



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:	Announced
Date of inspection:	06 March 2024
Centre ID:	OSV-0000712
Fieldwork ID:	MON-0041618

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:	95
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 March 2024	09:00hrs to 17:00hrs	Robert Hennessy	Lead
Wednesday 6 March 2024	09:00hrs to 17:00hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This announced inspection was conducted over one day and inspectors found that residents were content living in the centre and were provided with good care in a modern and clean environment. Inspectors met with the majority of the residents on the day of the inspection and spoke with twelve residents in more detail. Feedback from these residents was very positive about living in the centre they stated there had been a lot of improvements in food since the previous inspection one resident saying the chef will listen and give residents what they want. Inspectors also spoke with a large number of visitors, who were visiting relatives in the centre. Relatives were very complimentary of the care and support being received by their loved ones one relative said that staff and facilities were excellent another family member complimented the hairdressing facility, saying that they all feel so much better when their hair is done.

On arrival to the centre the inspectors met with the director of nursing and the assistant director of nursing for an opening meeting in which, the current residents, the centre and the plan for the inspection were discussed. Following the opening meeting, the inspectors were given guided tours of different areas of the centre.

Ballincollig Community Nursing Unit is located within a large site in the suburban town of Ballincollig and is registered to accommodate 100 residents. There were 95 residents residing in the centre on the day 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 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 on each unit were still inadequate and did not give full privacy to residents when deployed, as identified in the previous inspection. Proof that extra privacy screens had been ordered was shown to the inspectors but they were yet to be put in place.

All four units had plenty 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 on one unit residents were seen sitting in a hallway and

were congregated there at times throughout the day.

On the first floor, there was a large space with comfortable seating where large group activities could take place. On the day of the inspection inspectors observed that residents undertook a rosary in this area in the morning and there was a lively music session in this area in the afternoon. There were smaller group activities and one to one activities occurred throughout the day of inspection with one person identified to manage activities in each unit during the day. The hairdresser was also in attendance on the day of inspection residents were seen being supported to attend the hairdresser throughout the day.

Inspectors saw that the centre was visibly clean on the day of inspection. There were systems in place for the storage and preparation of cleaning trolleys and equipment on all units. Laundry services were well managed in the centre with a person identified for oversight of laundry and managing residents clothing.

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. Many residents' room had doors that opened out into these impressive garden areas.

The inspectors observed the dining experience at lunch time in each of the four units. The lunch time menu was displayed in each of the dining areas. Dining room tables were decorated with table clothes, dining mats and flowers. Meals were served from bain-maries (used to keep food warm). Residents had the choice to eat in the various dining rooms or have their lunch served in their own rooms. There was a good choice available for residents on the day and residents were given choices that were not on the menu if they requested a different option. The meals on the day were well presented and staff were available to support residents in a kind and respectful manner.

This was an announced inspection and as part of this, residents and visitors were provided with questionnaires to complete, prior to the inspection. The aim of this was to obtain their feedback on the services provided and the care they received. There was a poster on display, in the entrance hallway of each unit, to let people know that the inspectors would be present on the day of inspection. 16 questionnaires were completed and given to the inspector. All residents that completed the questionnaires were very happy overall with the service and activities available to them. Residents were also comfortable and knew who to talk with if they wished to make a complaint.

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, Ballincollig Community Nursing Unit was a well-managed centre where residents received good quality care and services. Some areas are identified where action was required and these are detailed under the relevant regulations.

This was an announced inspection conducted by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

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.

Training for staff has returned to in person training and uptake of this training was monitored by management in the centre. There were some gaps in the training provided for some of the staff working in the centre and this area is discussed under Regulation 16.

Residents' meetings took place on a monthly basis, the nurse management team attend these, where residents are able to voice their concerns including their opinions on the dining experience. Evidence of action on these concerns was present on the day of inspection. Since the previous inspection much work had been completed by the management team in relation to the dining experience which was much improved.

Records within the centre were managed well and made readily available to the inspectors. Incidents had been notified to the Chief Inspector and this had been done in line with the regulations and in a timely manner. Complaints in the centre were managed in line with the latest regulations and the complaints procedure was made available to the residents.

Regulation 14: Persons in charge

The person in charge worked full time in the centre. She held the required qualifications under the regulations. She was well known to staff and residents, and was aware of her responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

The centre was adequately staffed to meet the needs of the residents. There was an appropriate skill mix of staff and the staffing levels were suitable for the size and layout of the centre. There was a staff nurse assigned to each unit both day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Although there was a comprehensive training schedule in place further training was required

- 12 staff required manual handling training and a small number of other staff were due refresher training.
- six staff required fire training and a small number of other staff were due refresher training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider established and maintained a Directory of Residents which contained the information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents.

There was a clearly defined management structure in place with identified lines of accountability and authority. The annual audit schedule indicated regular audits were taking place in areas such as infection control, medication management and care planning. Issues identified for improvement through the audit process were addressed in a timely manner.

An annual review of the quality and safety of care deliver to the residents was available and included feedback and consultation with residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector saw that the person in charge maintained an electronic record of all incidents that occurred in the centre. Based on a review of incidents, the inspectors were satisfied that notifications, outlined in Schedule 4 of the regulations, had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were logged and investigations were undertaken. Progress of the complaint was notified to the complainant. The complaints policy and procedure had the information required by the regulation and advocacy services were available to the residents.

Judgment: Compliant

Quality and safety

In general, inspectors 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. Residents that required assistance in communication were provided with tools to do so. For the most part, the premises enhanced the residents' life in the centre. However, some actions were required by the provider to further enhance the premises for residents. Action was also required in relation to medication management for residents.

Visit 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.

The centre was well maintained with suitable, homely decoration. Residents and family members had personalised the residents rooms. Suitable privacy screens were not available to residents that occupied twin rooms. Proof that extra privacy screens had been ordered was made available to the inspectors but they were not in place on the day of inspection. Other action required in relation to premises is outlined under Regulation 17.

The dining experience for residents in the centre had improved since the previous inspection. The food appeared appetising and residents spoken with were very happy with the food being provided. The dining area was suitable and tables were well decorated with appropriate condiments. Residents that required support from staff were assisted in a patient and kind manner.

Residents had excellent access to medical care and a general practitioner attended the centre each weekday. Residents were also provided with access to varied other health care professionals, in line with their assessed need. The residents had access to a physiotherapist who attended the centre three times a week. The physiotherapist was working with the residents throughout the day of inspection.

Residents' care plans were comprehensive and provided clear information for staff to provide care to the residents. Where residents had behaviours of concern care plans to support these residents were comprehensive and person-centred. It was evident to the inspectors that alternatives to restraint were in use in accordance with best practice guidelines and there were no bed rails in use in the centre. It was unclear from a medication prescription viewed by the inspectors whether medication was to be crushed or not, this is discussed under Regulation 29.

The centre was visibly clean on the day of inspection. There was an infection control lead person identified. The on-site laundry room supported the functional separation of the clean and dirty phases of the laundering process.

Residents rights in the centre were respected and promoted with their voice being heard in dedicated meetings. Residents also felt comfortable taking to staff about concerns they may have. Dedicated activity staff were available to residents to provide a varied activity schedule of activities.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties were assisted to communicate freely. Communication aids and devices were made available as required and communication plans were available for residents.

Judgment: Compliant

Regulation 11: Visits

Visitors were seen coming in and out of the centre throughout the day. Visitors were seen using different areas throughout the centre.

Judgment: Compliant

Regulation 17: Premises

The following required action in relation to premises:

- charging stations for hoists were in used in storerooms it could not be assured that these chargers were not a risk for fire safety management
- a fire door of a bedroom was damaged
- the smoking area outdoors did not have call bells available during the inspection and while they were put in place during the inspection it was apparent that staff did not know how to operate them correctly.
- privacy screens in twin bedrooms did not fully encircle the bed by the window.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Substantial work had been undertaken to improve the quality of the dining

experience of the residents. Residents were much happier with the food on offer and with the choice available. The dining experience for residents was seen to be a pleasurable experience for them.

Judgment: Compliant

Regulation 27: Infection control

The centre appeared very clean on the day of inspection. Household staff that were involved in cleaning were knowledgeable in their role in infection control measures in the centre.

The centre had a staff member allocated and trained as an infection control lead who provided training and support to other staff. Residents with infections were well managed and their care plans outlined any specific precautions required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Although good practices were seen in relation to medication management the system for prescribing of medication that required administering in an altered format such as crushing were not sufficiently robust as medications were not always individually prescribed as could or could not be crushed for a resident and this could lead to errors in administration..

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspectors saw that care plans were personalised and supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff. These were updated four monthly or more frequently as required.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to GP services, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, geriatrician services, psychiatry of old age and physiotherapy services. Physiotherapy services were in progress in the centre on the day of inspection.

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 9: Residents' rights

The inspectors found that residents' right and choices were promoted and respected in the centre. Residents could engage in appropriate activities in relation to their interests. There was a team of activity personnel present in the centre to facilitate this. Formal residents' meetings took place regularly where relevant issues were discussed and actions taken to address these issues was evident.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballincollig Community Nursing Unit OSV-0000712

Inspection ID: MON-0041618

Date of inspection: 06/03/2024

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 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> <ul style="list-style-type: none"> • The Person in Charge (PIC) will ensure that all staff complete mandatory training and refresher updates within the appropriate timeline, including Manual Handling. All staff who required Manual Handling training received training on 06/03/24. • The PIC will ensure that all new staff have completed Fire Safety Awareness training during Induction and are scheduled for Fire training as soon as possible after commencement of employment. New staff will not work on night duty until fire training has been completed. All staff who required Fire training have received training on 22/03/24. • The PIC will review the Training Matrix weekly with ADON and Administrator to ensure the records of staff training are up to date. 	
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"> • Battery charging units have been relocated to office space on three units. The HSE fire inspector was shown the charging units in situ during a recent visit to the centre. • Nine nurse call receivers are in place in the smoking areas with nine pendant alarms in place. Education has been provided to staff in the use of pendant alarms. • The HSE fire inspector has visited the centre and has completed a preliminary assessment of the premises. An independent fire door inspection was carried out in September 2023, and the report is now available. A scheduled plan is in place to repair and replace fire doors. • The privacy screens between beds in twin rooms have been replaced. 	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The PIC will ensure that all prescriptions on the electronic record in relation to crushed medications are updated by the pharmacy. • All Staff Nurses and Clinical Nurse Managers have received education on crushed medications. Pharmacy staff will review and educate staff on each unit regarding medications, interactions, adverse effects, and monitoring of toxicity levels. • Further on-site education on the electronic prescribing system has been scheduled with pharmacy. • There is now a designated medication lead Nurse in place who provides monitoring of medication rounds, completes audits, participates in reflective practice and completion of medication competency assessments. 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/05/2024
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 the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist	Substantially Compliant	Yellow	31/05/2024

	regarding the appropriate use of the product.			
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