<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ballincurrag Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000197</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballincurrag, Leamlara, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 464 2130</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:ballincurragcare@eircom.net">ballincurragcare@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Ballincurrag Care Centre Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Elaine McGrath</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>55</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>11 September 2014 12:00</td>
<td>11 September 2014 19:30</td>
</tr>
</tbody>
</table>

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 14: End of Life Care</th>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection in Ballincurrig Care Centre which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection providers and persons in charge attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and relevant documentation prior to the inspection. The inspector met the provider and person in charge, staff members, residents and relatives. Documents in the centre were also reviewed such as, training records, residents' care plans, medication management charts, menus and records pertaining to deceased residents. The inspector observed practice in the centre during the inspection.

The person in charge, who completed the self-assessment questionnaires, came to the conclusion that the centre was in full compliance with regard to end-of-life care and also with regard to food and nutrition. The inspector's findings correlated with the self-assessment questionnaire results and found compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland.

The ten next of kin questionnaires sent out by the person in charge on behalf of the Authority had been returned prior to inspection. The inspector found that documentation received by the Authority was very praiseworthy of the care that residents and their relatives received at end of life.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 14: End of Life Care

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were written operational policies and protocols in place for end-of-life care in the centre. Staff, with whom the inspector spoke, were aware of the policy and were knowledgeable on how to support residents and their relatives at the end of life. There was information in the policy on the diversity of religious practices and on providing information to relatives. The policy offered guidance for staff in caring for the emotional, physical and spiritual needs of residents at the end of life. There was also detailed instructions for staff on providing respectful care to the deceased remains. The inspector spoke with the person in charge, the nursing staff, care staff, cleaning and kitchen staff about their attendance at recent training. The inspector viewed the training records for the centre. This training was up to date and most of the staff had attended end-of-life training in 2013 and 2014. Further training was planned and the inspector saw this. A comfortable room was available for family and friends as an overnight facility or alternatively they could stay in the room with their relative. Meals were provided for relatives who were staying in the centre with residents. Open visiting was facilitated at the end-of-life stage. All the bedrooms in the centre were single occupancy rooms and this afforded privacy and dignity for all involved. The inspector reviewed a sample of care plans of deceased residents and noted that they had been reviewed by the general practitioner (GP) and that attentive care was given. There was evidence that medications, symptom control and pain relief were regularly reviewed and closely monitored by the GP. There were also indications that the next of kin had been kept informed of any changes that occurred. Care plans reviewed by the inspector indicated that staff had provided emotional, psychological and physical care to the person at end-of-life. Spiritual needs had been attended to regularly and on special request also.

The inspector also viewed the care plans of residents who were receiving palliative care on the day of inspection. The inspector observed that there was evidence that the GP and the person in charge had discussed end-of-life wishes with either the resident or the relative, where appropriate. The care plans revealed that assessments and plans of care were in place for oral hygiene, skin assessments and pain control as well as fluid and nutritional intake. The inspector spoke with a senior staff nurse who explained how end of life wishes were being documented when these became known and that end-of-life
care plans were reassessed on a three-monthly basis or on request. Residents also told the inspector that they felt their wishes would be respected by staff if their needs changed. There was evidence in the care plans that discussions had been held with the GP and residents about CPR (Cardio-Pulmonary Resuscitation) and where relevant, this had been signed by the resident and the GP or signed by a resident's representative. The inspector was informed by the person in charge that the option was available for a resident to return home in the event of expressing a wish to do so providing that supports could be put in place. This option had not been recently expressed by any resident however, the inspector noted that some residents had their wishes documented as to the place of their burial or removal with one resident requesting that her remains would be removed from her home. There were processes in place to ensure involvement of staff and relatives in end-of-life plans, when this was required. The person in charge described to the inspector how the staff would ascertain residents' wishes for their future care. She explained how the families were consulted in the process, if residents wished this to happen. The inspector spoke with some relatives who had been involved in planning for the future needs of their residents. They expressed that they found the staff to be caring and helpful when explaining the process involved. Relatives explained to the inspector that they were supported in the decision making by the person in charge and said that the GP was involved in the process also. These relatives also emphasised to the inspector that the end-of-life care plan was revisited. The inspector spoke to one resident who said that her wishes had been documented on admission and a relative told the inspector that her resident had her end-of-life wishes documented at home. The person in charge had been made aware of this. The inspector viewed the care plans of the residents involved and saw that discussions had been documented and that reassessments were carried out as described. Relatives also spoke movingly to the inspector about previous relatives who had died in the centre. They were emotional about the staff and the kindness shown to them. The words, "caring", "kindness" and "personal touch" were repeated by other relatives when describing their experience of interacting with management and staff in the centre.

The inspector spoke with residents who said that they were included in the memorial services when a resident died. The person in charge informed the inspector that the family of a deceased resident could request to have the removal from the oratory in the centre. There was a religious service in the centre weekly and some of the residents said that they enjoyed saying the rosary daily. Any person who had died recently was prayed for at the weekly service and relatives were invited to attend the centre for a service when a suitable period of time had elapsed. The provider and person in charge told the inspector that they would attend the funerals of their residents. There were suitable books, prayers for the dying and advice leaflets on bereavement and counselling seen in the centre. According to the self assessment questionnaires, staff and other residents were supported following a death and this was confirmed to the inspector, in discussion with the staff and residents. Clothing inventories were maintained and the centre had a specific protocol for the return of residents' clothing to the family. The inspector viewed completed inventories of the residents' possessions in their files. The person in charge informed the inspector that the return of clothing and possessions was always done in a sensitive and respectful manner. Specialist palliative care services were available, on the GPs request, to support residents' care in the centre and the person in charge explained that staff were trained in the use of subcutaneous fluids and in the use of syringe drivers (a device for the administration of symptom control drugs) for end-of-life. One
resident was prescribed subcutaneous fluids by the GP on the day of inspection and this was administered, as prescribed, by nursing staff. These records were seen by the inspector.

Judgment:
Compliant

**Outcome 15: Food and Nutrition**
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector reviewed the self-assessment questionnaire for the centre, on food and nutrition, and the policies on nutritional aspects of care. These were found to be comprehensive and were seen to be adopted and implemented in the centre. The inspector examined training records which indicated that staff had attended a wide range of training. These education sessions were provided by an external provider, the dietician and a speech and language therapist. The inspector observed mealtimes including lunch, afternoon tea and the evening meal. The inspector sat at the dining table at lunch time, which was served in two sittings from 12.30 onwards, with a group of residents. They told the inspector that they were very happy with the choice of meals on offer. Residents informed the inspector of the times at which meals were served including breakfast from 8.30 and also that their choice of dining venue was respected at each meal. On the day of inspection the inspector noted that there were two choices on the menu and the inspector sampled the modified diet on offer. It was served hot and was very appetising. The inspector noted that staffing levels were adequate to meet the needs of the residents during mealtimes. Residents having their meals were appropriately assisted and received their meal in a timely manner. A staff member was assigned to each dining table to support any resident requiring assistance. Some residents were receiving assistance on an individual basis and the inspector observed that the staff members were assisting the residents with care and attention. One care assistant was seen to be supervising the dining room and ensuring that all residents received their choice of meal. The dining room was bright and spacious. There was a large conservatory dining area attached to the inner dining room. The tables were nicely decorated with good quality tableware, table linen, napkins and cutlery. The person in charge informed the inspector that the silk flowers on the tables were arranged by the residents. A selection of drinks including juices and fresh drinking water were seen displayed on a dresser in the dining room and were available to residents throughout the day. Dessert and tea was provided at the end of the meal and there were two choices on offer, one of which was home-made apple pie. Residents were seen to
engage in conversation and one resident entertained the inspector by singing his favourite song.

The inspector spoke with the chef who said that she regularly met with the person in charge, the speech and language therapist and the senior nurse to discuss residents' dietary needs. There was a plentiful stock of fresh, frozen and dry goods on view in the stores and fridges and the chef showed the inspector her list of local suppliers. There were signs on the wall which indicated that all the meat was traceable and the chef was seen to have a batch of home baked goods ready for the evening meal. Food was fortified if necessary on advice from the dietician. The chef showed the inspector her folder, which contained detailed information, including the most recent assessments by the speech and language therapist, dietician advice and the residents’ food preferences. Modified diet information was displayed on the wall and choice was available for these residents also. The chef showed the inspector how she ensured that the food for those with coeliac disease and diabetes was segregated from the general stores. The chef and kitchen staff informed the inspector that they received training in food safety, food hygiene and nutrition. There were three hand-washing sinks in the kitchen and infection control practices were indicated by the use of colour coded chopping boards and segregated areas for food preparation. Reports from inspection by other relevant authorities were available in the kitchen. Certificates were on display confirming training qualifications. There was a three weekly menu rotation in operation and the chef stated that if a resident did not like what was on the menu, an alternative would be made available. Residents confirmed this and said that food would be provided at any time of the day including the night if they required a snack. The residents compared the dining experience to that of a 'hotel'. The snack trolley was seen at 15.00 and at 19.00hrs and the staff said that this also circulates at 11.00am. The inspector saw that fresh fruit such as strawberries, bananas and prunes were available on the trolley at 15.00hrs as well as various yogurts, desserts, cake, hot and cold drinks as well as supplements. The staff member, with whom the inspector spoke, was knowledgeable about the dietary needs and preferences of residents and he informed the inspector about the training courses he had attended. The inspector noted that there was a list on the trolley to indicate which residents required supplements. Relatives were seen to be offered tea and cake with the residents and they spoke with the inspector about the quality of the meals provided in the centre. They also informed the inspector that they were contacted if there was a change in the nutritional status of their relatives or when new care plans were being drawn up in relation to nutrition.

A sample of medication administration charts reviewed by the inspector indicated that nutritional supplements were prescribed by the GP. If a resident was not able to eat the food on offer or was found to be losing weight a supplement was prescribed. Subcutaneous fluids were also available for residents who were not able to partake of oral fluids. Fluid and food records were maintained for residents who had nutritional needs. The inspector sat in the dining room with the person in charge, the provider and the residents for tea and sampled the food available to residents. The chef had baked a birthday cake for one resident and this was distributed to all residents. The evening meal was served from 16:30 onwards and the inspector observed that there was a choice of menu on offer as well as a selection of home baking. There was evidence that ample choice was available at this meal also. The inspector heard residents indicate their individual choices to the staff. Staff were seen to be attentive and knowledgeable about
the residents and were able to tell the inspector how they would cope with a resident who had swallowing difficulties or a resident who appear to be choking. All residents had access to dietary, as well as speech and language services and there was evidence of this in the sample of care plans reviewed. The senior staff nurse informed the inspector that all residents had been reviewed by the dietician on her recent visit to the centre. The inspector noted that all residents had a malnutrition universal screening tool (MUST) assessment and that this was repeated three-monthly or when required. A food chart was also completed for new admissions. If a dietary need or weight loss was identified the GP was informed and the appropriate service contacted to review the resident. Residents with diabetes were provided with the appropriate diet and had a comprehensive care plan was seen to be in place to support their care. Blood sugar levels were recorded and each resident had an individual glucometer (to record blood sugar levels) available where this was required. Training for staff in dysphagia (difficulty in swallowing) had been provided and oral care assessments had been performed by the dentist for all residents. Dental services were available both in house and externally. Care plans were in place to provide guidance on oral hygiene. Staff spoken with by the inspector were knowledgeable on this subject. The inspector reviewed records of resident meetings. Any issues raised by residents, as regards to food, were seen to have been addressed. The complaints log was also reviewed and there was no evidence of complaints regarding the food. The inspector spoke to one resident who was served his meals in his bedroom and he told the inspector that he was given his choice from the menu at each meal. The inspector noted that the meal appeared appetising and was served hot. Staff attended to residents' call bells in a prompt manner if more food was requested.

**Judgment:**
Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority