



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

Issued by the Chief Inspector

Name of designated centre:	Ballincollig Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Murphy's Barracks Road, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	15 June 2021
Centre ID:	OSV-0000712
Fieldwork ID:	MON-0031309

About the designated centre

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

Ballincollig Community Nursing Unit is a purpose-built facility consisting of 2 integrated building blocks with 4 residential wings. It is registered to accommodate a maximum of 100 residents. It is a 3 storey building and each of the 4 residential wings comprises 25 beds, 17 single bedrooms, two twin bedrooms and a 4 bedded room. All bedrooms are en-suite with additional toilet facilities on each corridor. Also, in each wing, there are two dining rooms, a kitchenette, two day rooms and two nurses' stations. The ground floor comprises the reception area with seating, a prayer room, smoking room, quiet/visitors room, physiotherapy and occupational therapy room and a hairdressing room. There is also a kitchen, laundry, staff quarters and offices for the home manager and administration. Ballincollig CNU provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided. There are two dedicated Dementia Units for residents who require specific care throughout the various stages of dementia.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	86
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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
Tuesday 15 June 2021	08:30hrs to 17:30hrs	Breeda Desmond	Lead
Wednesday 16 June 2021	09:15hrs to 19:00hrs	Breeda Desmond	Lead
Wednesday 16 June 2021	09:15hrs to 19:00hrs	John Greaney	Support

What residents told us and what inspectors observed

There were 86 residents living in Ballincollig Community Nursing Unit on the day of inspection. The overall feedback from residents was that staff were kind and helpful. Staff provided really good care including wound and dressing care. Residents reported that the physiotherapy sessions and occupational input enabled them to improve their mobility. Three residents said that when they were admitted to the centre they were unable to walk or use their equipment and now they were walking and able to use the assistive equipment available. Every morning the activities person calls to see how we are doing and tell us what's happening for the day and invites us to the activities. Another resident complimented the care and staff, however, the resident complained their laundry was not collected as agreed. Although the staff member followed it up, it was not addressed in such a way as to prevent recurrence of the issue, and it was not recognised as a complaint or recorded as such.

Ballincollig Community Nursing Unit was located within a large site surrounded by mature gardens and driveway. This was a three storey facility set on a sloped site with resident accommodation on three floors, with lift and stairs access to the first and second floor. The centre was bright and homely with comfortable communal spaces for residents to enjoy. Units were named after local rivers of Laney, Bride, Maglin and Shournagh and each unit accommodated 25 residents. Bride and Maglin were two Memory Care Units for residents who required specific care throughout the various stages of dementia. Each unit was self-contained with dining rooms, sitting rooms, relaxation room and pantry. In addition to facilities on each unit there was a large space between Maglin and Laney which was used for larger group activities located on the first floor; the physiotherapy gym was located near the main reception on the ground floor. Information such as the statement of purpose, residents' guide, annual review and inspection reports were displayed at the entrance of each unit.

Inspectors arrived to the centre in the morning for an unannounced inspection and staff guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check. The receptionist guided the inspectors through this process. There was COVID-19 advisory signage, hand sanitiser, temperature check and sign-in sheets available here. The main entrance was wheelchair accessible. Entrance to the residents' accommodation units beyond reception were keypad access to each unit.

The oratory was by the main reception and this room opened out to the seating area by the entrance to Bride Unit. Mass was celebrated here in the afternoon of the inspection and many residents attended here; mass was also live-streamed to bedrooms and units for residents to participate.

There were lovely seating areas by reception with fireplace and complementary soft furnishings. One of the outdoor gardens could be accessed from here. The visitors room to the left of main reception was a lovely cosy room with comfortable seating. Throughout the day visitors were seen being welcomed into the centre and IP&C precautions completed. One resident became very emotional when they saw their visitors and said they were so happy and it was so nice to have visitors again.

The centre was recently painted and residents were shown a colour melange of 14 different combinations to choose from; most residents chose a combination of these while two chose their own colours. One resident informed inspectors that she decided on her own colour scheme and was delighted and said she felt quite at home there.

Murals were being painted on the corridors of each unit to brighten them up and this was planned in the weeks following the inspection. Large colourful notice boards at the entrance to each unit had photographs of residents involved in activities. Along corridors there were huge frames displaying residents enjoying activities and these were changed regularly by the activities co-ordinators following events such as St Patrick's Day, making pancakes, Easter celebrations and birthday parties.

Inspectors met with residents in their bedrooms, day rooms, seating area at main reception and in the physiotherapy and occupational therapy room. The physiotherapist and occupational therapist worked together to provide a robust individualised care package for residents to enable best outcomes for each resident. Inspectors were invited to the gym and sat and chatted with residents about their exercise programmes. Scheduled individual sessions were organised and residents reported their times for using the exercise bikes. Residents reported improvements in their level of mobility and either improvement or maintaining muscle tone and activity. One resident said that her exercise bike slot was 09:00hrs and it gave her a great start to her day. Another resident bought a fit-bit and they aimed to complete 20k steps per day and most days this was achieved. They had started the 'Walking Talking' group and had enjoyed an outing to Ballincollig Gunpowder Trails Regional Park. A resident showed photographs of their recent trip of them enjoying take-out coffee in the regional park.

Molly the dog was enjoying the company of one of the resident's by the seating area at main reception. The resident said that Molly usually called to their room everyday but they had missed each other that morning and was delighted to catch up with her in the afternoon. The resident was independently mobile and went out to the GAA pitch nearby whenever there was training or a match and had got to know lots of people and enjoyed the activity and company. He was very complimentary about his life in the centre and the friends he had made.

Lots of activities sessions were held on each unit such as knit and natter, baking and baking demonstration and arts session. The smaller sitting rooms on each unit had a microwave oven and shelving and the activities person explained that baking sessions were facilitated here in smaller groups as this suited some residents better than being in larger groups. Photographic displays showed residents mixing ingredients and then enjoyed the fruits of their activities with a cup of tea

afterwards. While there was positive interaction noted by most staff, one staff member was writing notes while providing care to a resident and another staff was on the computer while providing supervision and care. Both inspection days were gorgeous hot summer days and while residents were observed being taken for walks in turn, there was no one sitting outside enjoying the fine weather. When the inspector asked about this they were informed that 'today was bingo' so 'they wouldn't be outside', but there was no reason why bingo could not have been played outside. Approximately 30 residents attended the bingo session; one of the residents was the 'number caller' and five HCAs and activities person supported the activity. While there were other activities for the remainder 56 residents, none of these were facilitated outdoors for residents to enjoy the fresh air and sunshine.

The activities person showed the movie of the summer soirée of 2020 garden party where everyone looked to be having a great time of fun, music and food. The stage was a 'cat walk' for residents to show off their finery as well as their dancing prowess. There were 11 nationalities of staff working in the centre and they exhibited their national dress and dance for residents. This year's gathering was being planned at the time of inspection.

The service had opened up to visiting in accordance with current HPSC guidance, and residents and families were happy with the arrangements. Families were familiar with the HPSC routine and were happy that staff were vigilant in safeguarding their loved ones.

Five residents spoken with on one unit gave positive feedback about most of the care they received, however, they reported that there was nothing happening after tea at 17:30hrs, and the expectation by staff was that residents would go to their bedrooms until the following morning; residents said this made the evenings very long.

Mealtimes were observed and significant improvement was noted regarding the dining experience for residents. In general, residents were served and assisted in a relaxed and social manner with positive interaction. It was lovely to see breakfast served in the dining rooms and residents enjoying each others' company. Tables were pleasantly set for residents with cutlery and serviettes prior to residents coming to the dining room for their main meal. Serverys were brought to dining rooms for the main meal where residents could see their menu choices, and meals were well presented including textured meals. Residents gave positive feedback about their meals and the quality of the food served. Nonetheless, it was observed that a HCA was using their mobile phone to text while providing assistance to a resident with advanced cognitive decline. Later on in the day, tea time was observed. Tea was served from large transparent jugs filled to the brim with a milky appearance and tea bags bobbing on the surface, which was not in keeping with how tea should be served. When the inspector asked what was being served, she was informed that it was tea with milk protein powder added to provide additional protein for residents. This meant that all residents received a high protein drink. This practice was not recognised as inappropriate by the unit manager.

Personal evacuation plans were available inside the bedroom doors of residents.

Most bedrooms were decorated in accordance with residents wishes and preferences, however twin and multi-occupancy bedrooms were mostly devoid of personalisation. There were small notice boards in these rooms for residents' to display photographs. Apart from being inadequate to display personal item, staff had covered over photographs and cards with denture check lists and other clinical information preventing residents from seeing their memorabilia.

While observation on both days of inspection found that the centre was visibly clean, some of the cleaning practices were poor. For example, one household staff was observed to stack dining chairs to clean the dining room floor, however, the staff hit the legs of the chairs off tables when stacking the chairs. Hand gels was offered to residents while awaiting their main meal but the staff member rested the gel container on each resident's hand while dispensing the gel rather than holding it away from the skin to prevent cross infection.

The laundry was examined. This was being upgraded at the time of inspection as new stainless steal wear was put in place and they were awaiting the installation of additional machines. Good work flows were described with a dirty entrance and clean exit, however, staff were observed entering through the clean side and going into the dirty side. Signage on the door would assist and remind staff of the appropriate entry into the laundry.

There was a lovely balcony upstairs for residents to enjoy. The large raised flower bed had recently planted flowers which brightened the balcony. However, there were issues relating to health and safety identified, for example, some flags here were not secure and were mobile, which was a risk and falls hazard; the balcony wall was not at a sufficient height to be assured that it was a safe place to be.

Issues identified with evacuation floor plans:

- they were older floor plans and did not accurately reflect the current building layout on the ground floor
- evacuation routes were missing from some plans displayed
- they did not identify the unit or adjacent unit
- some evacuation plans were not orientated to reflect the position in the centre.

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, findings on this inspection were that the residents' needs were generally met. Ballincollig Community Nursing Unit was a residential care setting with the Health Services Executive (HSE) as the registered provider and operated by Mowlam

Healthcare Unlimited Company. The organisational structure comprised the HSE general manager, Chief Executive Officer (CEO) of Mowlam Healthcare Unlimited Company, director of care services, healthcare manager, human resources, facilities and finance departments. On site, the person in charge was full time in post and was supported by the assistant director of nursing (ADON). The governance structure had recently been strengthened with the appointment of a supernumerary clinical nurse manager 2 (CNM) on each unit, in addition to a CNM 1; two additional CNMs¹ provided support to the service over weekends where each CNM had responsibility for two units. The ADON and person in charge were on call at weekends to provide further support to the service.

As part of their quality improvement (QI) each CNM was given responsibility as lead for a clinical area such as medication management, responsive behaviour, restrictive practice, food and nutrition, infection prevention and control, health and safety, and fire safety for example. Some of these roles were more evolved than others as some CNMs were recently appointed to roles. Fire safety was established for some time and the CNM undertook weekly sessions with staff regarding drills, evacuations, updating personal evacuation plans for example; additional signage was placed over high glass panels as reminders to staff regarding compartmentation in each unit.

Actions from the previous inspection were followed up and this inspection demonstrated that most had remedial actions completed in relation to identified fire safety precautions, dining experience for residents, security of sluice rooms and food storage on units. Areas identified on this inspection requiring further attention were staff supervision, risk management, terminal cleaning checks, transfer of information, Schedule 2 staff information, and contracts of care.

This service was subject to two COVID-19 outbreaks, one in December 2020 and the second in January 2021. A post COVID review was completed where the service was analysed to see what had worked during the outbreak; following this, additional protocols were put in place for each department with responsibilities assigned to heads of each department. The IP&C improvement plan for 2021 showed ongoing training, demonstrations of PPE and best practice to staff, along with audits of hand hygiene, practice and environmental cleanliness. The COVID-19 communication folder included lovely photographs of residents on video calls with their relatives during the COVID-19 lock-down as well as e mails and letters to residents, staff and relatives providing ongoing information about the necessary precautions of the COVID-19 lock-down.

The statement of purpose was updated on inspection to include the current person representing the provider. Schedule 5 policies procedures and guidance were available and were all up to date.

The annual review for 2020 was available and displayed on each unit. It detailed the quality of care such as audits of key performance indicators such as pressure sores. While this showed a thorough analysis of the occurrence of pressure sores and controls put in place to mitigate the risk associated with this pressure sores, However, this review of the service was not undertaken in consultation with residents as required in the regulations. Quality of life initiatives seen throughout the

inspection of the activities and involvement of residents and families in the centre were not included in the review.

The risk register was reviewed and this had significant detail relating to risks associated with COVID-19 plus other clinical and non-clinical risks with risk ratings applied, date of review of risks and current status providing good oversight of the service. Minutes of the monthly quality and safety management meetings included a review of risk with the associated action register. Quality and safety agenda items were HIQA requirements, clinical, audit and governance oversight, staffing, finances and facilities. Weekly meetings were held in the centre with staff from each department to provide continuous oversight, consultation and communication with areas such as activities, catering, health and safety, and findings from these meetings fed into the monthly quality and safety meetings.

The annual audit schedule was in place. Audits were set out in a format of areas for improvement, the proposed quality improvement plan (QIP), responsibility assigned for the QIP, implemented date and completion date. Any non compliance identified had an action plan developed with updates on progress of the specific action. The schedule of audit had audits completed on a two-monthly basis, and on the third month a review of action plans was undertaken and progress and status recorded.

Contracts of Care were examined and while fees and additional fees to be charged were detailed on the contracts, the specific room and number of residents in a particular room were not detailed, which was not in line with regulatory requirements of setting out the terms on which the resident shall reside in the centre. The registered provider made the decision some months previous to change the purpose and function of one unit to a Memory Care Unit as there was a growing need for such units to provide for residents who required specific care throughout the various stages of dementia. As many residents in the unit did not require such care, they were asked to move to a different unit. Most residents agreed to this and two residents refused as this was their home and had occupied their said rooms for some time, and were happy with their location. While the person in charge had engaged with residents advising them of the decision by the registered provider to change the purpose and function of the unit, due deference and respect was not provided by the registered provider to residents regarding honouring their contract of care.

Staff rosters were examined and there were adequate staff to the size and layout of the centre. Staff confirmed that they had additional training to support them relating to COVID-19 pandemic such as infection prevention and control, hand hygiene, donning and doffing PPE. Some training was via HSEland and follow-up information sessions to ensure staff knew and understood the course content was done for safeguarding training. While there was several training scheduled for June, July and August for safeguarding, moving and handling, communication skills, infection prevention and control, medication management, fire safety, the training schedule reviewed showed that managing challenging behaviours (39), safeguarding (19), fire safety (76) and manual handling training (26) was overdue. While there was a general induction programme completed by all staff, a role-specific induction to ensure relevant staff were appropriately inducted for their role and responsibility,

was not seen.

Staff appraisals were almost completed for all staff for 2021. A sample of staff files were reviewed. While most were comprehensively maintained, there were gaps in employment history in one file examined; one reference did not correlate with the information in the CV; one staff file reviewed did not have a vetting disclosure for the staff member before they commenced employment and was employed for several months without the necessary vetting disclosure.

Staff rosters were examined and there was adequate staff to the size and lay out of the centre and the current resident numbers. The physiotherapist was on site three days per week and the occupational therapist one day per week. They worked together as they found that residents had better outcomes when they collaborated and jointly developed individualised programmes for residents. As well as providing support to residents, they facilitated staff education and provided information to families regarding therapies and exercise regimes they put in place for their relative. The mens' shed was set up and has evolved to include discussion groups and demonstrations to improve residents mobility and transfer movements. All of the interventions were recorded as part of the multi-disciplinary team meetings notes maintained on line. Residents often self-referred to the physiotherapy gym. Scheduled exercises were in place and many residents spoken with gave their time slots for the exercise bikes. The physiotherapist and occupational therapist completed ward rounds regularly and all newly admitted residents were referred to the them.

Some staff supervision was noted during the inspection, but better staff supervision and mentoring was required to ensure that a rights-based approach was known, understood and promoted to enable best outcomes for residents. Examples of this were provided throughout the report, for example, the dining experience.

Records of incidents and accidents were comprehensively maintained. Most notifications submitted to the Office of the Chief Inspector correlated with these, however, two deaths of residents notified to the Office of the Chief Inspector in the quarterly notifications should have been notified as unexpected deaths (NF01) in line with the guidance issued to providers regarding COVID-related deaths. The most recent notification relating to confirmed or suspected cases of COVID-19 was not appropriately updated to reflect a suspected case. There was a delay in submitted another 3-day notification; this was followed up by the person in charge as there were several delays in the process of staff reporting incidents to their line manager identified. Further staff training was provided to staff following this in relation to safeguarding to be assured that staff knew and understood the importance of reporting such incidents ensuring they could be addressed immediately.

The complaints records were examined. There were details of the investigation, interactions with the complainant, learning and actions to mitigate recurrence of such an incident. However, a resident raised a laundry issue with the inspector who brought it to the attention of a member of staff. While the issue was followed up, it was not addressed in such a way that such an episode would not re-occur; the

concern was not logged as a complaint by the CNM on the unit.

While policies, procedures and guidance in line with Schedule 5 were available, the policy for transcription in medication management was not robust and did not provide explicit direction for staff in transcribing. One prescription had transcribed medication, however, this was not done in line with their policy or undertaken cognisant of ABA guidelines; in addition, the medication had been administered for four days by nurses without a valid prescription.

The inspectors recognised that residents, relatives and staff had come through a difficult and challenging time following the COVID-19 outbreaks in the centre. Inspectors acknowledged the efforts made by the registered provider to strengthen the governance and management of the centre including the recruitment and appointment of CNMs 2 to each unit and CNMs 1 at weekends. However, opportunities for the consolidation and embedding of systems was necessary to ensure a robust service that promoted a rights-based approach to care delivery.

Regulation 14: Persons in charge

The person in charge was a registered nurse who was full time in post and had the necessary experience and qualifications as required in the regulations. She positively engaged with the regulator during the inspection.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staffing levels to the size and lay out of the centre and the dependency of residents.

Judgment: Compliant

Regulation 16: Training and staff development

While there was several training sessions scheduled for June, July and August, records reviewed found significant gaps in mandatory training with overdue training as follows:

- 19 safeguarding
- 39 managing challenging behaviours

- 26 manual handling.

While there was a general induction programme completed by all staff, a role-specific induction to ensure relevant staff were appropriately inducted for their role and responsibility, was not seen.

Better staff supervision and mentoring was required to ensure that a rights-based approach was known, understood and promoted to enable best outcomes for residents.

Further medication management training was required as transcription of one medication was not completed in line with policy or undertaken cognisant of ABA guidelines; in addition, the medication was administered for four days by nurses without a valid prescription, .

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents was maintained in line with the information specified in Schedule 3.

Judgment: Compliant

Regulation 21: Records

Issues relating to Schedule 2 records of staff files:

- gaps in employment history was seen in one file examined
- one reference did not correlate with the information in the CV
- one staff file reviewed did not have a vetting disclosure for the staff member before they commenced employment and was employed for several months without the necessary vetting disclosure.

Judgment: Not compliant

Regulation 23: Governance and management

Inspector were not assured that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored and

additional assurances were required regarding:

- residents rights
- contracts of care
- staff recruitment procedures
- staff mentoring and supervision
- oversight of notifications
- individual assessment and care planning
- annual review of the quality and safety of care was not undertaken in consultation with residents as required.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of Care examined did not detail the specific room and number of residents in a particular room, which was not in line with regulatory requirements of setting out the terms on which the resident shall reside in the centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to reflect the current registered provider representative.

Judgment: Compliant

Regulation 31: Notification of incidents

Two deaths of residents notified to the Office of the Chief Inspector in the quarterly notifications should have been notified as unexpected deaths (NF01) in line with the guidance issued to providers regarding COVID-related deaths.

The most recent notification relating to confirmed or suspected cases of COVID-19 was not appropriately updated to reflect a suspected case.

There was a delay in submitted another 3-day notification due to delays in staff reporting events to their line management.

Judgment: Not compliant

Regulation 34: Complaints procedure

On the day of inspection, a resident raised a laundry issue with the inspector who brought it to the attention of a member of staff. While the issue was followed up, it was not addressed in such a way that such an episode would not recur; the concern was not logged as a complaint by the CNM on the unit.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and were updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents feedback about life in the centre was generally good and were happy with the quality of the service. The inspectors observed that staff were kind and were familiar with residents preferences and choices. In general, staff positively and actively engaged with residents including residents with complex communication needs. Residents surveys were undertaken in January with feedback received from nine residents and four families.

Photograph albums and displays on each unit showed pictures of events and celebrations such as the St Patrick's Day parade where residents and staff dressed up with green white and gold garlands, sashes and boas; ladies had Easter bonnets and there were lots of photos of residents enjoying their Easter eggs; knit and natter groups; birthdays parties including a recent centenary birthday celebration. A monthly news bulletin leaflet was developed during COVID lock-down which was sent to families to keep them updated with the life and times in the centre and included photos of aforementioned events.

The activities person had completed 'A Little Bit About Me' for each resident on each unit to provide concise personable information for new staff to get to know residents likes and dislikes and help build relationships. Staff reported that this information was invaluable during the COVID-19 lock-down as part of socialisation with resident.

A well-being programme was established which included a 24 hour menu for residents, fruit baskets and juices; the activities programme was expanded and including exercises, mens' shed and social interaction.

Visiting had recommenced and visits were scheduled and facilitated in the afternoons over a seven-day period. Inspectors found that the person in charge had ensured that visiting arrangements were in place in line with the current guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities).

Pre-admission assessments were completed and that the initial care documentation was created based on this, however, the hard copy pre-admission assessment was not easily retrieved. This was remedied at the time of inspection whereby, pre-admission assessments were scanned onto the residents' documentation on the computer. Assessments were undertaken and additional input, assessment and management was provided by the geriatrician and psychiatry of old age when relevant. Care plans documentation was in accordance with activities of daily living providing a holistic picture of the care to be provided to individual residents, however, information available in assessments was not always transferred to the care plan. For example, the resident's assessment for food and nutrition detailed that the resident had specific dietary requirements but this was not specified in their care plan. That care plan was not updated following review by the dietician and change in management of the resident's care.

There were mixed findings in documentation reviewed for residents who smoked. One resident had an appropriate assessment and care plan for smoking with safeguard controls put in place to mitigate risk; the second resident's documentation reviewed showed conflicting information between the assessment and care plan; the third resident did not have a risk assessment or care plan for smoking.

Residents notes included transfer information following a resident's transfer back into the centre from another service. However, copies of information provided when a resident was transferred out of the service to another service was not kept in the centre, so it could not be determined whether all relevant information was provided so the resident could be appropriately cared for by the receiving facility.

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. Timely referrals were requested to specialist services and residents had access to psychiatry of old age services, dietician, and palliative care for example. While some residents were referred to the tissue viability nurse specialist (TVN) to enable best outcomes for residents, other wound care documentation showed input from TVN was not requested.

Responsive behaviour assessments and care plans had good levels of detail around antecedents to behaviours and de-escalation techniques to be used should the need arise. There was good oversight of restrictive practice with just one bed rail used in the centre. Other assistive equipment comprised low low beds and safety mats. Continual audit of psychotropic medication showed that residents were reviewed,

assessed and re-evaluated regarding their responses to medication which had resulted in a significant reduction in PRN (as required) psychotropic medicines usage. Anti-microbial stewardship information demonstrated really good oversight and interventions to protect residents.

The premises was recently painted and re-decorated and further re-decoration was scheduled. Planned works were due to commence on the gardens to paint and decorate the furniture and further landscape the gardens. There was a lovely balcony area upstairs however, the stone flag surface here was uneven as some of the flags were loose and posed a trips and falls risk.

Deep cleaning schedules were introduced for each unit on a two-week rotation; in addition to this, curtains and mattresses were deep cleaned twice a year, June and November, and when the room became vacant.

Residents finances showed that appropriate controls were in place to safeguard residents and staff regarding maintaining residents finances.

Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were in place in line with the current guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities).

Judgment: Compliant

Regulation 12: Personal possessions

Personal wardrobe storage space in twin and multi-occupancy four-bedded rooms comprised single wardrobes which was inadequate for residents living in long-term residential care.

Judgment: Substantially compliant

Regulation 17: Premises

There was a lovely balcony area upstairs however, the stone flag surface here was uneven as some of the flags were loose and posed a trips and falls risk. Assurance was required regarding height of balconies to be assured it was a safe place to be.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had menu choice and feedback from residents was positive regarding their food. In general improvement was noted in the dining experience.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Copies of information provided when a resident was transferred out of the service to another service were not retained in the centre, so it could not be determined whether all relevant information was provided so the resident could be appropriately cared for by the receiving facility.

Judgment: Substantially compliant

Regulation 26: Risk management

Policies and procedures were in place in line with regulatory requirements including specified risk detailed in the regulations.

Judgment: Compliant

Regulation 27: Infection control

Cleaning staff were observed to hit the legs of chairs off tables when stacking the chairs. Hand gels was offered to residents while awaiting their main meal but the staff member rested the gel container on each resident's hand while dispensing the gel rather than holding it away from the skin to prevent cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The emergency evacuation plans displayed did not always have evacuation pathways clearly set out.

Floor plans on display were not reflective of the current layout of the ground floor of the centre.

Floor plans they were not always orientated to reflect their position in the building.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medications were securely maintained on each unit. Controlled drugs were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Information available in assessments was not always transferred to the care plan. A care plan was not updated following review by the dietician and change in management of the resident's care.

Documentation reviewed showed conflicting information between the assessment and care plan for a resident that smoked; another resident that smoked did not have a risk assessment or care plan for smoking.

Judgment: Substantially compliant

Regulation 6: Health care

While some residents were referred to the tissue viability nurse specialist (TVN) to enable best outcomes for residents, other wound care documentation showed input from TVN was not requested, which may have provided better outcomes for residents.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Responsive behaviour assessments and care plans had good levels of detail around antecedents to behaviours and de-escalation techniques to be used should the need arise. There was good oversight of restrictive practice with just one bed rail used in the centre. Continual audit of psychotropic medication showed that residents were reviewed, assessed and re-evaluated regarding their responses to medication which had resulted in a reduction in PRN (as required) psychotropic medicines.

Judgment: Compliant

Regulation 8: Protection

Comprehensive oversight of residents' finances was evidenced.

Judgment: Compliant

Regulation 9: Residents' rights

Non compliance was identified in the following areas:

- the registered provider made the decision some months previous to change the purpose and function of one unit to a Memory Care Unit. As many residents in the unit did not require such care, they were asked to move to a different unit. Due respect was not afforded to residents by the registered provider regarding honouring their contract of care.
- notice boards in twin and multi-occupancy bedrooms were inadequate for residents to display their photographs and cards. Residents cards and photo memorabilia was covered over by clinical and staff information.
- privacy screens in the multi-occupancy bedrooms was inadequate to ensure the privacy and dignity of residents. This was a repeat finding.
- residents in Shournagh had no evening time activities and reported that the evening could be very long
- institutional practices were observed when serving tea on one unit.

Judgment: Not 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	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not 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	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially 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	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ballincollig Community Nursing Unit OSV-0000712

Inspection ID: MON-0031309

Date of inspection: 16/06/2021

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	Not 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"> • The PIC will ensure that all staff have received up to date mandatory training and education in line with legislative and regulatory requirements. • There are role-specific induction programmes in place, and we will maintain a record of these for each staff member in the individual personnel files. • The PIC will ensure that there is always a suitable skill mix of staff rostered and that staff allocations are determined based on resident care needs and dependency levels. • Staff have received education and training regarding safe administration of medications, CNM2 on each unit will monitor practice and review medication administration records weekly. Compliance with safe administration of medication will be monitored by these records reviews and regular medication management audits. • There are robust clinical supervision arrangements in place. There is a supernumerary Senior CNM on each unit and they report to the ADON, who provides clinical leadership and supports the PIC. This level of managerial oversight will facilitate appropriate supervision and mentorship of staff and provide opportunities to improve the quality of individualised care to residents, with a strong focus on a human-rights based approach to care delivery. • There are weekly team meetings between the PIC, ADON and Senior CNMs for the purpose of setting priority objectives for the week and each manager will complete rounds in the clinical areas to monitor practice. 	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records:	

- All staff files have been audited since the inspection and are now in full compliance with Schedule 2 requirements.
- All CVs have been reviewed and any gaps in CV's now have an explanation documented, and all references correspond with CVs.
- All newly appointed staff will have a complete employee file that includes Garda vetting prior to commencing employment in the Centre.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- There is a clearly defined management structure in the nursing home.
- The PIC is supported by the Healthcare Manager and the Director of Care Services in the achievement of all required objectives and in ensuring that there are safe, high quality systems of Governance and Management in place.
 - The PIC oversees all operations within the nursing home and attends Safety Pauses and handovers daily.
 - The ADON, supported by a Senior Clinical Nurse Manager on each of 4 units provides clinical leadership and supervision, ensuring that staff are appropriately deployed, that the needs of all residents are met in a timely manner and that the quality and safety of the services are appropriate. In addition, there are 2 Clinical Nurse Managers rostered in a supernumerary capacity to provide clinical leadership at weekends.
 - In addition to regular daily communication updates, the PIC has a scheduled weekly team meeting with the ADON and CNM's to agree priorities and improve the arrangements for clinical management oversight including supervising, shadowing and coaching staff members on a one-to-one basis as part of competency assessment and performance development.
 - The PIC completes reports on all key performance indicators (KPIs) on a weekly basis so that there is a good awareness of all safety and quality issues and will ensure that quality and safety initiatives are implemented and maintained within the home.
 - A management team meeting is held each month, and this is attended by a representative of each department in the home; at this meeting, a review of all operational aspects of the home is undertaken, including key performance indicators (KPIs), risk management, audits, progress on identified actions and updates on quality improvement initiatives.
 - The PIC ensures that there are always sufficient staff available to deliver care in accordance with the dependency levels, occupancy and general requirements of residents.
 - The PIC is available to meet with residents and family members as required and regularly visits residents throughout the day to ensure that they are safe, comfortable and content. The Senior CNM consults residents and relatives regarding care plans and keeps them updated and seeks feedback and suggestions regarding any proposals to change or improve the home environment or activities.

- The Annual Review of quality and safety has been undertaken in consultation with residents, and their comments, suggestions and feedback have been incorporated into the review.

Regulation 24: Contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

- All contracts will be reviewed to ensure that the bedroom number and number of occupants of each room is specified on all contracts of care.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- All Covid19 related deaths will be submitted as NF01, irrespective of cause of death.
- Close contacts of Covid19 will be added as suspected cases and will be notified and updated daily on HIQA portal.
- The PIC will review incidents and complaints weekly to ensure that there are no delays in reporting events to line management and no delay in notification submission to the Authority.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- The PIC and management team in the home always seek to resolve every complaint as early as possible and ideally, at the first point of contact.
- All complaints will be reviewed and only closed once the complainant's satisfaction has been established.
- We will maintain a clear record of any complaints that require further investigation or Executive Review (appeals process).
- A record of day-to-day verbal expressions of dissatisfactions will be captured and

logged as complaints and investigated in line with our Complaints Procedure.

- All complaints are sensitively reviewed and learning outcomes discussed at the monthly Quality & Safety management meeting
- A resident complaint that was brought to attention of PIC on day of Inspection has been logged in the electronic complaints management system, investigated and resolved to complainant's satisfaction.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The PIC will ensure that:

- A review of resident storage will take place on each unit
- If a resident requests further storage, it is sourced and provided.
- Residents are invited to bring in small items of personal furniture and accessories if they would like to do so.
- All residents will have an opportunity to have their storage needs assessed.

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

- Stone flag surface has been repaired to ensure that all stone flags are safely secured.
- The PIC will ensure that an external facilities audit is completed to ensure the health and safety of residents is maintained on an ongoing basis.
- The height of the balcony railing has been extended to maximise safety.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

The PIC will ensure that a copy of the Transfer letter is saved in the resident's file and on the electronic recording system.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The PIC, in conjunction with the General Services Manager, will ensure that the housekeeping staff receive additional, role-specific training in Infection prevention and control practices. Clean Pass training has been provided. • The Senior CNMs and the General Services Manager (GSM) will observe practices on each unit and will identify any deficits in the knowledge and standards of infection prevention and control. These will be addressed by the GSM by providing support, mentorship and additional training as required. The GSM will also monitor standards and assess improvements since the provision of Clean Pass training. • Staff education by CNMs has commenced regarding best practice in dispensing hand gel to residents to prevent cross-infection. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • All emergency plans will be updated to ensure that evacuation pathways are clearly set out. • Floor plans will be updated to ensure current layout of ground floor is clearly and accurately reflected. • Floor plans will be re-orientated to reflect correct position in the building. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The PIC will ensure that all pre-admission assessments are retained in residents' record following admission. • All residents have individual care plans that consider all aspects of their physical and mental health, personal and social care needs and any supports required to meet those needs, as identified by initial and ongoing assessment. 	

- The PIC and ADON provide clinical oversight of these plans and regular audits and reviews are completed to ensure suitable care provision.
- Care plans are devised, discussed and implemented in consultation with residents and/or relatives and will be sufficiently comprehensive to direct care, all information contained in assessment will be transferred to care plan.
- The PIC will ensure that, as part of the pre-admission assessment it will be ascertained if the resident smokes and verification will be sought from family where appropriate.
- A Smoking risk assessment is completed on admission for residents that smoke, and this will be reviewed by PIC and will be incorporated into care plan.

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

- The PIC will ensure that the Tissue Viability Nurse (TVN) is consulted for all residents with pressure sore of grade 2 or higher, to ensure a positive outcome for all residents.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Any proposed change to the facility will be communicated to residents and their relatives, and we will outline the rationale for the proposed change.
- Residents in BCNU were notified of a recent change to one of the units at the Resident Forum meetings and written notification of this change was sent to all relatives.
- Following consultation, two residents did not wish to move, and they were afforded the opportunity to remain in their room in accordance with their wishes.
- Larger notice boards will be provided for multi-occupancy rooms and will be used solely for resident's own personal memorabilia.
- Extenders to privacy screens have been ordered to improve privacy and dignity. Currently mobile screens are put in place to prevent exposure during nursing or intimate care or when residents wish to avail of privacy in multi-occupancy rooms.
- An activity plan for evenings on Shournagh unit has been developed.
- All residents have been met and their choices, preferences, likes/dislikes are documented.
- The CNM will monitor evening activities and recommend improvements, if necessary, which will be implemented in conjunction with Activities Coordinator.
- The dining room on each unit is supervised to ensure that the dining experience is a social occasion and person centred.
- All staff have received training on how the residents' Dining Experience.



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/08/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/07/2021
Regulation 17(2)	The registered provider shall, having regard to	Substantially Compliant	Yellow	07/07/2021

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	07/08/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	07/08/2021
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister	Substantially Compliant	Yellow	07/08/2021

	under section 10 of the Act.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	07/08/2021
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	14/08/2021
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is	Substantially Compliant	Yellow	28/07/2021

	provided to the receiving designated centre, hospital or place.			
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	07/08/2021
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 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.	Substantially Compliant	Yellow	07/08/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1)	Not Compliant	Orange	07/07/2021

	(a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	30/07/2021
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	07/08/2021
Regulation 5(4)	The person in charge shall formally review, at	Not Compliant	Orange	07/08/2021

	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.			
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.	Substantially Compliant	Yellow	07/08/2021
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Orange	07/08/2021

Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	07/08/2021
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