



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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Ballynoe
Name of provider:	Carechoice Ballynoe Limited
Address of centre:	Whites Cross, Cork
Type of inspection:	Unannounced
Date of inspection:	06 April 2022
Centre ID:	OSV-0000210
Fieldwork ID:	MON-0035902

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 46 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 single and twin rooms downstairs and 12 single occupancy bedroom 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 many 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, dining 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:	36
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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 6 April 2022	08:30hrs to 18:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met residents on the day of the inspection and spoke to 4 residents in more detail. Residents gave positive feedback about the centre and were complimentary about the staff and the care provided, and said that staff were very kind and helpful.

There were 36 residents residing in CareChoice Ballynoe at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the infection control assessment and procedures by the administrator, which included a signing in process, electronic temperature check, hand washing and face covering. There was a hand-wash hub at main reception for visitors and staff to complete hand washing on entry to the centre. A hands-free waste bin was located alongside the hand-wash sink. Social distancing signage was displayed to remind people to maintain appropriate distance as part of their infection control safety precautions.

An opening meeting was held with the person in charge and the deputy person in charge which was followed by a walk-about the centre with the person in charge. CareChoice Ballynoe was a two-storey building with resident accommodation on both floors. The main entrance was wheelchair accessible and led into a reception area where information such as the statement of purpose and residents' guide were displayed. The main day room was to the right of reception and was set out in four large pods with comfortable seating and tables for residents to place their belongings, read the news paper or engage in activities. It was decorated for Easter with painted Easter eggs, chicks and bunnies in baskets and decorations on miniature trees and hanging from the chandelier lights. There was an exercise bike to help residents maintain their muscle tone and mobility. The interactive games console was previously located in the smaller day room but was re-located to the main day room to enable more residents participate in the activities, in particular, residents with a diagnosis of dementia.

The area around reception, Lee corridor and storage presses were recently painted and made the corridor brighter. New framed photographs were ready to be displayed; the person in charge explained that they were scenes of Cork – the old and new. For example, the Old English market in the 1940s and a current photo as part of reminiscence for residents. The large activities board was displayed on the Lee corridor and had information on the weekly activities scheduled. Other information displayed included access to advocacy services and local community material.

Group activities were gradually being re-introduced in line current infection control guidelines. One-to-one activities were facilitated in the day room as well as in residents' bedrooms. Mass was live streamed in the day room and following mass, tea, juices and snacks were offered to residents in the day room and the activities

co-ordinator called to bedrooms chatting with residents and offering snacks.

The transfer of one resident from wheelchair to armchair was observed in the day room. Staff provided instruction to assist the resident with the transfer. The interaction seen was friendly and respectful and the resident thanked the staff for her help. The staff said she would bring the resident's belongings from her bedroom and within a short time the care staff returned with the resident's items and actively engaged with the resident asking her which side she would like the table to be placed. Other interactions observed throughout the morning showed that staff were respectful towards residents, they knocked on residents' doors before entering and asked residents how they were and had they slept OK. When residents were being accompanied up to the day room, staff actively engaged with them and helped them to get comfortable in the day room. Other residents were seen to walk about independently to and from their bedroom. While most observation showed that staff actively engaged with residents, the inspector observed that occasionally some staff were seen to chat with each other for long periods of time and not engage with residents.

The dining room was to the left of reception and had full views of the entrance to the centre. Tables were seen to be set before residents' came to the dining room for their meals. Meal times were protected as medications were administered after meals to enable a normal dining experience. Serving of meals was observed and residents sitting together at tables were served together and staff actively engaged with residents when serving meals, however, staff tended to stand and supervise while waiting for meals to be ready for serving, rather than sit and chat and engage with residents. There was a large board displaying pictorial and written information of the menu choice of the day including the array of vegetables, and desserts. Food allergen information was displayed alongside this. Residents gave positive feedback about their meals and meals were seen to be well presented and appetising.

There were two further sitting rooms; one was a smaller quiet room, beautifully decorated and located alongside the office of the person in charge. The second, larger room, was off the back corridor and was used by residents and staff. This room had a kitchenette, comfortable seating and dining table and chairs, and patio door access to one of the enclosed gardens. The main garden was enclosed and was a large area with colourful raised flower beds, rattan garden chairs and tables. The weather on the day of inspection was inclement so residents remained in-doors.

Visitors were observed coming into the centre and the administrator guided them through the IP&C procedures. There was a live concert in a music venue in the city centre to raise funds to support the people of Ukraine. The person in charge had organised an eight-seater bus to take residents into the venue for the concert. Staff were seen to help residents get well wrapped up to go out for the 12midday concert. Residents, staff and family members were excited while waiting by the front door for the bus to arrive; two residents were singing and said they were getting in the 'mood' for the concert. The daughter of another resident said that she was so happy with the care and attention her dad was receiving and occasions like this brought such happiness to him.

There was orientation signage displayed around the centre to orientate residents to rooms such as the dining room and day room to allay confusion and disorientation. Nursing offices were by reception and easy to find. Residents' bedroom accommodation was beyond reception in adjoining corridors and bedrooms comprised single and twin bedrooms. Additional shower rooms were installed since the last inspection to enable residents easy access to shower facilities near their bedrooms, and they looked really well. The hairdressers' room was painted and re-decorated and there was a lovely ambiance to this room giving it a 'salon' vibe with a large floor-to-ceiling silver mirror and paintings displayed. Downstairs, bedrooms were personalised and decorated in accordance with residents wishes. Residents were encouraged to bring in their personal furniture, pictures and memorabilia, and a number of residents had personal items such as photographs, ornaments and books in their rooms. Flat-screen TVs were wall-mounted in bedrooms. Storage for residents' personal possessions comprised double wardrobes, chest of drawers and bedside lockers. Most bedrooms had comfortable bedside chairs. Some chairs and lockers were seen at the end of beds and not easily accessible to residents. Privacy screens in shared rooms were effective and ensured residents' privacy. The doors to residents' bedrooms resembled a 'front door' with wrought iron-like number and door knocker, and each was coloured differently as an aid to residents to identify their own 'front door'.

There was stairs and lift access to the upstairs accommodation which comprised 12 single occupancy bedrooms with toilet and wash-hand basin en suite facilities. Communal space comprised a sitting room and separate dining room with kitchenette facilities; both rooms were bright, comfortable and relaxing. Bath and shower facilities were available upstairs. There was a nurses station upstairs as well. The sluice room was located at the end of the corridor to the right and this was securely maintained.

Wall-mounted hand sanitisers were displayed throughout the centre with advisory signage demonstrating hand hygiene and staff were observed to comply with best practice hand hygiene. Staff and visitors were observed completing hand washing on entry to the building as well. There were separate staff changing rooms and canteen facilities available. Storage of personal protective equipment (PPE) was in designated spaces. The cleaners' room had a hand-wash sink and a low sluicing sink; mops were stored off the ground. New house-keeping trolleys were seen and these had lockable storage for chemicals and storage compartments for clothes and mop-heads. Cloths were colour-coded and housekeeping staff were knowledgeable regarding their appropriate use.

Separate linen trolleys were seen on each corridor to collect laundry which was segregated at source. The laundry was secure and arrows on the floor showed the work-flows to be adhered with to prevent cross-over of dirty and clean laundry. There were two sinks available however, there was a tube from the washing machine draining into the hand-wash sink. This was highlighted to the person in charge who remedied the issue and designated the second hands-free sink as the hand-wash sink, and moved the hand-wash signage, soap dispenser and paper towel dispenser to the newly designated sink.

Clinical rooms were securely maintained. The daily temperature checks of medication fridges were seen to be recorded. Medicines were seen to be labelled and dates of opening of the medication recorded. Controlled drugs were securely maintained in the secure clinical room.

Emergency evacuation plans were displayed in the centre; these were large and colour-coded with zones identified, however, evacuation routes were not identified; some were not orientated to reflect their relative position in the building.

The complaints procedure was displayed on both floors but it did not explain how someone would or could make a complaint, but rather the process once a complaint was made. The appeals person identified for complaints was the CEO.

Throughout the day, the inspector saw that the person in charge and ADON were well known to residents and they were familiar with their care needs. Overall, they promoted an open and transparent communication leadership style to enable a rights-based approach to care delivery.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a good service with effective governance and management, where a person-centred approach to care was promoted. There was a clearly defined management structure in place, with identified lines of accountability and authority. The inspector reviewed the actions from the previous inspection and found that actions were taken in relation to training and staff supervision, staff files and fire safety precautions. Further action was required regarding regulations relating to some fire safety precautions, how to make a complaint, additional fees to be charged, and care planning documentation.

CareChoice Ballynoe was operated by CareChoice Ballynoe Limited and was registered to accommodate 46 residents. CareChoice Ballynoe was part of the CareChoice group which operated a number of other nursing homes throughout the country. The governance structure of CareChoice comprised a board of directors with the CEO appointed as the nominated person representing the registered provider. The management team within the centre was supported by a national and regional management team of quality, finance, catering, maintenance and human resources (HR). On site, there was a recently appointed person in charge who was full time in post and he was supported by the newly appointed assistant director of nursing, and clinical nurse manager (CNM).

Systems introduced on the last inspection to monitor the service were embedded and effectively monitored the service. Minutes of meeting and ongoing regulatory

monitoring of the service through solicited information and liaising with the person in charge demonstrated that this was a responsive service. The quality and safety of the service was monitored through auditing and weekly collection of key performance indicators (KPIs) such as falls, restraints, infection, weights, pressure ulcers and complaints. Where deficits were identified, action plans were developed, with progress recorded. This information fed into the monthly clinical governance meetings, where issues such as human resources, incidents, audits, and key performance indicators were discussed enabling continuous monitoring of the service.

On a daily basis, care was directed by the recently appointed person in charge, who provided leadership to the team and was well-known to residents. The person in charge communicated with staff regularly, during daily hand-over and safety pause meetings, as well as formal meetings. The training matrix examined showed that training was up to date for mandatory and other training. Supervision of staff had increased with the appointment of the deputy person in charge who explained that she was 'on the floor' continuously providing guidance and mentoring for all staff. A new three-week induction programme was rolled out to ensure a thorough grounding and support for new staff. Staff appraisals were completed on an annual basis. The appraisals forms were discussed as the template seen did not lend itself to staff professional development or the identification of training wants and needs. A more comprehensive and fit-for-purpose staff appraisal was available but had not been rolled out. This was implemented on inspection to ensure that staff had access to a system that would support them.

Staffing level were discussed with the person in charge who provided assurances that staffing levels were under continuous review in line with the changing needs of residents and the increase number of residents. However, the duty roster did not reflect the current staff working in the centre. This was a repeat finding which the person in charge remedied once the issue was identified. Good oversight was seen of the training needs of staff and ongoing staff training was seen to be scheduled in the duty roster and staff allocation documentation.

There was a comprehensive record of all accidents and incidents that took place in the centre, and all had been notified as required by the regulations. Complaints were recorded in line with regulatory requirements. Records showed that complaints were followed up and investigated and the complainant was liaised with; the outcome of the complaint and whether the complainant was satisfied with the outcome was recorded. However, the complaints procedure displayed did not explain how to make a complaint.

Contracts of care were examined and information included in these were ambiguous regarding the additional fees to be charged including services provided free to residents under their medical card scheme. This was further discussed under Regulation 9, Residents' Rights.

Overall, this was a good service, with effective systems in place to ensure that residents received safe and appropriate care, with a rights-based approach to care

delivery promoted.

Regulation 14: Persons in charge

The person in charge was appointed in September 2021 and had the necessary experience and qualifications specified in the regulations. He was a registered nurse who was full time in post and actively engaged in the governance and operational management of the service. He demonstrated good knowledge regarding his regulatory responsibilities and commitment to promoting a rights-based approach to care. He was actively engaged in the governance, day-to-day operational management and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

The staff roster showed that the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

While most observation showed that staff actively engaged with residents, occasionally some staff were seen to chat with each other for long periods of time and not engage with residents or pay due attention when residents were calling for attention. It was observed that while staff actively engaged with residents when serving meals and assisting with meals, staff tended to stand and supervise while waiting for meals to be ready for serving, rather than sit and chat and engage with residents. Therefore, better staff supervision was required to ensure staff actively engaged with residents on a consistent basis.

Judgment: Substantially compliant

Regulation 21: Records

The duty roster shown to inspectors had those employed, on sick leave and staff

who were no longer working in the centre, and a staff member from another centre included in the duty roster. The 'worked' roster did not reflect all the current staff on duty on the day of inspection. This was a repeat finding. When it was identified to the person in charge he addressed the I.T issue and remedied the record to prevent it recurring.

The sample of Schedule 2 staff files showed that records in accordance with regulatory requirements were in place for staff prior to their commencement of employment. References were seen to be verified in the sample examined and HR staff assured the inspector that all staff references were verified.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, with identified lines of accountability and authority. There were management systems in place to oversee the service and the quality of care, and they were effective at identifying and addressing areas for improvement.

The schedule of audit for 2022 had monthly, quarterly, six-monthly and annual audits along with residents and relatives satisfaction surveys to provide additional information as part of the quality improvement initiative.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had contracts of care with fees and additional fees to be charged. The contracts detailed the room number the resident occupied and whether it was single occupancy or shared. Issues in relation to additional fees charged are outlined under Regulation 9: Residents Rights.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents, the inspector was satisfied that notifications were submitted as required by the regulations. An analysis of incidents was undertaken to mitigate recurrences and care plans were updated following incidents such as falls. There was also evidence

of learning from incidents to improve the quality of care and safeguard residents and staff.

Judgment: Compliant

Regulation 34: Complaints procedure

While there was a complaints procedure displayed, it did not outline to the reader how to make a complaint in line with regulatory requirements, but the process of managing a complaint once a complaint was made.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies as specified in Schedule 5 of the regulations were in place and were up to date.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life. In general, the rights and independence were promoted and residents were consulted about the service. Improvements were required under residents rights.

A sample of care documentation was examined and showed that two different records were maintained for transitional short-stay residents and residents admitted for long-term care. Transitional care plans were a holistic approach to care assessment and delivery. Mandatory assessments included pain, nutrition falls and CareChoice comprehensive assessment with the associated care plans to support individualised care. A 'head-to-toe' skin assessment was included in this and reflected an excellent review of the resident's skin condition so that staff had a good baseline of the resident's condition. Residents' admitted for long-term care had their needs appropriately assessed using validated tools, however, clinical information gleaned on assessments was not consistently included in care plans to ensure individualised care. The care plan relating to communication showed good insight into the individual and personal interventions to support the resident's communication needs. Residents' nutrition and hydration needs were comprehensively assessed. Where appropriate, records evidenced that families were

also consulted in the care-planning process. When relevant, a smoking assessment and care plan was in place. Residents' support needs were clearly documented in their personal emergency evacuations plans (PEEP) which were updated regularly; information such as the resident's requirement for oxygen therapy was detailed in the PEEPs. Advanced care directives to support individualised care at end of life were discussed with residents and their families and detailed the wishes of the resident.

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. The physiotherapist was on site on a daily basis and completed a full assessment on residents on admission to establish residents base-line; additional assessments were completed following re-admission to the centre or post fall. Short and long-term goals were set to provide support to residents to enable best outcomes for them. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, geriatrician, dietician, tissue viability and palliative care for example. Residents' notes included transfer information following a resident's transfer into and out of the service, to ensure the relevant information was communicated when a resident was transferred.

A medication round was observed and the nurse administering medications was knowledgeable and comprehensively reported on the medication system in place. A list was maintained for residents on antibiotic therapy and the nursing staff explained that this informed the weekly key performance indicators. Controlled drug records and storage was examined and these were maintained in line with professional guidelines.

Copies of letters from the person in charge to residents' families showed that he liaised with families, often on a daily basis to provide updates on COVID-19 precautions in the centre. Other letters showed invites to discuss their relatives plan of care needs going forward. Activities were mostly one-to-one engagement with residents due to the recent COVID-19 outbreak. Nonetheless, group activities were gradually being re-introduced in line with HPSC guidance.

The centre was visibly clean. Household staff spoken with were knowledgeable regarding best practice procedures for cleaning and infection control. Cleaning schedules including terminal cleaning checks were available and staff provided a thorough oversight of these procedures. A review of the stainless steel hand-wash sinks was requested in line with the recommendations of Department of Health guidance.

Emergency floor plans were displayed; they were colour-coded displaying fire alarm zones with a point of reference highlighted, however, secondary evacuation pathways were not detailed to ensure persons had access to escape routes available and were not orientated to reflect their relative position in the centre.

Overall, this inspection found that management and staff strove to ensure residents received a safe and quality service with systems in place to continually review the service enable a rights-based approach to care delivery.

Regulation 11: Visits

Visiting had opened up in line with current HPSC guidance of April 2022, (COVID-19 guidance on visits to long term residential care facilities, Health Protection and Surveillance Centre). Visitors were observed throughout the day; they were welcomed to the centre and staff completed the appropriate COVID-19 safety precautions with visitors upon entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had good access to personal storage space which comprised a double wardrobe, chest of drawers and bedside locker with lockable storage space.

The laundry service on site ensured that residents' clothes were labelled and returned to the correct resident. Residents did not report any deficits in the laundry service during the inspection.

Judgment: Compliant

Regulation 17: Premises

New shower facilities were in place and looked really well. In total, there were five shower rooms down stairs for 36 residents and two shower rooms and one bathroom upstairs for 12 residents.

Painting and redecorating had begun and those areas refurbished looked bright and fresh. The hairdressers' room was charmingly decorated and was an inviting place for residents to come while waiting for their hair to be up-styled.

Judgment: Compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were monitored and there was timely referral and assessment of residents' by the dietician and speech and

language therapist.

Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents in the dining room in an accessible format.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Copies of information provided when a resident was transferred in or out of the service were available, to ensure that relevant information was provided so the resident could receive appropriate care. Thorough information was forwarded to the receiving care centre to ensure the resident was cared for in accordance with their current assessed needs.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy had the risks as specified in the regulations.

Judgment: Compliant

Regulation 27: Infection control

While some sinks were upgraded they were stainless steel. A review of these was requested in line with the recommendations of the Department of Health, Health Building Note 00-10, Part C: Sanitary Assemblies.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Emergency floor plans were displayed; they were colour-coded displaying fire alarm zones with a point of reference highlighted, however, secondary evacuation pathways were not detailed to ensure persons had access to possible escape routes

available, and were not orientated to reflect their relative position in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medications stored in medication fridges were labelled and stored appropriately. Medications requiring to be crushed were individually prescribed and nurses administered medication from valid prescriptions. Controlled drugs were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' admitted for long-term care had their needs appropriately assessed using validated tools, however, clinical information gleaned on assessments was not consistently included in care plans to ensure individualised care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to GP services; the physiotherapist was on site on a weekly basis. Residents had access to allied health services such as dietetic and speech and language services. Good assessment and monitoring of wounds formed part of residents' care documentation.

Judgment: Compliant

Regulation 9: Residents' rights

Details in the contract of care were ambiguous regarding additional fees to be charged and appeared not to be in keeping with a rights-based approach to service delivery. Neither the statement of purpose or contract of care clearly stated or confirmed that residents were facilitated to access all services provided by their medical card scheme free of charge.

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for CareChoice Ballynoe OSV-0000210

Inspection ID: MON-0035902

Date of inspection: 06/04/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • There is a comprehensive training programme in place for all staff. • Staff will continue to receive training on engaging with residents. • Mealtimes are observed by a member of the clinical management team to ensure that appropriate assistance is provided to residents. • Regular QUIS audits are carried out at mealtimes and mealtime satisfaction surveys are completed as a means of monitoring and evaluating the mealtime experience for our residents. • Mealtime satisfaction is part of the agenda and discussed at the residents committee • As part of the daily handovers and safety huddles the Director of Nursing continues to outline to staff the importance of engaging with residents and this is also included in regular training. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • In line with Regulation 34(1) The home has an accessible, effective complaints procedure which includes an appeals procedure, and this was displayed in a number of 	

areas in the home in A3. Each resident and their family are made aware of the complaint's procedure. An additional guidance poster containing visual prompts has been collated by the Quality team and added to the complaints policy. The visual poster is displayed in the foyer accompanied by the complaints process for resident's ease of access.

- The home has a suite of educational/information leaflets, one of which details information on making a complaint and the complaints policy. These are displayed in the foyer for residents & families.
- In line with regulation, the complaints procedure contains an independent appeals process. The allocated appeals person is the Group CEO. The comment is noted and the appropriateness of the Group CEO and the appeals person will be reviewed.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- A review of the sinks in the nursing home is underway to take into consideration the recommendations of the Department of Health, Health Building Note 00-10, Part C: Sanitary Assemblies. A feasibility study for replacement of stainless-steel sinks will be completed.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The floor plans were recently updated post request in response to the September HIQA inspection report. The plans now include color coded compartments in each section. This now shows the fire compartments in full colour and the escape route corridor in full green which are in keeping with the Fire regulations.
- As per the inspector stated, "The most recent inspection identified evacuation pathways were not detailed to ensure persons had access to the building layout and escape routes available and were not displayed to reflect their relative position in the centre". In addressing this matter, we have consulted with an external fire professional, and we have decided not to add directional arrows to the evacuation plans, as there may be a risk of confusion if direction arrows are input in various directions to take in the event of a fire. When we are evacuating an area, we train our staff to turn their back on the fire and move away from the origin of the fire to the nearest exit or in the case of PHE to the

next safe one-hour fire compartment as shown in a different colour on the evac plan. The green running man directional sign is highlighted at final exits, and we will include the escape route in the legend.

- In addition, we will orient the drawings to reflect the location for the viewer.

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

- The PIC and Clinical Management team will continue to provide support and direction to the nursing team to ensure that all information gathered following assessment of residents is included in the individualized resident's care plans.
- The nursing team are provided with a care plan toolkit to assist them in assessment and care planning.
- The Clinical management team will continue to complete care plan audits each month to ensure that they are personalized, updated and meet the requirements. Each nurse will be provided with feedback from the audit with support and supervision provided as part of follow up.
- A review of all care plans will be completed as part of the auditing schedule

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The contract of Care and Statement of Purpose both outline in detail the charges applicable for services not covered by the GMS. The following paragraph, included in the Contract and the SOP:
 - o "GP: Improved inhouse access & waiting times with onsite visits. Medication review and EMARs documentation"
 For the avoidance of doubt the paragraph it will be replaced with the following for clarity:
 - o "GP services not covered by the General Medical Scheme"
- The contract of care for new residents and the SOP will be amended. Existing resident will be written to clarify same.



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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/07/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including	Substantially Compliant	Yellow	30/06/2022

	evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	01/08/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	01/10/2022
Regulation 9(3)(e)	A registered provider shall, in	Substantially Compliant	Yellow	30/09/2022

	so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.			
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