



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

Issued by the Chief Inspector

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| Name of designated centre: | Ballincurrig Care Centre |
| Name of provider: | Ballincurrig Care Centre Limited |
| Address of centre: | Ballincurrig, Leamlara, Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 19 October 2022 |
| Centre ID: | OSV-0000197 |
| Fieldwork ID: | MON-0037652 |

About the designated centre

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

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

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 45 |
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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 19 October 2022 | 09:15hrs to 17:35hrs | Siobhan Bourke | Lead |
| Wednesday 19 October 2022 | 09:15hrs to 17:35hrs | Caroline Connelly | Support |

What residents told us and what inspectors observed

From the observations of the inspectors and from speaking with residents, it was evident that the quality of care and quality of life had improved for residents in the months since the previous inspection. The inspectors met with many of the 45 residents living in the centre on the day of inspection and spoke with ten residents in more detail to gain an insight into their lived experience. The inspectors also met with a number of relatives who were visiting the centre on the day of inspection. Residents told the inspectors that staff were kind and caring and there were more regular staff available to assist them.

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

Ballincurrig Care Centre is a single storey building, located in the rural setting of Ballincurrig in East Cork. The centre is registered for 55 residents and has 41 single rooms and seven twin rooms all with ensuite shower, toilet and handwash basin facilities. The inspectors saw that there had been numerous improvements to the decor and layout of the centre since the previous inspection. The carpets were removed from corridor areas and new flooring put down. The entrance foyer had been transformed and a reception desk was in place, although it was not yet operational, it gave a welcoming feel to the entrance which also had comfortable chairs and furnishings for residents to sit and enjoy the views of the grounds or visit with families. Residents rooms were personalised and decorated in accordance with their preferences, with plenty storage for their belongings. One resident was seen to have their own computer and printer in their room and access to other technology was available in the centre. The inspectors saw that carpets were still present in a number of bedrooms which were worn and stained and flooring in a number of residents' ensuites was also in need of repair as it was seen to be cracked and worn. Paintwork on furniture such as lockers, wardrobes and some bed frames in some residents' rooms also required attention. The inspectors were informed by the facilities manager that there was a plan in place to replace and repair all of these areas and for new flooring to be fitted to replace the carpets and worn flooring.

There was plenty communal spaces and rooms in the centre with one large day room, a conservatory, a sitting room, two interlinked dining rooms, a games room and a tranquillity room. The inspectors saw residents using these spaces throughout the day of the inspection and saw that many of the rooms had a homely feel with

old style furniture and décor. However, some of the furniture in one sitting room was worn and one seat had exposed foam, some of this furniture was moved to the onsite skip during the inspection. Inspectors saw that there was a well laid out hair salon in the centre for residents and was used by the hairdresser who attended the centre every week.

The inspectors observed that there was plenty of PPE with storage of gloves and aprons throughout the centre to ensure that staff had easy access to PPE. New alcohol hand rub dispensers had been installed since the previous inspection and were available in residents' rooms and throughout the centre. Staff were seen to be wearing face masks in line with national guidance. However storage impacted on infection control practices in the centre as the inspectors saw that cleaning trolleys continued to be stored in the centre's dirty utility rooms and store rooms were seen to be cluttered and therefore could not be effectively cleaned. This had been identified on the previous inspection.

The inspectors saw that the courtyard required renovating as outdoor furniture was worn and raised bedding plants needed some attention to make the space more inviting and pleasant for residents to enjoy. The facilities manager informed the inspectors that improvements to the outdoor areas were due to commence in the week following the inspection.

Improvements were seen in the overall dining experience for residents. The inspectors observed the lunch time meal and noted that food served to residents appeared appetizing and nutritious. The dining room tables were nicely decorated with flowers and condiments were available for residents' use. The inspectors observed the addition of a large table in the day room since the previous inspection which facilitated the residents who remained in the day room to have a proper dining experience. Residents were observed to enjoy their lunch at a dining table and socialise with other residents. Inspectors saw that there were sufficient staff available to assist residents and assistance was offered in a discrete manner for those who required it. Residents told the inspectors meals and mealtimes had improved and were complimentary about the food and choice provided.

Visitors were seen coming and going throughout the day of the inspection and were welcomed by staff. Visitors were happy with the visiting arrangements in place. Visits were mainly in residents' bedrooms, or a designated visiting room. Residents could freely access the outdoor courtyard in the centre and inspectors saw some residents walking independently around the mature garden and grounds in the centre and told inspectors they did this a number of times per day.

There was a varied schedule of activities available for residents to enjoy in the centre, that were facilitated by both staff and external musicians. On the morning of the inspection, the activity co-ordinator facilitated a newspaper reading session where residents discussed the news of the day. This was followed by a Sonas session and then a very lively and fun filled Halloween scarecrow making session. The inspectors saw that care staff brought the decorations from this craft session to residents who chose to remain in their rooms, so that they could also join in the fun. Mass was celebrated in the centre by a resident priest. In the weeks prior to the

inspection, a number of outings such as a barbecue, a bus trip to a local farm and Ballymaloe House had been arranged for a number of residents. Residents views were sought on the running of the centre through regular residents meetings in the centre. From a review of these minutes it was evident that action was taken in response to their suggestions.

Inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection and inspectors overheard some very person centered interventions which were kind, fun filled and demonstrated that staff were familiar with residents. Residents told the inspectors that they were listened to and that staff were kind to them.

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

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to follow up on the findings of the previous inspection of June 2022. The provider had applied to renew the registration of the centre. The inspectors found that the governance and management arrangements required by regulation to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out and the inspectors found that there had been a number of improvements since the previous inspection. However further improvements were required in premises, infection control and fire precautions.

Ballincurrig Care Centre is a designated centre operated, by Ballincurrig Care Centre Limited, who is the registered provider under the governance structures of the Silverstream Healthcare Group. Silverstream Healthcare Group's senior management team included a director of clinical governance, quality and risk, a human resources team, facilities manager and a finance team, who supported the management team within the centre. There was a clearly defined management structure in place that identified the lines of responsibility and accountability in the centre. The person in charge, who had been appointed in the centre earlier in the year, had settled well into her role and she had the required experience and qualifications for the role. The person in charge was supported in the management of the centre by an assistant director of nursing and a clinical nurse manager. The clinical nurse manager had been recently recruited and was on induction at the time of the inspection. The centre also had a team of nursing and care staff, housekeeping and catering staff, an activities co-ordinator and an administrator.

The inspectors found that the management team had worked hard to improve the recruitment and retention of staff since the previous inspection and found there is a more stable workforce and ongoing recruitment was underway to replace any vacancies in the centre. From a review of rosters and speaking with staff and residents, the inspectors saw that there was much less reliance on agency staff to fill gaps in rosters. The person in charge gave assurances that there was ongoing monitoring of staff levels in conjunction with the changing needs of the residents and they had maintained a lower occupancy rate of residents based on the staffing levels. The centre had two registered nurses on duty 24 hours a day. A review of the rosters found that there were adequate levels of staff on duty to meet the needs of the residents, and for the size and layout of the centre.

There was a programme of both online and face-to-face training available for staff at the centre that included fire safety, manual handling, safeguarding vulnerable adults and infection control. Following the previous inspection the person in charge had arranged training for staff in wound care and management which was required for staff. The health care assistants had completed a basic nursing care package. There had been further training on care planning using the electronic system and staff were more familiar with the process.

The person in charge monitored key clinical risks to residents such as restraint usage, infections, pressure ulcers and residents' nutritional risk assessments. There was a schedule of audits in place in the centre and inspectors saw that practices such as medication administration, nutrition management, call bell response times, infection prevention and control and residents' dining experience were audited by the person in charge. Action plans were developed to address any areas that required improvement.

The person in charge attended group management team meetings held by the director of operations and director of clinical governance, quality and risk and the directors of nursing from the group's designated centres. From review of minutes of these meetings it was evident that key issues such as infection prevention and control, fire safety, premises and findings from audits were discussed at these meetings and plans were underway to address the infection control and premises issues in the centre. Cleaning resources in the centre were provided by an external cleaning company. The provider had identified through their audit processes that the standard of cleaning was poor in the centre and inspectors saw evidence that plans were in progress to change to another cleaning services company to address these deficiencies. However, inspectors found that further oversight was required as the compliance plan from the previous inspection in relation to some of the findings under infection control and fire precautions that required action had yet to be addressed in the centre.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had been appointed in February, 2022. They are a registered nurse with the required managerial and nursing experience, as specified in the regulations. They were actively engaged in the governance and day-to-day operational management of the service. They were knowledgeable about the regulations and about their statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The inspectors found that there was an adequate number and skill mix of staff to meet the assessed needs of the 45 residents living in the centre on the day of inspection. There had been an active recruitment campaign and the centre had its full complement of nursing staff in line with its statement of purpose and care staffing levels were much improved resulting in a much lower requirement for agency staff in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix was maintained and this indicated good attendance at mandatory and appropriate training such as the prevention of abuse and safe manual handling practices. Improvements were seen in the provision of clinical training such as wound care which was provided since the previous inspection.

The inspectors saw that there was a comprehensive induction and probationary protocol in place.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the information required in line with specified regulatory requirements.

Judgment: Compliant

Regulation 21: Records

The inspectors reviewed a sample of staff personnel records on the previous inspection and found that they included all of the required prescribed information, as set out in Schedule 2 of the regulations. Other records as required by the regulations were well maintained, securely stored and made available for inspection.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems in particular pertaining to oversight of infection control and premises issues were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored:

This was evidenced by:

- lack of oversight of cleaning and infection control practices as outlined under regulation 27: Infection Control
- actions required following the previous inspection relating to infection control findings were not implemented within the time-lines set out in the compliance plan submitted by the provider
- lack of oversight of premises and repair issues including a bed that required repair on the previous inspection still requiring repair on this inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a written contract of care that included the services provided and fees to be charged, including fees for additional services. Contracts also included the room to be occupied. The contracts were seen to meet the requirements of legislation.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the centre which required some minor additions to ensure it contained all the information required, as per the regulations. This was completed on the day of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner. Incidents were reviewed during the inspection which were all managed appropriately.

Quarterly notifications were submitted as required by legislation and showed a reduction in the use of restraint from the previous quarter.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy that was in line with regulatory requirements. The complaints procedure was displayed in a prominent and accessible area of the centre. A review of the complaints log found that complaints were clearly documented and investigated in line with the centre's policy.

Judgment: Compliant

Quality and safety

Overall, the quality of care provided to residents was found to be satisfactory, and several examples of good practice and person-centred care were observed. The social care needs of residents were generally well met and great improvements were seen in the overall dining experience for residents. However, improvements were required in relation to assessment care planning and medication management. Other significant actions continued to be required with the premises and infection control.

Residents had access to medical care with the residents' general practitioners (GP) providing reviews in the centre as required. Residents were also provided with access to other health care professionals, in line with their assessed need. Dietetic referrals had been sent for a number of residents, however inspectors found improvements were required in care planning for residents who were nutritionally compromised. The inspectors reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated tools, however further comprehensive assessments were required for some residents as outlined under Regulation 5: Following the previous inspection, inspectors found significant action had been taken and training had been provided to nursing staff in relation to the prevention and management of wounds to ensure a high standard of evidenced based practice and better outcomes were seen for residents.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Medication administration practices were being monitored well and areas for improvement were identified and actioned. However, improvements were required in the management of medications that required administration in an altered format as outlined under Regulation 29 Medication and Pharmaceutical services.

Inspectors saw that a number of renovations had taken place in the centre since the previous inspection including the removal of all the carpets from the reception and corridors throughout the centre. The foyer had a new reception desk and plans were seen for a receptionist to work from this space to greet visitors to the centre. The inspectors saw plans were in place for bedroom flooring to be replaced, conversion of a store room to a cleaner's room, changes to the sluice rooms, dining room, smoking room, tranquility room and outdoor spaces. Findings in relation to the premises are outlined under Regulation 17 premises.

The person in charge monitored antibiotic use and infections and colonisation status of residents living in the centre. The person in charge had ensured that residents

were facilitated to receive their COVID-19 vaccinations. The provider had implemented cleaning checklists for daily and deep cleaning of rooms and staff used colour-coded mops and cleaning cloths to reduce the risk of cross infection. However, a number of areas pertaining to infection control required to be addressed, which are detailed under Regulation: 27 infection control. Some of these are repeat findings from the previous inspection.

Fire Safety equipment was serviced on an annual basis and quarterly servicing was undertaken on emergency lighting and the fire alarm. Fire safety training had been provided to staff. Personal evacuation plans were in place for each resident. The inspectors found that staff were generally knowledgeable and clear about what to do in the event of a fire. Improvements were seen since the previous inspection in signage on display on actions to take in the event of fire. The provider ensured that simulation of evacuation of residents with minimal staffing levels occurred to ascertain if residents could be evacuated in the event of a fire. Excess oxygen cylinders were seen in the clinical room and significant gaps were seen under fire doors on removal of the carpets from the corridors, these findings are outlined under Regulation: 28 Fire precautions.

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. The centre promoted a restraint free environment and there were low numbers of residents allocated bedrails on the day of this inspection. Safeguarding training was provided and was seen to be up-to-date for staff. The centre did not act as a pension agent for any residents living in the centre. Invoicing for care such as chiropody and hairdressing was all managed in a robust manner.

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

Great improvements were seen in the dining experience since the previous inspection. Food appeared nutritious and in sufficient quantities, drinks and snack rounds were observed morning and afternoon.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visiting was observed to be unrestricted and residents could receive visitors in their private accommodation. Inspectors met with three visitors during the inspection who were complementary about the care provided in the centre and the kindness and commitment of staff.

Judgment: Compliant

Regulation 17: Premises

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

- carpets in a number of bedrooms were worn and stained, flooring in a number of residents' ensuite bathrooms was also in need of repair as it was seen to be cracked and worn.
- the inspectors also observed that paintwork on furniture such as lockers, wardrobes and some bed frames in some residents rooms also required repair.
- there was a lack of appropriate storage in the centre resulting in store rooms containing excess stock and equipment such as wheelchairs and hoists being inappropriately stored in corridors
- controls to adjust the position of a resident's bed required repair. This was a repeat finding.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents spoken with expressed satisfaction with the quality, quantity and variety of food. This was supported by the observations of the inspectors who saw that food was attractively presented, and residents requiring assistance were assisted appropriately. The inspectors saw that there had been significant improvements to the dining experience for residents since the previous inspection. Residents who dined in the sitting room were now moved to a dining table that was appropriately set and residents were seen to be offered assistance in a discrete and helpful manner.

Residents had a choice of meals at lunch and tea time and residents told the inspectors that they were happy with the choices and quality of food provided and menus were clearly displayed. Residents had nutritional plans in place that were regularly reviewed. Residents who required it were assessed by a dietitian and speech and language therapists. The inspectors saw there were adequate staff on duty to provide assistance to residents who required it and a system had been implemented to ensure all residents received their meals in a timely manner. The inspectors saw there were drinks and snacks provided to residents throughout the day that were attractively prepared and served.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place that included the information as set out in Schedule 5 of the regulations. There was an associated risk register that set out risks and control measures in place, to mitigate the risks identified.

Judgment: Compliant

Regulation 27: Infection control

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

- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of cleaning trollies in the centre's dirty utility rooms
- rooms for storing clean supplies were cluttered and could not be effectively cleaned
- Residents' toiletries were stored on the sinks in shared rooms resulting in a risk of cross contamination
- pressure cushions were worn and torn and therefore could not be effectively cleaned
- Some surfaces, for example shower bases, flooring and furniture was worn and poorly maintained and as such did not facilitate effective cleaning
- while the laundry had clean and dirty entrances, inspectors observed clean supplies such as paper hand towels remained stored along the dirty laundry entrance and in proximity to skips of unclean and soiled linen.

Judgment: Not compliant

Regulation 28: Fire precautions

The following findings required action by the provider to ensure adequate precautions were in place and to protect residents against the risk of fire:

- oxygen storage required review and clear signage was required to identify the

- hazard where oxygen was stored or in use in the centre.
- a number of cross fire doors had gaps on the lower part of the doors that may allow smoke to escape between compartments should a fire occur.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors saw that action was required in the management of medications that required administration in an altered format such as crushing. These were not individually prescribed, therefore nurses were not always administering medications in accordance with the direction of the prescriber and in accordance with any advice by the residents pharmacist regarding the appropriate use of the product as required by the regulations. This could lead to medication errors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents' care plans and assessments were reviewed and while some were updated in accordance with the regulations, they did not consistently reflect the changing needs of residents. For example, of the sample of care plans seen, two residents who were identified on assessment to have a nutritional risk, did not have a nutritional care plan, therefore there was no record of the additional supports required to be put in place to support these resident's.

The comprehensive assessment was not consistently completed for all residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical services, including consultant and community psychiatry services and geriatrician services. Residents had timely access to dietitian, speech and language therapy and tissue viability nurse specialist. Resident's notes showed that residents had reviews by allied health professionals and community services with effective oversight of residents' condition, medication management and responses to medications.

The inspectors saw that wound care management was much improved since the previous inspection and nursing staff had all completed updated wound care

training.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents needs in relation to relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs. Restrictive practices, were managed in the centre through ongoing initiatives to promote a restraint free environment. The inspectors observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents reported feeling safe in the centre and told the inspector that they would have no difficulty talking to staff should they have any concerns.

The centre was not acting as a pension agent for any residents and there were robust systems in place for management of monies and valuables handed in for safekeeping.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and their choices were promoted in the centre by all staff. Residents had opportunities to participate in meaningful, coordinated social activities that supported their interests and capabilities. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions. Residents were complimentary about the social care programme and the

staff providing same. At the time of the inspection, the centre was being decorated for the Halloween festivities with appropriate activities for residents. Residents have access to advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Ballincurrig Care Centre OSV-0000197

Inspection ID: MON-0037652

Date of inspection: 19/10/2022

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 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • To ensure oversight of cleaning and infection control practices the home has outsourced cleaning to an external company who will provide 2.5 WTE cleaners per day. A cleaning supervisor will complete regular audits to ensure the home is maintained and IPC practices are followed. The Homes PIC/and their management team will also complete IPC audit and non-conformances will be addressed in a timely manner. The RPR Governance and compliance team oversee the processes. • The previous findings relating to IPC will be fully completed. • The bed is now repaired and a new maintenance company has been engaged to ensure ongoing repairs are addressed in a timely manner. | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The carpets identified will be replaced and flooring in ensuites will be replaced if it cannot be repaired. • A program of painting has commenced for items such as lockers, wardrobes and bed frames. • A review of all room functions is underway to identify and optimize storage solutions for the home. | |

- The bed was repaired, and a new maintenance company engaged going forward to ensure items are repaired in a timely manner.

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|----------------------------------|---------------|
| Regulation 27: Infection control | Not Compliant |
|----------------------------------|---------------|

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

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

- A review of all room functions is underway to identify and optimize storage solutions for the home.
- Toiletry bags are now in place for each residents toiletry items and will be stored in these when not in use.
- Pressure cushions have been replaced.
- Surfaces that are poorly maintained and worn will be replaced.
- A review of the storage areas within the home is underway to ensure clean items are not stored in a "dirty" area.

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|---------------------------------|-------------------------|
| Regulation 28: Fire precautions | Substantially Compliant |
|---------------------------------|-------------------------|

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

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

- An area has been identified and an Oxygen cage ordered.
- The fire doors in need of repair will be repaired to ensure compliance.

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|--|-------------------------|
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
|--|-------------------------|

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

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

- A full review of all Kardexs has taken place and all medications that require crushing

are identified on an individual basis. These medications are now individually prescribed and administered as per GP instructions.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

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

- The PIC and their management team are reviewing all care plans and will ensure to ensure they correctly reflect the changing needs of their residents. The comprehensive assessments will all be reviewed to ensure they are completed.

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|------------------|--|-------------------------|-------------|--------------------------|
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 31/03/2023 |
| 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 | 31/03/2023 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare | Not Compliant | Orange | 31/03/2023 |

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|---------------------|---|-------------------------|--------|------------|
| | associated infections published by the Authority are implemented by staff. | | | |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | Substantially Compliant | Yellow | 31/03/2023 |
| Regulation 29(5) | The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product. | Substantially Compliant | Yellow | 05/12/2022 |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with | Substantially Compliant | Yellow | 23/12/2022 |

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| | the resident concerned and where appropriate that resident's family. | | | |
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