



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	CareChoice Ballynoe
Name of provider:	Carechoice Ballynoe Limited
Address of centre:	Whites Cross, Cork
Type of inspection:	Unannounced
Date of inspection:	16 April 2024
Centre ID:	OSV-0000210
Fieldwork ID:	MON-0043372

## About the designated centre

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

Carechoice Ballynoe (known as Ballynoe) is a designated centre which is part of the Carechoice group. It is located in the rural setting of Whites Cross and is a short distance from the suburban areas of Ballyvolane, Blackpool, and Cork city. It is registered to accommodate 46 residents. Ballynoe is a two-storey facility with lift and stairs to the upstairs accommodation. It is set out in three corridors on the ground floor called after local place names of Glen, Shandon and Lee; and Honan on the first floor. Bedroom accommodation comprises single and twin rooms downstairs and 12 single occupancy bedroom upstairs. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise a comfortable sitting room, Morrissey Bistro dining room, large day room and a large quiet room with comfortable seating. The hairdressing salon is located near the main day room. There is a substantial internal courtyard with lovely seating and many residents have patio-door access to this from their bedrooms; there is a second smaller secure courtyard accessible from the quiet room and a further enclosed space accessible from the main day room. At the entrance to the centre there is a mature garden that can be viewed from the sitting room, dining room and some bedrooms. Carechoice Ballynoe provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	39
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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 16 April 2024	08:45hrs to 16:45hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

Overall, the residents were supported to have a good quality of life in the designated centre. All residents spoken with on the day of inspection were content and complimentary of the service provided. The inspector met with most of the residents living in the centre and spoke with five residents in more detail. One resident said that it was "a lovely place" and another said that "staff couldn't do enough for you".

There were 39 residents living in the centre at the time of inspection and the centre was registered to cater for a maximum of 46 residents. CareChoice Ballynoe is a two-storey building with resident accommodation on both floors. The main entrance is wheelchair accessible and leads into a reception area where information such as the statement of purpose, residents' guides, inspection reports and the health and safety statement were displayed. The nursing home registration and insurance certificate were clearly displayed near the reception.

In general, the centre was very clean with good systems of cleaning in place. Sluice rooms (a room used for the safe disposal of human waste and disinfection of associated equipment) and cleaners rooms were appropriately secured. The housekeeping trolleys had lockable storage for chemicals and had storage compartments for cloths and mop-heads. Cloths were colour-coded and housekeeping staff were knowledgeable regarding their appropriate use. Hand hygiene sinks were still not compliant with best standards in infection control, which was a finding in previous inspections.

Bedrooms on the ground floor were very personalised. It was evident that residents had decorated their bedrooms in their own style. Residents had many personal items on display in their room. Storage for residents' personal possessions comprised double wardrobes, chest of drawers and bedside lockers; some bedrooms were seen to have a second double wardrobe. Bedrooms had comfortable bedside chairs. Privacy screens in shared rooms were effective and ensured residents' privacy. The front doors of the bedrooms were painted individual colours, with front door knockers and numbered to assist residents in finding their own bedroom doors. Old photographs of the locality and of areas residents were from were on display throughout the centre.

There is stairs and lift access to the upstairs accommodation which is mainly designated for short-stay residents and comprised 12 single occupancy bedrooms with toilet and wash-hand basin en suite facilities. Communal space comprises of a sitting room and separate dining room with kitchenette facilities; both rooms are bright, comfortable and relaxing. Bath and shower facilities were available upstairs. There was an open-plan nurses station. The sluice room was located at the end of the corridor to the right and was securely maintained.

The inspector observed that the outdoor area provided a well constructed enclosed garden. This was very well maintained and had ample areas to sit out with comfortable garden furniture. Residents reported to the inspector that they enjoyed using the outdoor space during the good weather. In one of the corners of this enclosed garden there was area used for smoking by the residents, fire safety equipment such as fire aprons, fire blankets, a device for extinguishing and discarding cigarette ends and a call bell were available for residents safety.

The inspector observed the lunch time meal of the residents in the dining room. The dining room tables were decorated with table cloths and flowers. Staff interacted well with the residents during this time. There were large, colourful pictorial menus for residents to browse. Residents spoken with were very happy with the food on offer.

There was a varied and extensive activity schedule available to residents. There were three people identified to manage and facilitate activities for the residents which were available to residents from the morning to evening each day. Residents had a group physiotherapy session on the morning of the inspection. Many residents enjoyed bingo in the evening with residents being very competitive to win the prizes on offer.

Visitors were seen coming in and out of the centre throughout the day and were seen participating in activities with residents. Visitors spoken with were very happy regarding the care and support given to their family members.

There were signs throughout the centre to direct and orientate residents and visitors to their location in the building. These pictorial signs were bright and stood out and along with the colourful doors on their bedroom doors, assisted residents in finding their way around the building. Clinical rooms were securely maintained. Appropriate signage was displayed outside the clinical room advising that oxygen was stored within. Emergency evacuation plans were displayed in the centre; these were large and colour-coded with zones identified with primary evacuation routes identified.

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

## **Capacity and capability**

In general, CareChoice Ballynoe was a well managed centre where residents received good quality care and services. Actions identified from previous inspections had been mostly addressed.

CareChoice Ballynoe is operated by CareChoice Ballynoe Limited and is registered to accommodate 46 residents. CareChoice Ballynoe is part of the CareChoice group which operates a number of other nursing homes throughout the country. The governance structure of CareChoice comprises of a board of directors with the chief executive officer appointed as the nominated person representing the registered provider. The management team within the centre is supported by a national and regional management team of quality, finance, catering, facilities and human resources (HR). On site, the person in charge was full time in post and she was supported by two assistant directors of nursing (ADON).

Staff levels were adequate for the centre and from the staffing rosters viewed there were consistent levels of staff maintained in the centre. Staff had training suitable to their role and the staff training schedule showed that there was on going refresher training for staff throughout the year. A number of staff were receiving training on site on the day of inspection. Staff of all roles were receiving training in subjects such as end of life care to support the residents' at this time.

There was an ongoing audit system in place to monitor the quality and safety of the service being provided. Action plans were developed from the audits to guide service improvements. Residents' meetings were taking place regularly to give the residents their chance to have their say in the service. A comprehensive annual review of the service had been completed. Clinical governance meetings also took place in the centre to ensure oversight of actions identified in the centre.

The statement of purpose had been kept up to date and was available to residents and family members in large format in the entrance area to the centre.

There was a comprehensive record of all accidents and incidents that took place in the centre. Notifications were submitted in a timely manner to the regulator. A complaints log was maintained and the policy had been updated to reflect recent changes to the legislation. The centre's complaints policy was clearly displayed both upstairs and downstairs. There was evidence of investigations being completed and issues resolved in relation to complaints.

### Regulation 15: Staffing

Staffing seen on the day of inspection and from the rosters viewed, the centre had an appropriate staff numbers and skill mix taking into account the layout of the centre and the needs of the residents. Staff on the day of inspection interacted in a kind and respectful manner with residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training was completed in mandatory subjects and also training beneficial to their roles such as end of life training. Refresher training had also been scheduled for staff that required this.

Judgment: Compliant

### Regulation 23: Governance and management

An appropriate governance and management structure was in place in the centre, with clear lines of accountability and responsibility. The effective monitoring of the service took place with a comprehensive audit system. Residents views were captured in the centre with regular resident meetings and through a resident survey. Supervision from the management team spanned across the seven days of the week to provide oversight and support to staff.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose that contained all the information set out in Schedule 1 of the regulations and was reviewed in a timely manner.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of the complaints log and of the accidents and incidents log indicated that all of the notifications required to be submitted within the time frames identified by the regulation were submitted.

Judgment: Compliant

### Regulation 34: Complaints procedure



A complaints policy was in place and up to date. Actions were taken on complaints and outcome of complaints recorded. Information regarding advocacy services was available to residents in the centre.

Judgment: Compliant

## Quality and safety

In general, the inspector found that residents had a good quality of life in the centre with their health, care and well being needs being met by the provider. Systems were in place to promote the health care and rights of the residents in the centre. However, action was required in relation to clinical hand wash sinks being available to staff in the centre, this is discussed under regulation 27.

The premises enhanced the residents lives and were found to be clean and well maintained throughout. The centre had an accessible outdoor area available to the residents, which was also well maintained. Personal space was appropriate for residents with adequate space available for residents and their personal items. Rooms had been personalised by the residents and their families.

The centre was clean with cleaning checklists maintained and monitored. Cleaning staff in the centre had a good knowledge of their role in infection prevention and control.

There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed and also checks to ensure that equipment was accessible and functioning. Personal emergency evacuation plans were in place for all residents. Fire safety equipment, emergency lighting and the fire alarm had preventive maintenance in accordance with recommended guidance.

Residents' health care needs were being met with regular access to GP services. Residents also had access to a physiotherapist, occupational therapist, speech and language therapist, dietitian, tissue viability nurse and a chiropodist. Care plans for residents were completed using validated tools and were comprehensive in relation to care required by the residents. Care planning had improved for residents since the previous inspection.

The inspector was assured that the residents rights were promoted and protected in the centre. Residents had choice throughout the day as to where they would spend their day, and what activities they would undertake. Residents had meetings throughout the year, where the residents were able to have their concerns identified and be consulted with on the running of the centre. Staff were seen throughout the day of the inspection being courteous and helpful to residents and offering choice.

An appropriate risk register was maintained for the centre and the risk management policy of the centre contained the risks identified in the regulation. The provider acted as a pension agent for five of the residents and this was managed in a transparent manner. Small amounts of money and valuables were stored for residents and this was done in a secure and safe manner.

### Regulation 12: Personal possessions

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

Judgment: Compliant

### Regulation 17: Premises

The premises was bright, clean, well decorated and maintained. The premises offered residents communal both inside and well kept and decorated outdoor spaces to enjoy.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy had systems in place for the five risks identified in the regulation.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the standards for the prevention and control of health care associated infections were in place. As there were not clinical hand wash sinks with metal outlets and overflows, with some sinks not having hands free mechanism to mitigate the risk of cross infection. This was a repeat finding from previous inspections.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Fire safety equipment had been serviced in a timely manner. Fire doors were observed to work correctly. Fire drills had been undertaken regularly. Daily, weekly and monthly checks had taken place. Fire information evacuation plans were placed throughout the centre to inform those in the centre of what to do in relation to a fire emergency.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of residents care records found that while all residents had an individual assessment and care plan in place. Care plans used appropriate assessments and were reviewed within the four month time frame identified in the regulations. The care plans provided staff with good levels of guidance on how to support the residents in the centre.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to medical care and GP services. Residents were reviewed by their GP as required. There was appropriate access to professionals such as physiotherapists, dietitian, speech and language therapists, and chiropodists. Referrals were made to appropriate services in a timely manner.

Judgment: Compliant

### Regulation 8: Protection

Residents' finances were well managed in the centre, with minimal amounts of money and valuables stored for residents in the centre. The centre did act as pension agent for five residents, this was managed appropriately.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted on the day of inspection. Residents had access to both group and individual activities during the day, with a dedicated people employed to plan and undertake these. Residents had a choice at mealtimes. Residents had a say in the running of the centre through residents' meetings that took place regularly.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for CareChoice Ballynoe OSV-0000210

Inspection ID: MON-0043372

Date of inspection: 16/04/2024

## 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The 2 clinical hand sinks identified which are not compliant with HBN 00-10 Part C: Sanitaryware Assemblies &amp; Health Technical Memorandum 04-01: Safe water in healthcare premises Part A: Design, installation and commissioning due for installation Quarter 3 2024.</p> <p>The areas for installation have been assessed and measured on 17/04/24 and confirmation of the exact installation date will follow.</p> <p>SCJ Hand sanitizer units are located and maintained at the Point of Care and throughout the center.</p>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/09/2024