Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>CareChoice Ballynoe</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Carechoice Ballynoe Limited</td>
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<tr>
<td>Address of centre:</td>
<td>Whites Cross, Cork</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>03 September 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000210</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0022756</td>
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About the designated centre

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

Carechoice Ballynoe (known as Ballynoe) is a designated centre which is part of the Carechoice group. It is located in a rural setting of Whites Cross and is a short distance from the suburban areas of Ballyvolane and Blackpool, Cork city. It is registered to accommodate 51 residents. Ballynoe is a two-storey facility with lift and stairs to enable access to the upstairs accommodation. It is set out in three corridors on the ground floor called after local place names of Glen, Shandon and Lee, and Honan on the first floor. Bedroom accommodation comprises five single rooms with wash-hand basins, six twin rooms and 34 single rooms with en suite facilities of toilet and wash-hand basin; 15 residents are accommodated upstairs. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise a comfortable sitting room, Morrissey Bistro dining room, large day room and a large quiet room with comfortable seating. The hairdressing salon is located near the main day room. There is a substantial internal courtyard with lovely seating and may residents have patio-door access to this from their bedrooms; there is a second smaller secure courtyard accessible from the quiet room. At the entrance to the centre there is a mature garden that can be viewed and enjoyed from the sitting room and some bedrooms. Carechoice Ballynoe provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 51 |
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:

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<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>03 September 2019</td>
<td>08:10hrs to 17:20hrs</td>
<td>Breeda Desmond</td>
<td>Lead</td>
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<tr>
<td>04 September 2019</td>
<td>08:10hrs to 16:15hrs</td>
<td>Breeda Desmond</td>
<td>Lead</td>
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What residents told us and what inspectors observed

The inspectors spoke with many residents, three relatives and reviewed 18 questionnaires during the inspection. Feedback was positive and included comments such as praise for the staff, their encouragement, attention, great care and fun, and said their kindness was exemplary. People were very happy with the laundry services and how tidy their wardrobes were kept. They reported that the food was always great and the chef listens to the suggestions and changes the menu. Relatives reported that there was no restrictions on visiting times where they were always made welcome, and there was a lovely atmosphere.

Capacity and capability

This was a good service with effective governance arrangements to promote positive outcomes for residents. Care was delivered in accordance with the statement of purpose. There was a clearly defined management structure with identified lines of accountability and responsibility for the service.

This inspection was undertaken in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 to re-register the service.

Carechoice Ballynoe was part of the CareChoice group. Recent changes in the overall group governance structure included the appointment of a new Chief Executive Officer (CEO) and a new Chief Operations Officer (COO) who was the Registered Provider Representative (RPR). The senior management team comprised the CEO, the RPR, head of human resources (HR), director of quality and compliance, director of development and projects and a Chief Financial Officer (CFO) who provided support to the person in charge along with a regional team of HR, quality and compliance, support and finance.

The person in charge demonstrated thorough knowledge of her role and responsibilities including good oversight of resident care and welfare to deliver care that was resident-led. She was supported in her management role on-site by the assistant director of nursing and two clinical nurse managers.

The inspector observed that the person in charge and management team were approachable, and took a collegial approach to supporting staff. There were regular management meetings held in the centre that were attended by the person in charge and members of the senior and regional team. Quarterly health and safety meetings were held as part of the national quality strategy of the CareChoice group where key performance indicators were discussed to facilitate learning and improve
outcomes throughout the group. Minutes of the monthly management team meetings were reviewed and these demonstrated oversight of incidents, accidents, medication issues, clinical and non-clinical matters and issues were discussed and analysed and action plans developed to improve the service. to discuss clinical and non-clinical matters. The person in charge met formally with nursing staff, care staff, catering and household staff and also informally on a daily basis and minutes of staff meetings were seen.

Residents and relatives views were elicited through the residents committee and surveys conducted which informed the review. The annual review 2018 was examined; it demonstrated a detailed review of quality of life and quality of care benchmarked against the national standards, and some objectives for 2019 were identified. The management systems in place demonstrated that the service provided was monitored and evaluated, nonetheless, further action was required in relation to supervision of staff to ensure that care delivered was appropriate to the assessed needs of the residents. A sample of staff files were examined and showed that while most of the items were in place as required in Schedule 2 of legislation, full employment histories, two written references and documentary evidence of qualifications declared in one curriculum vitae were not in place. Staff appraisals were undertaken and staff were encouraged to attend conferences, courses and further education. Records viewed showed that mandatory training was up-to-date for staff, nonetheless, staff training required further consideration to enhance the positive findings of training facilitated. The inspector requested review of the staffing levels to the size and layout of the centre and the assessed needs of residents to ensure that care was delivered in accordance with the statement of purpose.

Written policies and procedure were in place in compliance with the requirements of Schedule 5. The directory of residents, statement of purpose and residents’ guide were available; in addition, the statement of purpose was available in A3 format to ensure accessibility. A current insurance certificate was evidenced. The incidents and accidents log was reviewed and notifications to the office of the chief inspector correlated with these. A synopsis of the complaints procedure was displayed throughout the centre and records were maintained in line with the regulations. Residents had contracts of care in accordance with the regulation. Current maintenance records were in place for equipment such as hoists and fire safety equipment.

Questionnaires returned and residents and relatives spoken with highlighted they could bring anything to the person in charge and issues would be addressed immediately; they also reported that if issues were raised when the person in charge was off duty, she would ring them as soon as she returned to follow up on issues to ensure they were addressed to their satisfaction.

Before the inspection unsolicited information was received reporting care and welfare and communication issues, none of which were substantiated on inspection.
**Regulation 14: Persons in charge**

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated good knowledge regarding her role and responsibility and was articulate regarding governance and management of the service. She demonstrated good knowledge of residents, their care needs and preferences and the importance of delivering individualised care.

Judgment: Compliant

**Regulation 15: Staffing**

The activities staffing hours were increased and residents gave positive feedback about the activity programme.

Judgment: Compliant

**Regulation 16: Training and staff development**

The induction process was reviewed and discussed and a robust system was described to ensure that staff had appropriate knowledge regarding care delivery in line with the ethos of the centre. The training matrix demonstrated mandatory training including fire safety, responsive behaviour and safeguarding for example.

Several QUIS observational tools were completed and the findings of these correlated with the inspection findings as there was some evidence of task-orientated care, for example, little interaction was observed when assisting residents with hoist transfer or transfer from seat to wheelchair and placement of foot pedals, consequently, better staff supervision was necessary to ensure that care delivered was in line with best practice and their statement of purpose. In addition, that work practices around meal-times required review to enhance the positive feedback from residents.

Judgment: Not compliant

**Regulation 19: Directory of residents**

A directory of residents was comprehensively maintained in line with the
requirements of Regulation 19.

Judgment: Compliant

### Regulation 21: Records

Staff files showed that while most of the requirements listed in the regulations were in place for staff, some staff files were not comprehensive, for example, documentary evidence of qualifications (one file); full employment histories were updated on inspection in two staff files.

Judgment: Substantially compliant

### Regulation 22: Insurance

A current certificate of insurance was evidenced.

Judgment: Compliant

### Regulation 23: Governance and management

There were changes to the governance structure since the previous inspection with a recently appointed CEO and COO, who was also the registered provider representative. The inspector was satisfied that the management structure was clearly defined and identified the lines of authority and accountability. The person in charge was supported on site by the assistant director of nursing and CNMs.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with some plans for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care. Comprehensive management systems and oversight by the senior management team provides assurance that the service was consistently and effectively monitored.

Judgment: Compliant

### Regulation 24: Contract for the provision of services
All residents had contracts of care which identified fees including possible additional fees to be charged. They were signed and dated appropriately.

**Judgment:** Compliant

### Regulation 3: Statement of purpose

The statement of purpose was updated in accordance with the regulations and any changes to the service, for example, the recent changes to the governance and management structure.

**Judgment:** Compliant

### Regulation 30: Volunteers

Appropriate documentation including vetting and training were in place for volunteers. The inspector observed they were supervised appropriately in accordance with best practice.

**Judgment:** Compliant

### Regulation 31: Notification of incidents

Notifications were timely submitted and these correlated with the incident and accident log reviewed.

**Judgment:** Compliant

### Regulation 34: Complaints procedure

Residents and relatives spoken with relayed that they could raise issues with staff without reservation. The complaints log was reviewed and showed that complaints were recorded in line with the regulations.

**Judgment:** Compliant
### Regulation 4: Written policies and procedures

Current written policies and procedures on matters set out in Schedule 5 were available to staff, and were reviewed and updated in accordance with best practice.

Judgment: Compliant

### Quality and safety

Information regarding dementia and dementia-focused support was displayed throughout the centre. Healthcare staff reported on the life story booklets and their involvement in the development of these booklets, and how they informed care, socialisation and activities. Families were encouraged to compile memory boxes for residents' bedrooms, and current pictures of the resident with a short synopsis of their lives were beautifully displayed in each bedroom as orientation, in particular for people with cognitive decline. Families reported that they were very touched and delighted with these.

Care and support given to residents was calm and staff demonstrated good communication strategies for people with complex communication needs. The activities programme for the centre was provided by the activities co-ordinators and the activities programme was quite varied for example, games, quizzes, music sessions, gardening, yoga, sonas, movies and pet therapy. The programme of activities was resident-led and people chose whether to attend a particular activity. One-to-one sessions were facilitated with residents in their bedrooms in accordance with their preferences, for example, poetry reading, hand massage and reminiscence.

There were four activity staff who facilitated group and one-to-one activity sessions for residents; some were held in the larger day room and smaller sessions such as yoga and sonas were held in the sitting room and quiet room. Residents meetings were held every two months and attendances were high. Lots of issues were discussed and information related to all kinds of news was relayed to residents. Information leaflets were displayed by the dementia information board and in the main day room. Positive feedback was given by residents about all aspects of care.

The premises was homely, warm, comfortable, and the sitting room and quiet room were beautifully decorated. The main day room was a hive of activity where people liked to gather, meet their friends and chat. All areas were easily accessible and a lift was in place to enable access to the upstairs. There was a retractable movie screen in the main day room for movies. Bedrooms had adequate space to accommodate furniture and seating, and were decorated in accordance with people's preferences. Orientation signage was perpendicular to walls as well as on
walls to help orientate people and allay disorientation.

There were assessments and care plans for individual residents. Assessments were timely and reviews of care and the resident’s response to treatments and interventions demonstrated reflective practice that promoted independence and autonomy. Discussions with staff reflected a holistic picture of the person to enable better outcomes for them. Residents notes showed that people had timely access to medical care as well as access to allied health professionals such as physiotherapy, occupational therapy, dietician and speech and language therapy. Residents records demonstrated appropriate observation and interventions that facilitated best outcomes for residents including behavioural support, and family members concurred with this.

Closed circuit television (CCTV) was in place and there was advisory signage regarding use of CCTV. There were very strict controls regarding usage and the screen was securely maintained in the office of the person in charge. It was reported to the inspector that CCTV was not used for supervision purposes.

Certification was evidenced regarding fire safety equipment; daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Floor plans identifying zones and compartments were displayed alongside the fire panels downstairs and upstairs. Fire safety training was up to date for all staff. Training records showed that evacuations were completed cognisant of night time staff levels; these were timed and issues were discussed and analysed to improve learning.

**Regulation 11: Visits**

Visitors were observed calling to the centre throughout the day; visitors were known to staff and were welcomed. Information in questionnaires reported that they were always made feel welcome and offered refreshments; staff updated them on their relative's wellbeing, as well as enquiring after themselves. Relatives found this very comforting, understanding and so important, as making the decision regarding nursing home care was tough, and at times, visiting was difficult.

**Judgment: Compliant**

**Regulation 12: Personal possessions**

Records of residents’ personal property were maintained. Residents' bedrooms had adequate space to maintain their clothes and personal possessions. Personal storage space comprised double wardrobes and bedside locker with lockable storage, some people had chest of drawers.
Residents had access to on-site laundry facilities. Clothing was labelled for ease of identification. Questionnaires reviewed fed back that there was an excellent laundry service. In addition, people complimented that way wardrobes were kept so neat and tidy.

Judgment: Compliant

**Regulation 13: End of life**

A sample of care plans reviewed and relatives spoken with showed that there was ongoing evaluation and updating of residents’ end of life care wishes to ensure that care and support was in accordance with their personal wishes and preferences. Advanced-care directive wishes also formed part of the care documentation.

Judgment: Compliant

**Regulation 17: Premises**

The premises was homely, bright and comfortable with adequate communal spaces, dining room and quiet rooms. Bedrooms were decorated in accordance with residents' preferences. While most bedrooms had toilet and wash-hand basin en suite facilities, there was inadequate shower facilities for the size and layout of the centre; there were two shower rooms and a bathroom upstairs and three shower rooms for 36 residents downstairs.

Judgment: Not compliant

**Regulation 18: Food and nutrition**

The dining room was bright and airy and had views of the main entrance; it was set out like a restaurant, and tables were laid with cutlery and condiments. On both days of inspection meal times were observed. Some residents had their breakfast in the dining room, other in bed and some by their bedside. Most residents had their mid-day meal in the dining room and a few chose to remain in their bedrooms. Residents and relatives gave positive feedback regarding the quality and choice of food and how accommodating the chef was regarding changing the menu to their requests.

Judgment: Compliant
### Regulation 20: Information for residents

The welcome pack comprised the residents’ guide ‘Making Your Home at Ballynoe’, additional services charge information leaflet, a sample of the weekly activities calendar and a menu sample; the pack was presented in a well designed folder which was given to residents on admission.

**Judgment:** Compliant

### Regulation 26: Risk management

A current safety statement was available for the centre. The risk management policy outlined how risks were identified and prioritised, and described additional controls in place for operational risks required under Regulation 26. A falls prevention statement was also prominently displayed on the wall near reception. An accident and incident log was maintained and reports were compiled by the person in charge and shared with senior management on a weekly basis to trend and analyse as part of the national quality and risk meetings held monthly.

Risks were identified and recorded in a risk identification form. These were added to a daily risk register, which included the date the risk was identified, controls in place, remedial actions taken to either remove or mitigate the risk. The general risk register identified the level of risk and controls in place for the risks identified.

**Judgment:** Compliant

### Regulation 27: Infection control

Overall, there were good infection prevention and control (IP&C) practices observed. A review of storage in sluice rooms was necessary to ensure compliance with best practice regarding IP&C.

**Judgment:** Substantially compliant

### Regulation 28: Fire precautions

Current fire safety certification was in place; fire training was up-to-date and fire drills and evacuations were completed cognisant of night duty staffing levels and
times were recorded and learnings identified. Procedures to be followed in the event of a fire were displayed prominently throughout the centre. Personal Emergency Evacuation Plans (PEEPS) for residents were in place that identified the different evacuation methods applicable to individual residents for day and night evacuations.

Inspectors saw evidence that in-house fire checks were taking place. Daily checks included escape routes, emergency lighting and a health and safety walk about. A manual call point was activated on a weekly basis and door release mechanisms examined.

Judgment: Compliant

**Regulation 29: Medicines and pharmaceutical services**

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. A new electronic medications administration records were being introduced in the centre at the time of inspection. All nursing staff were trained in the e-mar system and were articulate regarding it’s use and functionality. The medication management policy was being updated at the time of inspection to reflect the new e-mar system and the local procedure associated with ordering medications. The system had the ability to run reports such as antibiotic and psychotropic usage to enhance the quality improvement programme. Review of near misses formed part of the quality improvement strategy and following from one review weekly medication patches were now assigned for change on a set time and day to mitigate the risk of omissions.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities. Residents had evidence-based risk assessments to guide care and relatives and residents reported that they were consulted regarding their care. The sample of care plans and assessments reviewed demonstrated that they were timely updated and had quality information to enable a person-centred approach to care. Personal history information, life stories and residents interests were insightful and comprehensive and observation of staff engagement showed that staff knew residents’ histories and in general, interaction was positive and social. The buddy system was introduced which assigned a nurse and healthcare assistant to each resident to support that resident regarding all aspects of care and life in the centre. On admission, a three day food diary was maintained to assess the preferences of the resident and these records are shared with the chef.
and kitchen staff to ensure residents’ choices were facilitated.

**Judgment: Compliant**

**Regulation 6: Health care**

Records demonstrated that residents had timely access to medical care, specialist care, consultant and community services and allied health care professionals. The inspector noted that fit-for-life classes, physiotherapy, general practitioners (GPs), dietician, dentist, chiropody, optical and speech and language services (SALT) had been accessed. Residents and family members concurred with this.

**Judgment: Compliant**

**Regulation 8: Protection**

The service was pension agent for four residents. While personal bank accounts were set up for residents in October 2018, these had not been in operation due to a technical glitch. This was remedied on inspection to ensure appropriate processes for residents finances. Petty cash records were appropriately maintained to safeguard staff and residents.

**Judgment: Compliant**

**Regulation 9: Residents' rights**

There were four members in the activities team; there was a monthly team meeting where staff discussed peoples preferences, what people enjoyed and what they disliked and along with feedback from residents meetings and created a weekly activities calendar to reflect these. Group and 1:1 sessions were facilitated. Residents meetings were convened every two months and the chef attended these meetings to gain feedback regarding the menu choices and the menu was adjusted to their wishes.

Internet access and broadband were available in the centre. Daily newspapers as well as local magazines and news letters were available to residents. There was a residents information leaflet/magazine produced every three months which had lots of items such as welcoming new residents, a reflection on residents who may have passed away, activities and outings; arts projects displayed, heritage week celebrated and culture days were celebrated, and an annual Olympic games were
Activities boxes with an array of games were easily accessible in the day room. An activities calendar was displayed in several locations throughout.

A ‘dementia information’ notice board was located alongside the main day room with lots of material on living with and caring and respecting someone with a diagnosis of dementia. The dementia-specific supports and activities had been enhanced with the ‘memory impairment digital programme’ which projected animations onto a surface which residents could interact.

Residents and relatives gave wonderful feedback of all the staff including administration, nurses, care staff and the activities staff.

Judgment: Compliant
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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
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<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
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<tr>
<td>Regulation 16: Training and staff development</td>
<td>Not compliant</td>
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<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
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<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
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<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
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<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
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<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
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<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
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<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
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<tr>
<td>Regulation 4: Written policies and procedures</td>
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<td><strong>Quality and safety</strong></td>
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<td>Regulation 12: Personal possessions</td>
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<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
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<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
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<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
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<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
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<td>Regulation 26: Risk management</td>
<td>Compliant</td>
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<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
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<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
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<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
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<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
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<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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<tr>
<td>Regulation 9: Residents' rights</td>
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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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tr>
<td>Regulation 16: Training and staff development</td>
<td>Not Compliant</td>
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:
- Enhanced nursing supervision in the dining room through reviewing nurse practices with increased involvement of nursing staff at mealtimes.
- Involve the HCA staff in undertaking the QUIS exercise, allowing them to learn through observing quality of engagement. DON & ADON will review the learnings from QUIS assessments and discuss with all staff.
- Provision of staff training around Quality Dining Experience for the resident.
- Provision of staff training during moving and handling training to include quality engagement with residents when using equipment.

| Regulation 21: Records                                  | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 21: Records:
- Improved system of checking evidence of qualifications at the on-boarding stage.
- Human Resource personnel will now be allocated to spend dedicated time in CareChoice Ballynoe, this will improve the HR support service for the home.

| Regulation 17: Premises                                  | Not Compliant     |
Outline how you are going to come into compliance with Regulation 17: Premises:
• We are currently reviewing, in conjunction with the Director of Property Development, the best option for creating two additional shower rooms on the ground floor. We endeavor to complete this within a one-year period.

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<tr>
<th>Regulation 27: Infection control</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 27: Infection control:
• A review of storage will be undertaken to ensure items are stored correctly to minimize risk of cross infection.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 16(1)(a)</td>
<td>The person in charge shall ensure that staff have access to appropriate training.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>28/02/2020</td>
</tr>
<tr>
<td>Regulation 16(1)(b)</td>
<td>The person in charge shall ensure that staff are appropriately supervised.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/11/2019</td>
</tr>
<tr>
<td>Regulation 17(1)</td>
<td>The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/09/2020</td>
</tr>
<tr>
<td>Regulation 21(1)</td>
<td>The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>28/02/2020</td>
</tr>
</tbody>
</table>
designated centre and are available for inspection by the Chief Inspector.

| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 31/12/2019 |