was a robust system to oversee clinical incidents in the centre. Incidents, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frames. Residents' falls were analysed and reviewed regularly to identify any trends and reduce the risk of recurrence where possible. It was evident to inspectors that neurological observations were completed and recorded after residents sustained a fall. An annual review of the quality and safety of care provided to residents was completed for 2021.

While the person in charge had held one residents meeting since commencement in their role, from review of minutes of this meeting, further consultation with residents was required.

Regulation 14: Persons in charge

The person in charge was recently appointed full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated knowledge regarding her role and governance and management and oversight of the service.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix was appropriate to meet the assessed needs of the 49 residents living in the centre in accordance with the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors found that eight staff were overdue for refresher training in hand hygiene and five staff were overdue updates in infection control in line with the centre's policy. The inspectors found that nursing staff required updated training on wound care and management to ensure they provided care in accordance with evidenced based practice. The person in charge assured the inspectors that this training would be provided in the coming weeks.

Judgment: Substantially compliant

Regulation 21: Records

A sample of four staff files reviewed showed that they met the requirements of Schedule 2 of the regulations. Garda vetting was in place for all staff prior to commencement of employment in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Management oversight of care planning, infection control practices, premises and fire safety was not sufficiently robust to ensure the service provided is safe, appropriate, consistent and effectively monitored. However, the inspectors found that the provider was working to implement new management systems which should improve the service provided to residents. These issues are further outlined under the relevant regulations in this report.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

An inspector viewed a number of contracts of care which contained details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with 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. An inspector viewed a sample of complaints and saw that they were being managed in accordance with the centre's policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations. These policies had been recently updated by the provider and were available to staff in the centre.

Judgment: Compliant

Quality and safety

Overall, the quality of care provided to residents was found to be satisfactory, and several examples of good practice and person-centred care were observed. The social care needs were generally well met but improvements were required in relation to assessment care planning and wound care. Other significant actions were required to improve the physical environment of the centre and fire safety precautions.

Residents had access to medical care with the residents' general practitioners (GP) providing reviews in the centre as required. Residents were also provided with access to other health care professionals, in line with their assessed need. The speech and language therapist was in the centre during the inspection, the inspectors met her and she confirmed she regularly reviewed residents needs and plans were put in place for modified diets. Dietetic referrals had been sent for a number of residents. The inspectors reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated

tools, which informed appropriate care planning. However, the centre was changing from a system of paper based files to a computerised system and there was mixed findings in relation to care planning records and a number of actions were required in relation to assessments and care planning which are outlined under Regulation: 5. Significant actions were also required in relation to the prevention and management of wounds to ensure a high standard of evidenced based practice and these are outlined under Regulation: 6 Healthcare.

This inspection took place during the COVID-19 global pandemic. The centre had experienced an outbreak of COVID-19 in February 2022 which impacted a number of residents and staff. The provider had engaged with the local public health team during the outbreak. The centres outbreak management plan defined the arrangements to be instigated in the event of a further outbreak of COVID-19 infection. The person in charge monitored antibiotic use and infections and colonisation status of residents living in the centre. The provider had implemented cleaning checklists for daily and deep cleaning of rooms and staff used colour coded mops and cleaning cloths to reduce the risk of cross infection. However, some areas pertaining to infection control required to be addressed, which are detailed under Regulation: 27 infection control.

Fire Safety equipment was serviced on an annual basis and quarterly servicing was undertaken on emergency lighting and the fire alarm. Fire safety training had been provided to staff. Personal evacuation plans were in place for each resident. The inspectors found that staff were generally knowledgeable and clear about what to do in the event of a fire. However, there was limited signage on display on actions to take in the event of fire and it was not evident to inspectors that the provider had conducted a simulation of evacuation of residents with minimal staffing levels to ascertain if residents could be evacuated in the event of a fire. An urgent action plan was issued to the provider in regard to this finding. Following the inspection, the provider submitted a report on a compartment evacuation that had taken place in May 2022 during training and further drills undertaken by the person in charge in response to the urgent action plan. This and other findings are outlined under Regulation: 28 Fire precautions.

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 low numbers of residents allocated bedrails on the day of this inspection. Safeguarding training was provided and was seen to be up to date for staff. The centre did not act as a pension agent for any residents living in the centre. Invoicing for care such as chiropody and hairdressing was all managed in a robust manner.

Management and staff promoted and respected the rights and choices of resident's in the centre. Resident meetings were held and relevant issues such as menu and activities were discussed. Dedicated activity staff implemented a varied and interesting schedule of activities and there was an activities programme available daily.

Food appeared nutritious and in sufficient quantities, drinks and snack rounds were

observed morning and afternoon. However, action was required to improve the dining experience as outlined further under Regulation: 18 Food and Nutrition.

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 visitors coming and going to the centre during the inspection.

Judgment: Compliant

Regulation 17: Premises

There were a number of areas of the premises and maintenance that required action;

- carpets in the centres corridors and a number of bedrooms were worn and stained and in some areas were lifting resulting in a potential trip hazard to residents.
- flooring in a number of residents ensuite bathrooms was also in need of repair as it was seen to be cracked and worn.
- the inspectors also observed that paintwork on furniture such as lockers, wardrobes and some bed frames in some residents rooms also required repair.
- there was an excess of older furniture particularly worn and torn chairs, in parts of the centre including the smoking room that required removal
- corridors and doors to the courtyards were partially obstructed with equipment and excess furniture
- there was a lack of appropriate storage in the centre and store rooms were seen to contain excess stock
- external courtyards required action including weeding and painting to make them attractive places for residents use.
- there were exposed wires on the controls to adjust the position of a residents bed that required repair. The provider assured inspectors that this was immediately replaced following the inspection

Judgment: Not compliant

Regulation 18: Food and nutrition

Inspectors observed that the mealtime experience for residents required action

- on the day of the inspection, inspectors observed that residents attended the dining room for their lunch from 12.30 however many residents were not served their lunch for over an hour. Residents told the inspectors that their meal was delayed.
- a number of residents who required assistance were seen to have their meal in the sitting room where they spent the day. Their meal was served on a bed table or side table placed in front of them. This did not facilitate residents to have the choice of a proper dining experience where they could sit at a dining table and socialise with other residents.
- there was no menu on display outside the dining room or on the dining tables and there was also no access to a pictorial menu for residents who would benefit from same to enable them to make a more informed choice.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. The provider had a plan in place to respond to major incidents in the centre likely to cause disruption to essential services at the centre.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found that the registered provider had not ensured that some procedures were consistent with the National Standards for infection prevention and control in community services (2018). This presented a risk of cross infection in the centre. For example,

- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of cleaning trolleys in the centre's dirty utility rooms.
- rooms for storing clean supplies were cluttered and could not be effectively cleaned
- Residents' toiletries were stored on the sinks in shared rooms resulting in a risk of cross contamination
- There were limited clinical hand wash sinks in the centre and those that were in the centre did not comply with current recommended specifications

- The nozzles of alcohol hand rub dispensers were observed to be unclean
- Some surfaces for example shower bases, flooring and furniture was worn and poorly maintained and as such did not facilitate effective cleaning
- A raised toilet seat was worn and could not be effectively cleaned
- Inspectors noted that there was a malodour from some carpeted rooms, corridors and ensuite
- while the laundry had clean and dirty entrances, inspectors observed clean supplies such as paper hand towels were stored along the dirty laundry entrance and in proximity to skips of unclean and soiled linen.

Judgment: Not compliant

Regulation 28: Fire precautions

There were a number of issues identified with fire safety management that required immediate action these included:

- there were limited procedures on display in the centre of what to do in the case of fire and a lack of directional signage displayed in the centre to guide staff in the event of a fire. These are both required so staff, residents and visitors would know the direction of the nearest exit or nearest compartment to safely evacuate residents should a fire occur.
- oxygen storage in the centre required review and clear signage was required to identify the hazard where oxygen was stored or in use
- during the inspection, it was not evident to inspectors that the provider had conducted a simulation of evacuation of residents with minimal staffing levels to ascertain if residents could be evacuated in the event of a fire. Therefore the inspectors were not assured that residents could be safely evacuated at all times during the day and night by staff and in a time that ensures the safety of residents and staff.

In response to the immediate action required following the inspection a fire drill was undertaken and details were provided to the inspectors. The provider was requested to complete these simulations with all staff until such time as they were assured that all staff were competent in evacuation procedures in a timely manner.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' records and found that assessments and care plans were not always updated in line with the requirements of the regulations and were also not updated following changes to the care needs of the resident. For

example two residents' care plans in relation to pressure ulcers had not been updated to reflect their changing needs. A care plan for a resident with responsive behaviours was not detailed enough to direct care. This could result in errors in care provided as care should be provided in accordance with the care plan.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors found that a high standard of evidenced based practice was not evident particularly in relation to wound care.

- clinical measurements or assessment of the wound documented in care plans reviewed to show improvement or deterioration of wounds were not consistent and did not accurately reflect the description of the wound. Nursing staff did not appear to be familiar with the staging of wounds and further training was required as outlined under Regulation: 16.
- the inspectors saw that photographs of wounds did not match the description of the wound by nursing staff for example a wound was documented as healed while the image did not support this finding nor the wound description recorded at the next wound assessment.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. However, care plans for residents with responsive behaviours required review as discussed under regulation 5. Restrictive practices were under review by the person in charge and while there was 11 bed rails in use in the centre, there was evidence of alternatives to restraint 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. 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 have access to advocacy services. Staff were allocated to the social care needs of residents and numerous activities were seen to take place during the inspection including newspaper reading, bingo, baking, skittles and music. Fun and laughter was heard and the inspectors observed that residents enjoyed the baked treats they made at tea time. Residents were complimentary about the social care programme and the staff providing same.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 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 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballincurrig Care Centre OSV-0000197

Inspection ID: MON-0036388

Date of inspection: 08/06/2022

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>To ensure compliance the Person in charge will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The outstanding staff that require refresher training in hand hygiene and infection control will have this completed by the 1st of July 2022. The PIC and RPR governance and compliance team will review the training matrix on a regular basis to ensure compliance. • The Nursing staff will have completed wound care management training by the 22nd of July 2022. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The provider has implemented a detailed management system to support the PIC and centre to ensure robust oversight. This includes an audit schedule ran on a quarterly basis, peer support from a nurse member of the RPR team The PIC will be supported by the RPR Governance, Operations and Compliance team. • A care plan review has commenced for all residents. This is to ensue all assessments are completed as required and that care plans are developed in line with assessed care needs. The care plans will be reviewed and signed off as discussed with residents/NOK. 	

Care plans are reviewed at a minimum of every 3 months or if change noted. This process will be reviewed with PIC on a quarterly basis by the RPR governance and compliance team.

- IPC review audit has been completed and identified improvements are being addressed. This audit will be completed quarterly to ensure ongoing compliance.
- The group facilities manager has completed a full home review and agreed actions and improvement plan has commenced.
- The fire review, risk assessment and plan has commenced, and all recommendations are being implemented.

Regulation 17: Premises

Not Compliant

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

To ensure compliance the registered provider will have the following in place and implemented and actioned as required:

- The carpets in the corridors and identified bedrooms were scheduled to be changed on the 12th June this has commenced.
- The identified bathroom floor to be replaced with the scheduled works as outline in the above point.
- Paintwork on furniture requiring upkeep is underway.
- The replacement furniture is in process and any old or worn furniture will be removed from the centre once replaced.
- Corridors and exits to the courtyards have now been identified to staff to be kept clear.
- Storage areas within the home are under review.
- A landscaper has been engaged to address the issues noted in the courtyards.
- The exposed wire on the bed has been repaired.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

To ensure compliance the person in charge will have the following in place and implemented and actioned as required:

- On joining the Centre, PIC undertook a full comprehensive review for all clinical areas. Following this review improvements were required in all areas. Part of this review was the dining experience. The capacity in the dining room has now been increased with the facility extended into the dayroom with a new dining table. This allows our residents to have more choice in where they would like to have their dining experience. Signage is now in place to remind the residents of mealtimes. In discussion with residents and staff,

as per the resident's choice room service commences at 12.30 daily and residents attend dining room at 13.00 for seated service. Choices of meals are reconfirmed by staff with each resident prior to being served.

- Dedicated staff members are allocated to ensure that all residents receive their meals in an appropriate time.
- The menu is now displayed on the notice board at the entrance to the dining room and in the dining room.
- The menu always has a choice available to all residents and residents choosing to dine in their rooms or another areas of the home will be offered a choice prior to meal time.
- A picture menu is underway with the head chef and PIC and this will enable residents with any cognitive issue to choose the meal they would like.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

To ensure compliance the registered provider will have the following in place and implemented and actioned as required:

- The storage area for storing clean supplies has been decluttered.
- Storage areas within the home are under review.
- Residents in shared bedrooms have a designated press to hold their toiletries.
- Additional hand gel units have been placed throughout the building to further enhance opportunities for hand hygiene.
- The alcohol hand wash dispensers have been added to the items to be cleaned and maintained by the members of the household team.
- The worn shower basins, flooring and furniture will be replaced.
- The raised toilet seat has been removed from use and a new seat purchased.
- The malodourous carpets are being replaced.
- All clean items have been removed from the dirty laundry entrance.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
To ensure compliance the registered provider and the person in charge will have the following in place and implemented and actioned as required:

- A full review has taken place by a Fire Consultant on all fire procedures. A detailed Fire evacuation plan is in place and staff training has commenced. There are clear maps of compartments and evacuation routes throughout the home.
- Oxygen is stored in a designated storage area, with label and instruction to hand.

- Staff complete weekly drills of the largest compartment in the home based on night time staffing levels. Records with PIC.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

To ensure compliance the registered provider and the person in charge will have the following in place and implemented and actioned as required:

- A care plan review has commenced for all residents. This is to ensure all assessments are completed as required and that care plans are developed in line with assessed care needs. The care plans will be reviewed and signed off as discussed with residents/NOK. Care plans are reviewed at a minimum of every 3 months or if change noted. This process will be reviewed with PIC on a quarterly basis by the RPR governance and compliance team.
- A wound care audit has been completed by the PIC and is repeated weekly so that care plans now reflect the care required. The Nurses will receive wound care management training on the 12th and 22nd July 2022.
- A responsive care plan audit has been completed to ensure the care plan is detailed to direct staff in the appropriate management of behaviours and the actions required to support the resident.

Regulation 6: Health care

Not Compliant

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

To ensure compliance the registered provider and the person in charge will have the following in place and implemented and actioned as required:

- The PIC has completed a comprehensive audit of all wounds in the home. All wounds identified have a detailed care plan which correctly reflects the stage and description of the wound. The PIC completes a weekly audit of each wound and corresponding care plan to ensure compliance. The RPR governance and compliance team are supporting the PIC.
- The staff nurses will have received wound management training by the 12th and 22nd of July 2022.



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	22/07/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2022
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	14/07/2022
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	14/07/2022

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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.	Not Compliant	Orange	31/08/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/08/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/08/2022

Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	31/08/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/09/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	31/08/2022

