



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

Issued by the Chief Inspector

Name of designated centre:	Ballincollig Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Murphy's Barracks Road, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	22 October 2024
Centre ID:	OSV-0000712
Fieldwork ID:	MON-0045211

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	100
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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 22 October 2024	18:00hrs to 22:10hrs	Siobhan Bourke	Lead
Wednesday 23 October 2024	08:30hrs to 16:45hrs	Siobhan Bourke	Lead
Tuesday 22 October 2024	18:00hrs to 22:10hrs	Caroline Connelly	Support
Wednesday 23 October 2024	08:30hrs to 16:45hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. The first day of inspection was conducted during the evening, followed the next morning, by a second day inspection. Over the course of the inspection, the inspectors spoke with residents, staff and visitors to gain insight into what it was like to live in Ballincollig Community Nursing Unit. The inspectors spent time observing the residents daily life in the centre, in order to understand the lived experience of the residents. Inspectors spoke in more detail with approximately 15 residents and 10 visitors. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. These residents appeared to be content, appropriately dressed and well-groomed during the day, but many were seen to be in night attire very early in the evening, which is discussed throughout the report. Residents and visitors generally expressed their satisfaction with communication, the kindness of staff, staffing levels, the quality of the food and attention to personal care.

Ballincollig Community Nursing Unit is located within a large site in the suburban town of Ballincollig and is registered to accommodate 100 residents. The centre was fully occupied on the days of inspection. Residents' accommodation is located over three floors and is surrounded by mature gardens. Accommodation for residents is in four units namely Laney, Bride, Maglin and Shournagh and each unit accommodates 25 residents. Bride and Maglin are two units for residents who required specific care throughout the various stages of living with dementia.

Each unit had one four bedded room, two twin rooms and 17 single rooms, all bedrooms had en-suite shower, toilet and hand wash sink. Inspectors saw that the single rooms were spacious with plenty of space for clothing, belongings and were seen to be decorated with residents' personal possessions, photographs, plants, and in some rooms, their own furniture. One of the units was decorated with beautiful art work created by a resident living there. Privacy screens in the twin rooms had improved since the previous inspection. The inspectors saw that storage was a challenge in some of the multi-occupancy rooms with residents assisted chairs stored inappropriately in the ensuites in some rooms. A number of residents, who were living in the twin and four bedded rooms, told the inspectors that they were looking to move to a single bedroom as they found the shared rooms noisy and wanted further privacy. During the walk-around the centre, inspectors observed that there was scuffed paintwork on the walls and doors of some residents' bedrooms and communal areas. Furthermore, a number of doors were seen to require repair. This is outlined further in the report.

All four units had communal space including day rooms, quiet rooms and dining rooms. Each unit had a designated pantry. The ground floor also had an oratory and a large gymnasium where a number of residents were participating in physiotherapy sessions with the physiotherapist, who was in attendance on the day of inspection. The inspectors saw that the communal spaces in the centre were furnished in a

homely way with dressers, soft furnishings, plants and electronic fireplaces. There were old pictures of the locality throughout the centre. Despite all the lovely communal space, the inspectors saw that on the Laney unit, residents were sitting in rows in a hallway which was a thoroughfare, near the nurse's station, whilst the quiet room was full of equipment such as weighing scales, wheelchairs and was not available for residents' use. The second communal room was designated as a visitors room and was not occupied on the first day of inspection. On the second day, the inspectors saw that this room was in use by activity staff with five residents. The inspectors were informed by a number of residents that the temperature in the centre was too hot and staff were unable to control the temperature. The inspectors also noted the centre was very noticeably warm on both days of the inspection. This is outlined further in the report.

Inspectors saw that residents had easy access to a number of outdoor spaces in the centre through the communal rooms and lobby. There were a number of internal courtyards, one of which had mature trees and plants, and a walk way for residents. In the Bride Unit the inspectors saw the courtyard was well maintained with raised beds, plentiful seating and a well paved walkway. Residents were seen to go out walking accompanied by staff.

The inspectors arrived to the centre at 18.00hrs on the first evening of the inspection and saw that residents had finished their evening meal and were relaxing in day rooms, some in their bedrooms and some on the corridors. Visitors were in and out and visitors whom the inspectors spoke with, were very complimentary of the care and attention received by their loved one. Visits were observed to take place in residents' bedrooms and communal areas. Visitors confirmed that they could visit anytime. Inspectors went to all four units and sat in on a number of the night handovers. Information handed over between day and night staff was observed to be comprehensive and person-centred.

The atmosphere was generally calm and residents went to bed at various times throughout the evening, assisted by staff. Three units had three staff rostered each night, but staffing on Shournagh unit reduced in the evening to one nurse and one care staff from 20.00hrs. The inspectors saw that the staff were extremely busy at this time on this unit and this staffing complement required review and action as discussed further in the report.

The inspectors observed that there were smaller group activities and one-to-one activities occurring throughout the days of inspection, with one person identified to manage activities in each unit during the day. Residents' spoken with said they were happy with the activities programme in the centre. Inspectors observed some residents participating in arts and crafts and one-to-one activities on the evening of the first day of inspection and attending bingo, imagination gym and music on the second day. The inspectors observed staff and residents having good humoured banter during the activities. The inspectors observed the staff chatting with residents about their personal interests and family members. Many residents were walking and using mobility aids around the corridor areas of the centre. A number of residents were accompanied by staff on walks throughout the centre and into the gardens. A number of residents spoke very highly of the physiotherapy services

available and told the inspectors that they liked having access to the onsite gym. Many residents were also seen reading newspapers and books, watching television, listening to the radio, and engaging in conversation with staff and other residents. The inspectors saw many of the residents enjoy a visit from the centre's therapy dog, who visited residents in their rooms and communal areas. The hairdresser was also in attendance on the second day of inspection; residents were seen being supported to attend the hairdresser throughout the day.

The dining and meal time experience was observed on both days of inspection with supper served on the first evening. During the day, the dining rooms were observed to be almost at full capacity. The meal times experience were pleasant and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. Almost all residents whom the inspectors spoke with were complimentary of the food and the dining experience in the centre. Residents' said that there was always a choice of meals, and the quality of food was good. The daily menus were displayed in dining rooms and were easy to read and included pictures. There was a choice of two options available for the main meal and evening meal. The dinner time meal appeared wholesome, and appetising. The inspectors observed and were told by a small number of residents that they preferred to have their meals in their bedroom and a small number of residents said they didn't always like the food on offer and had alternatives.

Residents' views and opinions were sought through resident committee meetings and satisfaction surveys. Residents spoken with confirmed that they could bring any concerns or issues to their resident meetings.

The centre provided a laundry service for residents. Residents' whom the inspectors spoke with over the days of inspection were mostly happy with the laundry service but did say that clothing did go missing and inspectors saw there had been a number of complaints logged in relation to this, there were ongoing discussions with the laundry which had led to some improvement.

The inspectors observed that while some residents had access to call bells on both days of inspection some residents did not. Residents and relatives told the inspectors that staff were generally quick to answer their call bells but at times particularly in the evening there could be delays on one of the units. During the two days of inspection, inspectors saw that staff knocked on residents doors before entering their bedrooms and many person centred actions between staff and residents were observed. Residents who could not communicate their needs appeared comfortable and content.

The next two sections of this 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

Ballincollig Community Nursing Unit, generally, is a well-managed centre where residents received good quality care and services. Inspectors found that there were effective management systems in this centre, ensuring good quality care was provided to residents and a person-centred approach to care was generally promoted. The management team were proactive in response to issues as they arose and some of the improvements required from the previous inspection had been addressed and rectified. On this inspection action was required in relation to the management of residents' rights, staffing, infection control and premises. These are outlined under the relevant regulations.

This was an unannounced inspection which took place over the course of an evening and the following day by inspectors of social services. This inspection was a risk-based inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. During the inspection, the inspectors followed up on the provider's compliance plan from the previous inspection and solicited and unsolicited information submitted to the office of the Chief Inspector in relation to care practices. Inspectors found that some aspects of unsolicited information received was partially substantiated. These findings are set out in the Quality and Safety section of this report.

Ballincollig Community Nursing Unit is a designated centre that is owned by the Health Services Executive, who is the registered provider. The centre is operated by Mowlam Healthcare Unlimited Company and is registered to accommodate 100 residents. There is a clearly defined management structure in place with identified lines of accountability and responsibility. The organisational structure comprised the HSE general manager, Mowlam Healthcare Unlimited Company's Chief Executive Officer (CEO), general manager and healthcare manager. On site, the person in charge was full time in post and was supported by an assistant director of nursing (ADON). Each of the four units in the centre was managed by a clinical nurse manager 2 (CNM) and a CNM1. The CNM's in the centre were assigned as leads for aspects of care such as wound management, infection control, fire safety and medication to monitor aspects of care.

There was sufficient staff on duty on the day of inspection to support the residents' needs and in relation to the layout of the building. Staffing on Shournagh unit reduced in the evening to one nurse and one care staff from 20.00hrs. The nurse at this time was administering the night time medications which left only one care staff to provide care to residents; this required action and is further outlined under Regulation: 15 Staffing.

Training for staff was provided both through in person training and supported by an online training modules Uptake of mandatory training was monitored by management in the centre. Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control. There were some gaps in the training provided for some of the staff working in the centre but these were all booked for training in the coming weeks. Staff supervision required enhancing

particularly in the evening time to ensure residents' rights were fully upheld and this is outlined under Regulation 16.

From a review of a sample of staff files, it was evident to inspectors that these were maintained in lined with schedule 2 of the regulations.

The provider had effective systems to monitor the quality and safety of the service through auditing and collection of key performance indicators (KPIs) such as falls, restraints, infections, antimicrobial usage, residents' weights, pressure ulcers, medication errors and complaints for example. This information was monitored by the management team and reviewed and actioned through the centre's governance and management structures, such as the monthly quality and safety meeting and the quarterly corporate and clinical governance committee. Minutes of the monthly quality and safety management meetings included a review of risk with the associated action register. There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. It was evident to inspectors that action plans were implemented from findings of these audits to improve practice.

The annual review for 2023 of the quality and safety of care delivered to the residents in 2023 had been prepared in consultation with residents and was made available to inspectors. This review was comprehensive and included findings from feedback from residents as well as detailing the quality of care provided to residents during the year.

Regulation 15: Staffing

Staffing during the day was seen to be sufficient to meet the needs of the residents. However, staffing on Shournagh unit reduced in the evening to one nurse and one care staff from 20.00hrs. The nurse at this time was administering the night time medications which left only one care staff to provide care to residents; a number of these residents required the assistance of two staff. The care staff was also responsible for supervising the day room and for answering call bells. The inspectors saw that this staff member was extremely busy at this time and this staffing complement required review and action.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspectors found that staff supervision required action and enhancing to ensure resident received person centered and dignified care.

- the inspectors saw that some night time practices that were not person centered had become custom and practice for staff in a number of the units. This is further outlined under Regulation: 9 Residents rights. Further managerial supervision is required in the evening to ensure residents rights are fully upheld.
- a number of residents were seen on both days of inspection to not to have easy access to call bells when they were in their rooms or in their beds.

Judgment: Substantially compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspectors. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner. A sample of staff files were checked and they met the requirements of the regulations.

All records were readily accessible and maintained to a good standard.

Judgment: Compliant

Regulation 23: Governance and management

Some systems for monitoring the quality and safety of the service required action to ensure they were consistently informing ongoing safety improvements in the centre. For example:

- there was a lack of oversight of some care practices particularly in the evening which was not sufficient to ensure person centered care was being delivered at all times as outlined throughout the report.
- there was a lack of oversight of staffing levels in the evening on Shournagh unit.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of 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 34: Complaints procedure

The complaints procedure was displayed in the centre. A sample of complaints records were reviewed and complaints were seen to be actioned in a timely manner and in line with the regulations. An independent advocacy service was available to residents to assist them with raising a concern and contact information for this support was displayed in the centre.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. Staff were seen to be respectful and courteous towards residents. There were good positive interactions between staff and residents observed during the inspection. However; this inspection found that resident's rights were not being fully met in relation to the supervision of residents, living with a cognitive impairment or dementia, in the evening. On this inspection further improvements were required to comply with areas of premises, infection control and residents' rights.

There was a very good standard of care planning in the centre. In a sample of eight nursing notes viewed, residents' needs were comprehensively assessed prior to admission by validated risk assessment tools, and had a holistic care plan with specific care needs care plans. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, infections and prevention of pressure sores. There was evidence that the care plans were regularly reviewed.

The inspectors were assured that residents' health care needs were met to a good standard. There was good access to general practitioner services, including out-of-hours services. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy, occupational therapy, dental and opticians. The residents had access to a physiotherapist who attended the centre three times a week along with an occupational therapist who attended as required. The physiotherapist and occupational therapist were very active in falls prevention in

the centre and there was evidence that residents were referred and reviewed as required by allied health and social care professionals.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Inspectors observed that residents were provided with a choice of nutritious meals and ongoing improvements were seen in the dining experience.

Inspectors saw that the premises was bright, spacious, clean and generally, well maintained throughout. However, there were a number of issues with the premises and maintenance of same, including a lack of communal and storage space that are outlined under Regulation 17 Premises.

There were systems in place to ensure good oversight of infection control practices and there was a schedule of daily and deep cleaning of residents' bedrooms. Housekeeping staff who spoke with inspectors were very knowledgeable regarding cleaning practices and actions to take for residents who were colonised with MDROS. Inspectors saw that decontamination procedures for some equipment and compliance with best practice for transmission based precautions required action as outlined under Regulation 27 infection control.

Visits took place throughout the day and could be seen to be openly encouraged. There were many locations throughout the centre which were used for these visits. Visitors and residents used these areas throughout the day of inspection.

Residents' views were sought on the running of the centre through residents meetings, where relevant issues such as dining, menus and activities were discussed. Dedicated activity staff implemented a varied schedule of activities and there was an activities programme available daily, which offered residents a wide range of activities to choose from. Management and staff generally respected the rights and choices of residents in the centre. However, the inspectors were not satisfied with some practices observed which did not promote a rights based approach to care. Residents' rights were not always upheld; this is discussed further under Regulation 9; Residents Rights.

Regulation 11: Visits

Numerous visitors were observed attending the centre on the evening of the first day and throughout the second day. Visits were observed to take place in residents' bedrooms and communal areas. There was no booking system for visits and the residents who spoke with the inspectors confirmed that their relatives and friends could visit anytime.

Judgment: Compliant

Regulation 17: Premises

While the premises were well designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- There were scuffed paintwork on the walls and doors of some resident bedrooms and communal areas.
- There appeared to be lack of storage space in some units where excess furniture was seen to be stored in a quiet room in the Laney unit
- There was a lack of communal space available in the Laney unit and residents were seen to spend large parts of the day, sat in rows on the corridor, beside the nurses station and did not have a day room to relax in.
- A number of residents complained that the centre was too hot and staff were unable to control the temperature of the under floor heating system.
- There were a number of broken doors, there was a six week lead in time for replacement.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Ongoing improvement was seen with the provision of food and nutrition to residents. Residents provided positive feedback about the quality of meals, and access to drinks and snacks throughout the day.

To support good dietary health, a validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' had timely referral and assessment by the dietitian. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 27: Infection control

The following required action to ensure compliance with the national standards for infection prevention and control for community services (2018)

- Staff reported that they manually decanted the contents of commodes/ bedpans and manually rinsed prior to placing utensils in the bedpan washer for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- The inspectors saw that two residents who required transmission based precautions had their bedroom doors open which may increase the risk of onward transmission of infection.
- A residents specialised chair was inappropriately stored in the shared ensuite bathroom, which may increase the risk of cross infection or contamination.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre. Fridge storage for medication had a record of daily temperature recordings. Crushed medications were seen to be individually prescribed as crushed which was an improvement from the previous inspection. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors viewed a sample of residents' electronic nursing assessments and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Validated assessments tools were used on the ongoing assessment of residents needs. Care plans viewed by inspectors were very person- centred and significantly detailed to direct care.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when

appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate. Wound care was well monitored and scientific assessments were seen to measure wounds along with regular photographs enable good monitoring to identify improvement or deterioration of the wound. Physiotherapy services were available in house, with the centre having its own gym residents were very complimentary about this service which they said kept them mobile where possible.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Comprehensive plans in relation to managing behaviour in the centre were in place for the residents, with de-escalation techniques evident throughout. There was minimal use of restraints in place and when in use, they were used in the least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up-to-date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Where any safeguarding concerns had arisen, they had been responded to in line with the policy, and residents had appropriate plans in place to support them, and direct staff in relation to the support to be provided.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that action was required to ensure that the rights of residents who were living in the centre were upheld at all times as evidenced by the following;

- The inspectors observed that residents who were sitting in the communal rooms, attending activities in the evening, were already dressed in their night attire which did not support their dignity. It had become a practice to get residents into their nightwear after the tea time meal from 17.00hrs onwards despite the fact that many of these residents did not actually go to bed until

after 21.00hrs. The inspectors noted as the day rooms were very warm, none of the residents wore dressing gowns and were sat in mixed gender rooms which also accommodated visitors. This institutional practice did not protect the privacy and dignity of residents.

- Inspectors observed that some residents did not have easy access to their call bells at all times, should they require the assistance of staff.
- Residents living in one of the units were not accommodated in appropriate communal spaces during the day. Many were positioned in chairs near the nurse's station which did not provide them with a homely environment during the day and evening.
- A number of residents told the inspectors how they requested single rooms and were on a waiting list for these. They told inspectors they found the shared rooms were noisy and how it impacted their sleep and comfort.
- Residents also raised concerns that some staff were not always speaking English in the centre and how this did not support effective communication with residents.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially 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 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ballincollig Community Nursing Unit OSV-0000712

Inspection ID: MON-0045211

Date of inspection: 23/10/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The Person in Charge (PIC) has completed a review of staffing levels and the roster on Shournagh unit has been adjusted to ensure there is an additional staff member on duty until 10pm each day. 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The PIC has enhanced supervision arrangements after 5pm to ensure that there will be a Clinical Nurse Manager (CNM) available on each unit until 9pm weekly, and the CNM will also provide oversight at weekends. • The CNM will do a walk around each evening to monitor care delivery and ensure that a person-centred approach to all residents is maintained. • The CNM2 will be rostered to do weekly 2pm to 10pm shifts and will provide oversight on all 4 units. • All staff will complete training on Residents’ Rights by 31/12/2024. • The centre has achieved participant status in the Age-Friendly Health System programme under the auspices of the Institute for Health Improvement (IHI). We have introduced assessments on “What Matters to Me” as part of the “4 Ms” Age-Friendly framework) to help develop a deeper understanding of the individual Quality-of-Life issues for residents. Care plans will reflect “What Matters to Me”. • The PIC will ensure that all residents have access to a working call bell that is easily reached. Staff to discuss at Daily Handover and Safety Pause. 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PIC has completed a review of staffing levels and has made changes to the roster to ensure there are appropriate supervision arrangements in place to oversee care delivery, and ensure that a person-centred approach is implemented. • Staffing levels have been reviewed in the Shournagh unit and adjusted to ensure there is a staff member on duty until 10pm. The CNM on each unit will monitor the rosters to ensure that there are always sufficient staffing levels in place. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A comprehensive review of premises had been undertaken prior to this inspection and a Quality Improvement Plan with achievable timelines has been developed to address identified deficits. • Storage has been reviewed and those items inappropriately stored have been removed. • The PIC has reviewed communal space in the Lainey unit and, for those residents that so wish, they will be facilitated to use Day Rooms. • The area around the Nurses station where residents congregate will be further reviewed to establish how best to provide a more appropriate breakout space for relaxation. • The PIC, as part of daily walkabout, will monitor the temperature on each unit to ensure it is appropriate and will escalate to facilities as necessary. • Door repairs will be undertaken where appropriate. New doors have been ordered where required, and we await their delivery within 6 weeks from order. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

- The PIC will ensure that all staff attend Infection Prevention and Control (IPC) education in November which will include education on the disposal of urine and bedpan contents, and the role of the bedpan washer in adhering to IPC guidelines. This training will be provided by the IPC Link Nurse Practitioner who will also monitor/audit practice.
- The specialised chair that was inappropriately stored in the shared bathroom on the day of inspection has been relocated and is now safely and appropriately stored.
- The PIC will schedule staff education and ensure that all staff have a good understanding of the management of Multi-Drug Resistant Organisms (MDROs) and transmission-based precautions.

Regulation 9: Residents' rights

Not Compliant

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

- The PIC has held a series of staff meetings to review/discuss practices with regards to the evening routine in the centre.
- All staff are aware that residents will choose when they wish to retire to bed and when they wish to have night attire on.
- The CNM1 on each unit will monitor practice on their respective units and the CNM2 that is assigned to work until 10pm will visit all units and ensure that staff are following a person-centred approach to care.
- In addition to Safeguarding training, the PIC has arranged with the local HSE Safeguarding team to provide staff awareness and education sessions in January 2025.
- The PIC will ensure that staff are advised that residents are not to be changed into night wear until they request to go to bed, and that their choice and preference is preserved to ensure privacy and dignity. This will be reflected in each resident's individual care plan.
- The PIC will ensure that a call bell audit is completed daily to ensure residents have easy access to call bells and they are in good working order.
- The PIC has reviewed the communal area on the unit in question and, together with the Activities Co-Ordinator, the seating is now arranged in a more comfortable way to promote a more homely atmosphere to ensure residents can enjoy activities in small groups.
- The PIC has a waiting list in place for residents that wish to transfer from multi-occupancy rooms to single rooms when they become available.
- All staff in the centre have completed communication training; further training has been scheduled with workshops in November '24, December '24 and January '25 for all staff.
- The PIC and CNMs will monitor staff communication to ensure staff are speaking in English and not their own language in resident areas.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/11/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2024
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	Substantially Compliant	Yellow	31/01/2025

	the matters set out in Schedule 6.			
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	30/11/2024
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	30/11/2024
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Not Compliant	Orange	31/01/2024