

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Ballincollig Community Nursing Unit
<b>Centre ID:</b>	OSV-0000712
<b>Centre address:</b>	Murphy Barracks Road, Ballincollig, Cork.
<b>Telephone number:</b>	021 462 0600
<b>Email address:</b>	managerballincollig@mowlamhealthcare.com
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Patrick Ryan
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	Liam Strahan
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	99
<b>Number of vacancies on the date of inspection:</b>	1

## **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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 29 May 2015 08:15 To: 29 May 2015 14:00

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures

**Summary of findings from this inspection**

This was the eight inspection of the centre carried out by the Health Information and Quality Authority. It was carried out following receipt of information regarding the manner in which complaints were managed. This inspection was unannounced and took place over one day.

The inspectors followed up on actions from the previous inspection and noted these were addressed in a satisfactory manner. As part of the inspection, the inspectors met with residents and staff members. They also spoke with relatives. The inspectors met with the person in charge and the regional operations manager. Inspectors observed practices and reviewed documentation such as prescriptions charts, complaints log, policies and procedures.

Overall, there was a proactive approach to receiving and dealing with complaints and measures were taken to minimise a reoccurrence. There was good documentation and monitoring of complaints. This is discussed in outcome 13. The centre was found to be in non compliance in one of the areas inspected. This was in relation to the submission of notifications to the Health Information and Quality Authority and is discussed in outcome 10.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 05: Documentation to be kept at a designated centre  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The previous inspection found an issue in the manner in which records were maintained pertaining to the administration of medicines. On this inspection, it was confirmed that adjustments were made to the electronic system to ensure the review date of medication was in line with actual practice. Such reviews were conducted on a quarterly basis.

A nurse explained to the inspectors the manner in which medical prescriptions were routinely checked and confirmed by the general practitioner (GP) and pharmacist against the printed prescriptions. This was carried out prior to renewal of prescriptions. This practice helped to minimise medication errors.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety  
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre had a policy on, and procedures in place for, the prevention, detection and response to abuse. Staff had received training and records were maintained of such training.

Systems were in place to induct new staff on matters of adult protection. Staff had regular staff appraisals and were monitored on an ongoing basis. Inspectors were informed that staff were provided with guidance, mentoring, training and supervision appropriate to their needs and levels of responsibility. Documentation was seen to support this.

Staff spoken to knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incident to. It was evident that processes were in place to monitor systems in place to protect residents. In instances where allegations were made, they were seen to be followed up with and corrective action taken.

The centre had a policy on, and procedures in place, for managing behaviours that challenge. This was reflected in the care provided as described by staff. Training had been provided to staff on how to manage behaviour that is challenging.

A restraint free environment was promoted. The centre's policy on the use of restraint gave guidance to staff on its' use. Staff had received training of the use of restraint.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Inspectors examined the notifications submitted to the Authority. In general, notifications were submitted in a timely manner and for the events for which a notification was required. There was one complaint which was tantamount to an allegation of abuse. This complaint was followed up upon, action was taken over the subsequent months to resolve the matter and structures were put in place to minimise a reoccurrence. However, a notification was not received by the Authority that an

allegation of abusive behaviour had been made.

**Judgment:**

Substantially Compliant

**Outcome 11: Health and Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The previous inspection found the method of recording and transcription of medication prescriptions engaged in by nursing staff did not concur with the centre's policy and profession guidelines issued An Bord Altranais agus Cnaimhseachais na hEireann. Changes were made subsequent to the last inspection which ensured that when prescriptions were being transcribed, both signatories to the prescription dated and initialled the documentation.

The inspectors were informed that GPs visit the centre every day, and there was an effective communication system between nursing and medical practitioners. Nurses informed the inspectors of their attendance at medication management workshops and on line training, facilitated by their professional body. Records were maintained of such training.

**Judgment:**

Compliant

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

This centre was a public/private partnership that operated between the Health Services Executive (HSE) and Mowlam Healthcare. The HSE were the nominated providers and Mowlam Healthcare had responsibility for the day to day running of the centre. Mowlam Healthcare had their complaint's policy in place. The policy was comprehensive, clear and easy to follow. It was well referenced, including reference to the Health Services Executive complaints procedures. The policy was regularly reviewed and it was displayed in the front foyer of the centre.

Inspectors were provided with the documentation they requested in a timely and detailed manner. The documentation was recorded in electronic format. It was legible, dated and arranged in chronological order. The documentation indicated that the centre operated an open approach to receiving complaints from residents and their families. Detailed notes were available of the nature of complaints. The investigations that took place were documented along with the corrective actions taken. An audit of complaints was undertaken on a three monthly basis and Mowlam senior management were kept informed with regards to the number of complaints, the nature of complaints and the progress made in addressing complaints.

The inspectors found that the person in charge was familiar with the matters and complexity of complaints. From discussions with the person in charge, inspectors were satisfied that the centre was dealing with complaints in an impartial manner, in line with their policy. While most complaints followed the procedure as set out in the Mowlam Healthcare policy, residents and relatives also had the option of making a complaint through the HSE procedure; as the provider of this centre was the HSE. This appeared like a parallel complaint procedure. Having two processes, had the potential to create duplication and the potential to impede progress in resolving matters. Any further review of the complaints procedure would benefit from examining how one policy could fulfil both the providers responsibilities (HSE) and that of the day to day operators of the service (Mowlam Healthcare).

The inspector spoke with staff and found they were conversant on the complaints procedure. The complaints log showed the majority of complaints had been addressed satisfactorily. The log also showed where work was ongoing in resolving issues.

Where issues had been raised by relatives or residents, the inspectors saw examples of documentation and visual evidence that the complaints had been addressed. For example, large print reading material was seen in a resident's room. A complaint about this not being made available was seen in the complaint's log and documentation that it had been addressed. Another complaint was made with regards to the manner in which a resident's hair and make up was attended to. The resident's care plan was drawn up and brought to the attention of staff. Details of the resident's specific requirements on this matter were detailed in the care plan.

**Judgment:**

Compliant

## 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:***

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Ballincollig Community Nursing Unit
<b>Centre ID:</b>	OSV-0000712
<b>Date of inspection:</b>	29/05/2015
<b>Date of response:</b>	24/07/2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 10: Notification of Incidents

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Notice was not provided in writing to the chief inspector, within 3 working days of its occurrence, of an allegation of abusive behaviour.

**Action Required:**

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

within 3 working days of its occurrence.

**Please state the actions you have taken or are planning to take:**

An incident involving a care assistant's behaviour towards a resident was appropriately reported, recorded, documented and investigated within the nursing home in June 2014. The conclusion of the investigation was that there was no abusive behaviour by the care assistant. The person who reported the incident was not satisfied with the outcome of the investigation and therefore the HSE reviewed the incident and investigation. The HSE concurred with the original investigation findings. The incident was not notified to HIQA at the time because the allegation of abusive behaviour was not upheld following a preliminary screening process, carried out in accordance with the centre's policy on responding to allegations of abuse.

The incident has now been reviewed again by the General Manager of the centre. She has concluded that because there was an allegation or suspicion of abuse, this should have been notified to HIQA at the time of the incident, regardless of the outcome of the preliminary screening process. This incident and the subsequent reviews have been discussed at the recent annual review of Quality & Governance in the centre; this has been a valuable learning process for the staff and management of the centre. The centre's policy on responding to allegations of abuse includes a guideline on the requirement to notify HIQA in the event of an allegation or suspicion of abuse.

**Proposed Timescale:** 24/07/2015