



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

Issued by the Chief Inspector

Name of designated centre:	Ballincurrig Care Centre
Name of provider:	Ballincurrig Care Centre Limited
Address of centre:	Ballincurrig, Leamlara, Cork
Type of inspection:	Unannounced
Date of inspection:	20 June 2023
Centre ID:	OSV-0000197
Fieldwork ID:	MON-0040307

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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 20 June 2023	09:00hrs to 17:50hrs	Siobhan Bourke	Lead
Tuesday 20 June 2023	09:00hrs to 17:50hrs	Niall Whelton	Support

What residents told us and what inspectors observed

The inspectors met with many of the 48 residents during the inspection, to seek their views on their experience of living in the centre. The inspectors also met with a number of visitors. From the observations of the inspectors and from speaking with residents and visitors, it was evident that residents' rights and dignity were supported and promoted by kind and competent staff. One resident told the inspector that staff were "A one". The inspectors observed that action was required to ensure residents' safety was promoted at all times in particular in relation to fire precautions in the centre.

On arrival to the centre, the inspectors held an opening meeting with the person in charge to outline the plan for the inspection. The person in charge then accompanied the inspectors on a walkaround of the premises. During the walkaround, the inspectors saw that many of the residents were up and dressed and ready for the day's activities while others were being assisted with personal care.

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 provider had submitted an application to vary Conditions 1 and 3 of the centre's registration. The application was to increase accommodation in the centre from 55 to 57 beds, where by the centre's smoking room and a tranquility room had been converted to two single rooms with ensuite shower and toilet facilities. The administrator's office had been converted to a tranquility room and modifications to one of the sluice rooms and storage areas had also been carried out. An outdoor smoking shelter had been installed. The inspectors saw that both new bedrooms were brightly decorated and had adequate storage for residents' belongings. However, the shower in one of the bedrooms leaked out on to the bedroom floor when turned on by an inspector. The provider provided assurances that the contractor would be contacted to address this issue as soon as possible. The new tranquility room was cosy, but smaller in size than the previous room. Thereby there was a reduction in communal space available for residents. This will be discussed further in the report.

The inspectors saw that other renovations had been undertaken in the centre since the previous inspection. The administrator was now in attendance at the reception desk near the main entrance and was available to meet and greet residents and their visitors. He told the inspectors that he enjoyed his new location as he was more accessible for residents and visitors to help with any issues if required. The reception area was warm and welcoming and had the named nurse for each side of the house listed on an information board. Comfortable new chairs were available for residents and the inspectors saw residents using these during the day and chatting with staff as they passed. The dining room was redecorated with new curtains, tables and chairs and flooring throughout, which brightened up the space. An old style cabinet filled with china remained in the room and gave it a homely feel. The

courtyard that opened out from the reception area had a new patio area. New raised beds had also been purchased and were being set with plants and flowers. Residents were sitting out during the day and parasols provided shelter from the sunshine. Work had also been undertaken to the exterior of the centre with new planting and shrubs around the grounds and painting of the exterior walls.

A number of storage areas had been de-cluttered and the inspectors saw that a designated housekeeping room had been assigned for storage of the centre's cleaning trolleys. A number of residents' bedrooms had new flooring and had been freshly painted as well as the centre's corridors and grab rails. The inspectors saw that a small number of worn carpets remained in residents' rooms and a number of ensuite bathrooms' flooring still required attention. Other observations in relation to premises are outlined further in the report.

Visitors were seen coming and going throughout the day of the inspection and were welcomed by staff. Residents and visitors told the inspectors that visiting was not restricted and that they were happy with the arrangements in place.

During the morning, inspectors saw that residents were offered a mid morning beverage where they had choice of soup, tea, milk or coffee or cold drinks with biscuits or fruit. Residents could choose to either eat in the dining room or their bedrooms. An inspector observed the lunch time meal and saw that it was a sociable dining experience for residents in the newly decorated dining room. Residents chatted together at tables and were, in general, complimentary regarding the choices and quality of the food in the centre. The menu was displayed near the dining room and picture menus were also displayed to help residents choose, if they had a cognitive impairment. Inspectors saw that there were enough staff available to assist residents who required it and assistance was offered in a discrete manner.

During the inspection, the inspectors saw that staff were familiar with residents likes and dislikes and many examples of person centre care was observed. Staff engaged with residents in a kind and respectful manner.

The inspectors saw that residents had the opportunity to participate in one-to-one and group activities in the centre. On the morning of the inspection, a large group of residents attended the day room for a newspaper and current affairs discussion and this was followed by a lively game of beach ball which residents appeared to enjoy. In the afternoon, an external instructor attended to facilitate a lively Zumba class which was also well attended by residents. This was followed by a bingo session. The inspector saw that there was a schedule of activities available in the centre that involved a group physiotherapy class, an exercise class, external musicians, arts and crafts and bingo and quizzes. Mass was celebrated regularly in the centre. Residents views on the running of the centre were sought through regular residents meetings that were facilitated by an external advocate. The inspectors saw that residents had access to newspapers, TV and radio. A recent addition to the centre was "Bella" the cat who lived in the centre, whom many of the residents enjoyed.

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. The provider had submitted an application to vary Conditions 1 and 3 of registration for the centre and the inspection also informed decision making for this application. The inspectors found that overall, the provider ensured the centre was adequately resourced and had clearly defined management structures in place. However, management oversight required action, particularly in relation to fire precautions and records management to ensure that the service provided to residents was safe and effectively monitored.

Ballincurrig Care Centre is a designated centre, operated by Ballincurrig Care Centre Limited, who is the registered provider. The centre along with a number of other centres throughout the country is operated under the governance structures of the Silverstream Health care Group. Silverstream Health care 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 2022 was on planned extended leave since the end of April 2023 and the provider had notified the office of the Chief Inspector in line with the regulations. A new person in charge had been recruited and had the required experience and qualifications to meet Regulation 14 and was working full time in the centre. She was supported in her role by an assistant director of nursing, a team of nurses, care staff, catering staff and an administrator. Two of the nurses working in the centre had been appointed as clinical nurse managers in June 2023 and recruitment was ongoing to back fill their positions. There was an appropriate number and skill mix of staff available on the day of inspection to meet the needs of the 48 residents living in the centre. There was evidence of ongoing recruitment of staff in the centre with a number of staff having recently completed induction.

The provider submitted an application to vary Condition 1 and Condition 3 of the centre's registration conditions with the reconfiguration of a communal room and the centre's smoking room to two single ensuite bathrooms and whereby an office had been converted to a communal space. On review, it was evident to the inspectors that the adaptations did not ensure adequate communal space for the proposed 57 residents. Furthermore, the statement of purpose required review to reflect the centre's current staffing levels. The provider agreed to look at increasing the communal space following the inspection. This is outlined under Registration Regulation 7.

The person in charge maintained a comprehensive schedule of training to maintain oversight of staff training in the centre. It was evident that staff were provided with face-to-face and online training appropriate to their roles. However, some newly recruited staff had yet to attend mandatory training and other staff were overdue refresher training as outlined under Regulation 16 training and staff development.

Requested records were made available to inspectors during the inspection and were seen to be securely stored in the centre. The inspectors saw that entries recorded on the electronic medication and nursing records did not identify the nurse who completed the records, when agency nursing staff were on duty in the centre. This is required in line with Schedule 3 of the regulations and relevant professional guidelines. This was brought to the attention of the management team on the day of inspection and outlined under Regulation 21 Records.

The person in charge monitored key clinical risks to residents such as restraint usage, infections, pressure ulcers and residents' nutritional risk assessments. The provider had prepared an annual review of the quality and safety of care provided to residents in 2022 and a copy of this review was available in the centre. 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. However, action was required in relation to the systems in place to ensure oversight of fire precautions and records as outlined under Regulation 23. Governance and management.

The person in charge attended health and safety meetings led by the director of clinical governance, quality and risk. Minutes of these meetings reviewed indicated that key issues pertinent to the care of residents and issues related to the environment were discussed and actioned. Regular staff meetings were led by the person in charge to ensure effective communication of key care issues across the team.

Effective management systems were in place with regard to the servicing of equipment and fire safety systems. There was a service contract with a maintenance company which ensured they were serviced at the appropriate intervals, however, further assurance was required with regard to recommended actions arising from the service reports.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A review of the floor plans submitted in support of the application to vary Condition 1 and Condition 3 of the registration indicated that they were not a true reflection of the layout of some areas of the centre. The access door to sluice room 1 was not as outlined in the floor plans. Communal space did not ensure a minimum of 4 square metres for each resident if the centre was registered for 57 residents.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. They had the necessary nursing and management experience and qualifications to fulfill the regulatory requirements of the role.

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 48 residents living in the centre on the day of inspection. There was a minimum of two registered nurses rostered 24 hours a day in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The following required action to be taken in relation to training and staff development

- Three newly recruited staff required mandatory training in fire precautions while three other staff were due their annual refresher training, this was scheduled in the centre in the coming weeks
- Two newly recruited staff had yet to complete mandatory training on safeguarding and a number of recently recruited staff required training in responsive behaviour and dementia care, the provider assured the inspectors that this would be scheduled in the coming weeks.
- 13 staff were due refresher training on infection prevention and control.

Judgment: Substantially compliant

Regulation 21: Records

Nursing care records were completed on each shift with regard to the health, condition and medications provided to residents, an inspector saw that when agency nurses were working in the centre, these records did not detail or identify the nurse on duty who had completed the record, in line with the requirements of Schedule 3 of the regulations, and relevant professional guidelines. This could lead to errors and issues with identification of who was responsible for care delivery.

Judgment: Not compliant

Regulation 23: Governance and management

The management systems in place to ensure oversight of records management and fire precautions required action as outlined under Regulation 21: Records and Regulation 28: Fire precautions.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose submitted for application to vary the conditions of registration, did not reflect the staffing numbers rostered around the time of inspection. This was amended on the day of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified, and found these were managed in accordance with the

centre's policies.

Judgment: Compliant

Regulation 32: Notification of absence

The required notification was submitted to the office of the Chief Inspector giving notice of the expected absence of the person for 28 days or more in line with the regulations.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

Notification to the office of the Chief inspector specified the arrangements in place to appoint another person in charge and detailed the proposed date by which the appointment was to be made.

Judgment: Compliant

Quality and safety

The inspectors found that residents living in Ballincurrig Care Centre were supported to have a good quality of life and it was evident that staff strived to ensure that residents' choices were respected and promoted in the centre. However, action was required to ensure the quality and safety of care provided to residents was consistently provided particularly with regard to fire precautions and care planning.

Residents had access to medical care with the residents' general practitioners (GP) providing reviews for residents as required. There was evidence that access to community mental health services were also available in the centre for residents. A physiotherapist attended the centre one day a week providing a group exercise class and one-to-one sessions with residents as required.

Residents had good access to health care services including occupational therapy, dietitian, speech and language therapy and tissue viability expertise. An inspector reviewed a sample of residents' files. Residents' social and health care needs were assessed using validated tools. However, the inspector found action was required in relation to care planning as assessments and care plans reviewed did not consistently reflect the needs of the residents. This is outlined further under

Regulation 5: Individual assessment and care plan.

Residents weights were being assessed monthly and weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Modified diets and specialised diets, as prescribed by health care or dietetic staff were implemented and adhered to. There was an adequate number of staff to ensure that residents who required assistance could be provided with it in a timely manner.

Inspectors saw that further renovations had taken place in the centre since the previous inspection, including painting and redecorating of the centre's corridors, upgrades of furniture, curtains and flooring in the centre's dining room. Flooring in a number of residents bedrooms had been replaced and a number of residents bedrooms had been painted. The courtyard near the main reception had been renovated. There were raised flower and plant beds, outdoor seating and parasols available for residents. A number of storage rooms in the centre had been re-purposed and de-cluttered and this ensured that cleaning trolleys could now be appropriately stored in the centre. The inspectors saw evidence of a rolling programme of planned maintenance works in the centre to improve the premises including the second courtyard. Nonetheless, further action was required in relation to premises as outlined under Regulation 17: Premises.

The centre's assistant director of nursing had completed a link nurse course and was the nominated lead for infection control for the centre. Environmental and equipment audits and hand hygiene audits were completed to monitor compliance with infection control standards in the centre. The centre was generally clean on the day of inspection and cleaning in the centre was managed by an external cleaning company. There was a schedule of daily and deep cleaning of bedrooms carried out by the housekeeping staff and systems such as flat mop systems and colour coded cloths were in use. There had been improvements to storage of cleaning equipment in the centre with a dedicated housekeeping room now in use. However, some repeat findings in relation to infection control that required action are outlined under Regulation 27: Infection control.

Management and staff promoted and respected the rights and choices of residents living in the centre. Resident meetings were held and relevant issues such as food and activities were discussed. Dedicated activity staff, supported by external activity staff, implemented a varied and interesting schedule of activities that was available each day.

The inspectors reviewed fire safety management systems and the physical premises. Overall, fire doors were to a good standard and fit well within the frame. There was evidence that fire doors had been reviewed by an external contractor. However, a large number of doors had excessive gaps at the bottom of the door, in particular in areas where the floor covering had been changed. High risk rooms such as the boiler room and electrical room were well managed and free of storage. Escape routes and exits were unobstructed and available for use. Some aspects of fire safety management required improvement as detailed under regulation 28.

Regulation 11: Visits

The inspectors saw that visitors were coming and going to the centre during the inspection. Visitors and residents told the inspectors that there was no restrictions on visiting and they were satisfied with the arrangements in place.

Judgment: Compliant

Regulation 17: Premises

The inspectors saw that while a number of residents bedrooms, the dining room, reception area and corridors had been renovated since the previous inspection, the following required action;

- the inspectors saw that the wood finish on some furniture such as a number of bedroom lockers and a bed frame in a resident's room were worn and damaged.
- A door handle on a wardrobe door was broken
- A toilet seat was missing from a toilet in one bedroom
- While a number of carpets had been replaced since the last inspection, some carpets that were worn and stained remained in residents' bedrooms
- flooring in a number of residents' ensuite bathrooms were seen to be cracked and worn
- the threshold at some access points to the outside spaces were a potential trip hazard or impediment to residents using mobility equipment
- the handrail on one corridor was loose, this was attended to by the maintenance staff working in the centre on the day of inspection.
- the storage of hoists and wheelchairs on the access corridors to the rear courtyard were an obstruction to access to the outside space.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. The inspector saw that menu choices were clearly displayed in the centre. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Support was available from a dietitian and speech and language therapist for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist

residents with nutrition intake.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under regulation 26. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

Regulation 27: Infection control

An inspector found that while many of the findings from the previous inspection had been addressed the following required action

- Residents' toiletries were stored on the sinks in shared rooms resulting in a risk of cross contamination.
- There were limited clinical hand wash sinks in the centre and those that were in the centre did not comply with current recommended specifications.
- Some shower bases and outlets, were stained and poorly maintained and as such did not facilitate effective cleaning.
- Waste management required attention as a clinical waste bin was in use in the therapy room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire:

- The process for the identification and management of fire safety risks was not adequate. For example, there were eight oxygen cylinders being stored within the treatment room. Three cylinders were loose and at risk of damage if knocked over. This was a repeat finding. Assurance was received that they would be removed on the day of inspection and a suitable storage cage was immediately ordered to safely store the cylinders.
- The inspectors reviewed the in house fire safety checks being carried out,

however, these were not all being completed in line with the providers own intended frequency.

- The position of the emergency gas shut off in the laundry was behind the appliance and difficult to access. The emergency shut off for the electrical supply in the laundry was obstructed by clothes rails.
- The position of storage shelving and the proximity and distance from electrical panels required risk assessment to determine appropriate controls to manage the risk.
- The position of the generator required assessment to determine the risk of fire spreading into the attic as it was in close proximity to the eaves of the building.

Action was required to ensure adequate means of escape:

- Some areas of the external escape routes did not have adequate coverage of emergency lighting to ensure safe escape to the assembly points.
- Exit signage was not adequate in some locations, for example there was a section of corridor where exit signage was not visible. Furthermore, the escape signage directed occupants through the day room from the corridor. This required review to ensure it was the agreed escape strategy during the design of the building.
- There was a sliding lock on the outside of the laundry exit; this is a higher risk room and may result in staff not being able to escape from the laundry if the lock is engaged.
- The layout of the furniture in the dining room was not arranged to ensure a clear passage to the exit door.

The arrangements for maintaining fire safety equipment were not adequate:

- While the emergency lighting system was being serviced at the appropriate intervals, the annual certificate to verify that the system was free from fault was not available; instead a report of failed units was issued to the provider and these had not been actioned.
- A number of exit signs were not lit, which meant that they would not be visible when in the event of a power failure.

The arrangements in place for extinguishing fire required action:

- There was a chemical suppression system in the kitchen, located over the cooking equipment to suppress a fire. The discharge nozzles of this system were not aligned with the hazards below, in particular the oil fryer. This was identified in the most recent service report. There were further recommendations regarding the position of the pull handle and the requirement for a 10 year service.
- The service report for the fire extinguishers identified the need for additional extinguishers in the kitchen, electrical room and plant room.

Assurance was required regarding the measures in place to contain fire;

- Notwithstanding the good quality of fire doors in the centre, the gaps to the

bottom of fire doors was impacting the containment of fire.

- The kitchen fire doors were warped and had a gap where the door leaves met.
- Assurance was required regarding the integrity of fire compartment boundaries in the building, to ensure the safety of residents during evacuation.
- There were some recessed lights and extract vents through fire rated ceilings, resulting in a breach of the fire rating. Assurance is required that appropriate systems are in place at these points to ensure the containment of fire.

The measures in place to safely evacuate residents and the drill practices in the centre required action

- Residents evacuation requirements were assessed in the form of a personal emergency evacuation plan (PEEP). There were inconsistencies noted in the sample of PEEPs reviewed. The person in charge immediately addressed this during the inspection.
- While simulated compartment drills were practiced, it was determined during the inspection that they did not reflect the correct fire compartment boundaries. The largest fire compartment had fifteen resident beds and there was no drill record to reflect the simulated evacuation of this compartment to ensure adequate resources were available to safely evacuate this compartment when staffing levels were lowest.
- Each bed had a ski sheet beneath the mattress to assist the evacuation of residents in their mattress if required. From a sample looked at by the inspectors, a number were found to be not correctly fitted to the mattress.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While an inspector saw from a review of a sample of records, that there were some improvements in recording of assessments and care planning, the following required action;

Residents' care plans were not consistently updated following a change in a residents condition; an inspector saw a care plan of a resident who had recently returned from acute services was not updated to reflect the resident's current needs.

A care plan reviewed did not have an accurate record of a wound assessment, which may result in errors in wound care management.

Judgment: Substantially compliant

Regulation 6: Health care

The medical and nursing care needs of residents were well met in the centre. Residents living in the centre were reviewed by a general practitioner as required and there was evidence that community mental health services medical staff attended the centre to review residents if required. Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including speech and language therapists, dietitian services and tissue viability specialists. A physiotherapist attended the centre once a week to provide group exercise sessions and one to one assessments for residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that residents had access to opportunities to participated in activities in accordance with their interests and capabilities. It was evident that residents had access to independent advocacy services and were supported by the management team to access these services. A varied activity schedule was available for residents and was supported by activity staff employed in the centre and external activity providers such as musicians, a dance instructor, fitness instructor and a physiotherapist. Residents had access to newspapers radios and televisions. The inspectors found that staff promoted residents rights in the centre.

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 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not 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 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	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	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballincurrig Care Centre OSV-0000197

Inspection ID: MON-0040307

Date of inspection: 20/06/2023

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
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • A review of the floor plans has been completed and submitted in support of the application to vary Condition 1 and Condition 3 of the registration. The access door to sluice room 1 was is now outlined in the floor plans. Communal space is correctly identified to ensure a minimum of 4 square metres for each resident if the centre was registered for 57 residents. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To ensure compliance the PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • All staff working in the centre have now completed their mandatory training in fire precautions. The PIC reviews the training Matrix on a weekly basis to ensure training is planned ahead for staff that require refresher training. • All staff are not to be rostered until safeguarding training completed. • All staff have completed their refresher training on infection prevention and control. 	

The PIC reviews the training Matrix on a weekly basis to ensure training is planned ahead for staff that require refresher training.

Regulation 21: Records

Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
To ensure compliance the RPR will have the following in place and implemented and actioned as required

- Each agency staff name will be written on the roster on the day/night they are working. As EPIC is a digital format of care planning and recording daily notes : each agency nurse will then after each entry made on EPIC care plans record their name and PIN number. The centre will also have a copy of the Agency nurses PIN on record as per agency.

Regulation 23: Governance and management

Substantially Compliant

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

To ensure compliance the RPR will have the following in place and implemented and actioned as required.

- Regulation 21 will be audited on a quarterly basis by the RPR Compliance and Governance team to ensure ongoing compliance.
- Regulation 28: The Group Estates and Engineering Manager will complete a full review of the home with the PIC monthly. All issues facilities related are discussed in detail with minutes noted in a DON & Facilities Monthly Meeting Report for follow-up actions as required. Further to this the Estates Manager will prepare and update a time bound Action Plan to address the items which require attention. Both documents are then shared with the DON for review and comment. These reviews are addressed as required by the RPR team. To support the inspection /review the homes maintenance man will complete both daily and weekly fire checks as laid out in the Fire Folder. See regulation 28 for further assurances.

Regulation 17: Premises

Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance the RPR will have the following in place and implemented and actioned as required.</p> <ul style="list-style-type: none"> • A full Facilities Improvement Plan is in place for the centre. All identified issues on the day have been added and are being worked through. The work is supported by the home's maintenance man and the RPR facilities team. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: To ensure compliance the RPR will have the following in place and implemented and actioned as required.</p> <ul style="list-style-type: none"> • In each shared bedroom ensuite each resident will have a bathroom cabinet for their individual use for any of their toiletry items to be safely stored within. • Additional hand gel units have been installed to maintain hand hygiene. • 5 clinical sinks will be installed once a full review of suitable locations is completed by the facilities team. • Shower basins and outlets that require changing following review will be added to facilities improvement plan. • Clinical waste bin positions reviewed by PIC and now situated as required in the Clinical room in the home. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: To ensure compliance the RPR will have the following in place and implemented and actioned as required.</p> <ul style="list-style-type: none"> • The oxygen cylinders were placed in a cage on the evening of the inspection. Suitable signage in place. • The fire safety checks are recorded on a Portal which allows for review by the RPR facilities team to ensure compliance. • The gas shut position in the Laundry room has been assessed and is accessible. Staff have been instructed to keep the area clear. • Following review the shelves will only hold non combustible items. • The position of the generator is under assessment to determine the risk of fire spreading into the attic as it was in close proximity to the eaves of the building. • Electrical contractors are currently preparing cost plans to address emergency lighting 	

and all other lighting requirements in the home.

- Electrical contractors are currently preparing cost plans to address emergency lighting which will include exit lighting and all other lighting requirements in the home.
- The Sliding Laundry door lock has been removed.
- The layout of the furniture in the dining room has been reviewed by the PIC and home maintenance personnel and new layout agreed to ensure a clear pathway.
- A full report on emergency lighting pass/fail is always made available by the PPM service provider to the facilities management team. The report with failed fittings forms the basis for a scope of work for the electrical contractor to price and action the work as required. An Annual Certificate for Emergency Lighting was completed.
- Electrical contractors are currently preparing cost plans to address emergency lighting and all other lighting requirements in the home to ensure enough light in an emergency situation.
- There is an ANSUL suppression system in the kitchen which will have some upgrade works carried out to ensure discharge nozzles of this system are aligned with the hazards below, in particular the oil fryer.
- Additional Fire extinguishers have now been ordered as required.
- A full fire door inspection will take place and issues actioned as identified. This will include the kitchen doors.
- Survey to be undertaken by our fire stopping company and fire engineer to assure the compartmentation of the centre required by fire stopping company and fire engineer.
- A survey re the recessed lights and extract vents through fire rated ceilings will be undertaken to give assurance that appropriate systems are in place at these points to ensure the containment of fire.
- PIC has completed a full review of all PEEPs and they are now fully reflective of residents' requirements.
- The process for conducting fire drills has been amended to ensure all staff are familiar with how to effectively evacuate the largest compartment within the home.
- All ski sheets have been reviewed and are now correctly fitted to the mattresses.

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

To ensure compliance the RPR and PIC will have the following in place and implemented and actioned as required.

- All Care plans are currently under review to ensure they correctly reflect the care needs of each resident and how staff are to meet those care needs.
- The care plans are reviewed every 3 months or if a change noted with a resident. Care Plan ViClarity audits completed monthly on sample of the care plans completed. These audits are reviewed by the RPR Governance and compliance team.
- The PIC will ensure that within 48 hours of return from hospital the residents care plan

will be reviewed.

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
Registration Regulation 7 (2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition or conditions; (b) where the application is for the variation of a condition or conditions, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition or conditions, the reason or reasons for the proposed removal; (d) changes proposed in relation to the	Substantially Compliant	Yellow	14/07/2023

	designated centre as a consequence of the variation or removal of a condition or conditions, including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the centre that the registered provider believes are required to carry the proposed changes into effect.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/07/2023
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	28/08/2023
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	Not Compliant	Orange	28/07/2023

	the Chief Inspector.			
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	28/07/2023
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	30/05/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	28/02/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/03/2024

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	28/07/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/07/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	28/07/2023
Regulation 5(4)	The person in charge shall formally review, at	Substantially Compliant	Yellow	31/08/2023

	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.			
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