

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballincurrig Care Centre
Centre ID:	OSV-0000197
Centre address:	Ballincurrig, Leamlara, Cork.
Telephone number:	021 464 2130
Email address:	elainemacg@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ballincurrig Care Centre Limited
Provider Nominee:	Elaine McGrath
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	55
Number of vacancies on the date of inspection:	0

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 November 2016 10:45	30 November 2016 19:15
01 December 2016 12:30	01 December 2016 21:15

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection of Ballincurrig Care Centre. This was the eighth inspection of the centre by the Health Information and Quality Authority (HIQA). Prior to the inspection a number of questionnaires were sent out to the person in charge. These were distributed to a number of residents and relatives, on behalf of HIQA. The inspector found that the completed questionnaires were praiseworthy of all aspects of care of residents and

their relatives, in the centre

This was a family owned centre. One of the directors was the registered provider and also the person in charge; the other director was the administrator. Both directors displayed knowledge of the standards and regulations and were found to be committed to providing person-centered care to residents. They were ably supported by a senior nurse. The inspector found that all three staff members were fully involved in the management of the centre and were easily accessible to residents, relatives and staff. There was evidence of residents' needs being met. Staff supported residents to maintain their independence where possible. A wide variety of social and recreational activities were available to residents. During the inspection, the inspector met with residents, the provider/person in charge, the administrator, nursing, care staff and other staff members. The inspector observed practices and reviewed documentation such as care plans, medical reviews, accidents and complaints logs, policies and staff files. The inspector found the premises was well maintained. It was decorated to a high standard and the owners had created a friendly, homely environment for residents.

There were some other improvements required, to comply with regulations. These areas will be discussed in the report and the required actions will be outlined in the action plan, at the end of the report.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

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 inspector viewed the statement of purpose which accurately described the service that was provided in the centre. It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was reviewed on an annual basis. The current copy was dated 30 September 2016.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The quality of care and experience of residents was monitored and reviewed on an ongoing basis. Effective management systems and sufficient resources were in place. There was a clearly defined management structure that identified the lines of authority

and accountability.

The inspector viewed the annual review of the quality and safety of care delivered to residents. Improvements were brought about as a result of learning from the monitoring review, according to minutes of staff meetings reviewed. There was evidence of consultation with residents and their representatives.

Staff appraisals were undertaken and staff spoke highly of the support provided by the management team.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The residents' guide was seen by the inspector and this was available to all residents. It was easily accessible to relatives and residents. It contained the information required under the regulations.

Contracts of care had been implemented for residents. A sample of these contracts were viewed by the inspector. The contracts were comprehensive, were agreed within a month of admission and were signed by residents.

Information was available for residents about upcoming events and available services. This was on display on notice boards in the centre.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had a personal interest in the centre, as it was family owned. She explained to the inspector how she drew on her knowledge of the regulations and standards, to promote continuous improvement for residents' care and for delivering staff training. She worked full time in the centre. The person in charge also fulfilled the role of provider. She demonstrated knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance, operational management and administration of the centre, on a consistent basis. She met regularly with members of the management team and staff. Minutes were maintained of these meetings.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained accurately in the centre. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. Insurance certification was viewed by the inspector, this was due for renewal in 2017.

The policies required, under Schedule 5 of the regulations, were in place and were reviewed regularly. Staff were aware of the policies and the person in charge stated that these were implemented in practice. Complaints and incidents were documented. Copies of medication errors were maintained. A copy of the statement of purpose, the residents' guide and previous inspection reports were available. Records were available of discussions, which had been held with residents and their representatives, about CPR (Cardio-Pulmonary-Resuscitation).

The inspector viewed a sample of staff files and found them to contain the regulatory

documents. The roster for staff was seen which correlated with information provided by the person in charge.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of her statutory duty to inform the Chief Inspector of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during her absence. There was a suitably qualified person in place to deputise in the absence of the person in charge.

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:

There was a policy and procedures in place for, the prevention, detection and response to abuse, as required by the regulations. This policy referenced best evidence based guidance on the safeguarding of vulnerable adults and was kept under regular review. As part of the inspection process, the inspector met with a number of residents, who

spoke positively in relation to their experience of living in the centre. Members of staff were clear in their understanding of what constituted abuse and stated that they understood the procedure for reporting such information. A review of the training matrix indicated that an annual programme of training was provided on the prevention of abuse. The inspector found that all staff had been appropriately trained, at the time of the inspection.

The centre had a comprehensive policy in relation to managing behaviours associated with the behaviour and psychological symptoms of dementia (BPSD). A number of staff had received training in this area. It was evident from observing interactions and speaking with members of staff that they understood the behavioural cues of residents. In addition, they were familiar with supportive responses to reassure residents, in these circumstances. The policy on restraint provided guidance in promoting a restraint free environment. Where a relevant assessment indicated that the use of bedrails was not appropriate, suitable beds and sensor mats were in place. Restraint logs were maintained and bedrail use was checked, to ensure safety for residents, on a regular basis.

However, following a review of the complaint and incident book, the inspector found that incidents of alleged abuse had been recorded and dealt with as complaints and had not been notified to HIQA, as required by the regulations. This was also addressed under Outcome 10: Notifications and Outcome 13: Complaints.

Judgment:
Non Compliant - Major

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

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 safety statement and emergency plan which was comprehensive and updated regularly, to reflect newly identified risks or hazards. The centre had also contracted a health and safety consultant, to update the health and safety on 30/11/2016. It was seen to be a very detailed document.

The centre had a risk management policy that complied with regulations. A risk register was maintained and updated, when required. The inspector reviewed the recorded risks, which were relevant to the centre, and controls appeared appropriate.

All staff had received refresher training in fire safety within the past year. Staff who

spoke with the inspector demonstrated a clear understanding of what to do in the event of a fire. The centre had a fire evacuation plan which specified the roles of staff. A fire warden was identified on each shift. All fire safety equipment in the centre had been serviced regularly and in line with regulatory requirements. The person in charge said that the local fire service visited the centre annually. Daily and weekly fire safety checks were carried out.

Measures were in place to manage infection control risks. Staff were seen to wear personal protective equipment when caring for residents, where this was appropriate. There were hand-gel dispensers in all bedrooms and throughout the centre. Household staff used a colour-coded cleaning system. Infection control training was undertaken by all staff.

A record of incidents and adverse events were maintained. The inspector reviewed these records and found that they were appropriately managed. However, two incidents which resulted in serious injury to residents had not been notified to HIQA. This was addressed under Outcome 10: Notifications. These notifications were sent in retrospectively, following the inspection.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
There was a medication management policy in place which provided guidance to staff in medicines management, for example, ordering, prescribing, storing and administration of medicines.

All medicines were dispensed from individual plastic pockets. These were delivered to the centre on a monthly basis by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked, to ensure all medicines were correct for each resident. Records of medicines returned to the pharmacist were retained.

Photographic identification was available on the medication administration chart, for each resident. The prescription sheets reviewed, were legible. A sample of the medication administration sheets reviewed were signed by the nurse, following administration of medicine to residents. When medicine was required to be administered in crushed form, this was prescribed by the general practitioner (GP).

Nursing staff maintained a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a sample of these and found that records were correct.

The senior nurse informed the inspector that there were a number of dispensing errors recorded and these had been discussed with the pharmacist. In addition, a prescribing error was recorded, which had been noticed by the nurse manager prior to administration of the medicine. These errors were viewed by the inspector.

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:

The inspector reviewed the incident log which clearly recorded all the relevant information and detailed any learning which occurred following incidents. Quarterly returns were generally submitted to HIQA. However, as discussed previously, notifications required to be submitted with three days had not been sent as required; for example, two allegations of abuse and two serious injuries requiring hospital treatment. These were submitted following the inspection.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The person in charge explained that pre-admission assessments were routinely carried out, with further comprehensive assessments completed within 48 hours of admission. Care plans were maintained which covered all areas of daily living such as mobility, cognition and nutrition. These records contained the necessary information to guide staff in their delivery of care and were updated on a four monthly basis, or in keeping with any revised assessments. Care planning was informed by the use of validated tools, to assess residents' individual needs, for example, skin integrity, risk of falls, pain and wound care. The person in charge explained that contact and communication with relatives or representatives was usually informal and on-going. Consultations were recorded in the communication notes. Relatives, spoken with at the time of inspection, expressed satisfaction at the quality and standard of care their relative received.

According to the senior nurse, regular daily handover reports ensured that staff were provided with comprehensive information on the current condition of all residents. Referrals for assessment in relation to physiotherapy or occupational therapy (OT) were arranged, as required. Residents had access to relevant allied healthcare such as, speech and language therapy (SALT) and the dietitian. Records of routine observations were maintained. Arrangements were seen to be in place to support residents in accessing dental and optician services. Psychiatric and geriatric consultant appointments were available on referral. Residents had the option of retaining the services of their own GP, on admission. A review of care plans indicated that where an assessment had identified an area of need for a resident in relation to their behaviour, a relevant plan of care that considered the behaviour and psychological symptoms of dementia (BPSD) was in place. However, the inspector found that in one care plan reviewed an appropriate plan of care had not been developed, to support staff in understanding that resident's behaviour. In addition, inappropriate language was seen to be used in a small sample of care plans, to describe residents' behaviour and demeanour.

The centre operated a system whereby key workers were assigned to residents' care on a daily basis, to ensure consistency. Overall, staff and management at the centre demonstrated an active commitment to person-centred care. Staff, spoken with, had a well developed knowledge and understanding of the needs and life stories of residents.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was observed to be bright, spacious and modern. There were appropriate pictures, furnishings and colour schemes used throughout the building. Residents reported that it offered a very comfortable environment. The grounds were well maintained with a range of seating available for residents and visitors. Residents and relatives interviewed said that they were very happy with the accommodation provided.

Communal space available for residents' use, included a large dining room, three sitting rooms, a conservatory, activity room, a smoking room and a visitors' room. One of these sitting rooms was seen to be used as a tranquillity room, during the inspection, by a number of residents. They were facilitated in the activity by two staff members. The dining room was spacious and nicely laid out with appropriate table settings. The inspector observed that the interlinked dining areas afforded an element of privacy for those residents' who needed support with their meals. Bedroom accommodation consisted of single and double, en-suite rooms which were personalised with pictures, bed linen and objects from home. A separate palliative care room was available, if required by a resident.

The corridors were wide, allowing easy access for residents in wheelchairs and those requiring assistance. The inspector observed residents moving independently around the corridors, during the days of inspection. Appropriate assistive equipment, such as electric beds, hoists, pressure relieving mattresses, wheelchairs and walking frames, was available to meet the needs of residents. Service records viewed by the inspector were up-to-date.

The waste management system was found to be well managed and secure. Staff demonstrated knowledge of the correct bags to use for domestic and clinical waste. An up-to-date contract, viewed by the inspector, was in place for the removal of waste. The kitchen was well equipped with facilities in place that were suitable to the size and occupancy of the centre. The laundry area was well designed. The laundry personnel explained that clean and dirty clothes were segregated. All personal laundry was marked. The laundry had sufficient space and facilities to manage the laundering processes. Linen and clothes were seen to be plentiful and carefully attended to. There were two assisted baths in the centre as well as two reclining shower chairs.

The design and layout of the premises was in keeping with the statement of purpose. Residents stated that their privacy, independence and wellbeing were enhanced by the layout and décor of the building.

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:

The inspector was informed by the person in charge that the complaints of each resident, his/her family were listened to and acted upon. There was an effective appeals procedure in place. Access to an advocate was facilitated.

The inspector reviewed the complaints policy and found that the procedure was clearly set out. Details of the person nominated to ensure that all complaints were appropriately responded to, were highlighted in the policy. The phone number and contact details of the ombudsman were available, if the complainant was not satisfied with the internal outcome.

The inspector also noted that the procedure was displayed in a prominent position in the hallway, as required by the regulations.

A log of all complaints was maintained and adequate details were recorded. Residents were aware of who to speak to if they had a complaint. The satisfaction or not of the complainant was recorded. Findings, in relation to this Outcome, were addressed under Outcome 7: Safeguarding and safety.

Judgment:

Compliant

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:

A sample of care plans viewed by the inspector, in relation to end-of-life care, indicated that residents' wishes were recorded. There was evidence that, where appropriate, relatives were involved in the care plan. The centre had a policy on end of life care which guided staff on providing care at the end of life, which met residents' holistic

needs and respected their autonomy. There was evidence that residents had access to specialist palliative care.

Family and friends could be facilitated to be with the resident at this time and overnight accommodation was available, if necessary. Residents of all religious denominations received end-of-life care, appropriate to their beliefs, according to the person in charge.

The senior nurse spoke with the inspector about how residents were supported to grieve for their friends and stated that an annual memorial mass was held, for all those who died during the year. Religious and cultural practices were facilitated daily and weekly.

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:

A policy for monitoring and documenting nutritional intake was in place. Residents had a nutritional assessment on admission and this was repeated on a three-monthly basis. Residents' weights were checked and recorded monthly. The food provided was nutritious and available in sufficient quantities. It was varied and dietary requirements were taken into account. Meals were available at flexible times and at times suitable to residents. Residents had access to fresh drinking water at all times and the inspector observed staff offering drinks throughout the day. A menu, providing meal choice, was provided at each mealtime.

The kitchen was seen to be well stocked. Residents requiring support were assisted to eat and drink in a sensitive and appropriate manner. Residents dined together in the dining room, where the tables were seen to be suitably set up with nice cutlery and tableware. The inspector sat with a group of residents at evening tea time and observed that mealtimes were seen to be happy social occasions. Residents were seen to engage, communicate and interact with each other and staff. They spoke about their meals with the inspector and stated that the food was very good. Residents were seen to enjoy different main courses and a wide variety of choice at tea time.

The chefs had a good relationship with residents. Low sugar products and desserts were available for those with diabetes. The chefs were seen to have appropriate training and

communicated with the person in charge, on a daily basis. Charges to dietary requirements made by the dietitian and SALT were brought to the attention of the chefs. The majority of residents were enabled to maintain independence, when eating their meals. Staff were attentive to residents and sat with them throughout the meals. They were observed to be kind and attentive and to be aware of residents' dietary needs.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
The management team stated that they were committed to engaging residents in consultation, to ensure that they had a sense of autonomy and involvement. There was a policy on providing information to residents and a guide on the services and care available. Residents' meetings took place and minutes of these meetings were documented and retained for reference. Advocacy services were accessible. Relevant contact details were displayed throughout the centre. Surveys and questionnaires, reviewed by the inspector, were consistently positive. Where areas for improvement were identified, the management team were responsive. The inspector saw that measures were put in place to implement change, for example, change in evening snack time, following a review of the findings.

A policy on communication needs was in place. Staff spoken with, understood and demonstrated appropriate communication techniques, where residents had a cognitive impairment. The centre was well integrated in the community with local entertainers and friends, attending regularly. Pupils from local schools also visited and performed at celebrations such as, the Christmas party and St. Patrick's Day. Relatives were encouraged to attend birthday parties and family gatherings. A sample of care plans reviewed were person-centred and contained relevant information around the life experience of residents. All members of staff demonstrated a good knowledge and understanding of residents' backgrounds and personal interests. Appropriate arrangements were in place to support residents to vote or to go out to visit friends.

The centre had adequate staff resources for managing the activities programme which

included music, bingo, card games, painting and gentle exercise. Residents were seen to use their I-pads, land line phones and mobile phones during the inspection. The inspector observed residents engaging in a newspaper reading session, imagination gym, a sing along, a reminiscence session, watching appropriate DVDs, a 'Sonas' session and to enjoy playing 'bingo' during the inspection. Christmas flower arrangements and Christmas cards had been made by residents, during the week. One resident stated that she was going the post the Christmas card she had made, to her grandchild. Residents were seen to enjoy a level of independence appropriate to their assessed abilities and the person in charge said that they could exercise choice around whether or not to participate in the activities on offer. More than 25 residents were present at one activity and the weekly programme was available for all residents to see. Facilities for residents to meet with visitors in private were available and generally, there was no restriction on visiting times.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
Residents maintained control over their personal property and possessions. The inspector viewed the policy on personal possessions and clothing. There were good laundry facilities in the centre. Bed linen and personal clothing was laundered internally. Adequate clean supplies were stored in the linen cupboard. Personal clothing was washed at home by residents' representatives, in the case of a number of residents.

There was space for each resident to store and maintain their own clothes and other possessions, in their bedroom furniture. Each resident had been supplied with a locked drawer in their bedroom, for personal or valuable items.

The laundry facility was appropriately equipped, to manage the service requirements and staff were able to demonstrate that effective laundering processes were in place. A system for discreetly labelling belongings, ensured that residents' clothing items would be returned to them safely.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:

Management staff confirmed that a full complement of staff was in place and that staffing arrangements were seen to be consistent with the roster. Training programmes were available on: medication management, elder abuse, fire training, dementia care, first aid, prevention of falls, nutrition, infection control and end-of-life care. Staff, who spoke with the inspector, said that they were encouraged to take up training and professional development opportunities.

Staffing levels were supported by the on-call availability of the person in charge. There was a qualified nurse on duty at all times. There were robust recruitment procedures in place and the person in charge demonstrated a commitment to safeguarding measures, including the verification of references and vetting requirements. Documentation was clearly maintained, in relation to staffing records, as per Schedule 2 of the regulations.

Systems were in place to support the identification of training needs, including an annual appraisal process. Copies of the standards and regulations were readily available and accessible. Staff, spoken with, understood their statutory duties in relation to the general welfare and protection of residents. The inspector noted that the interactions of staff, in their various roles, with residents, were kind and caring. A number of staff, spoken with, demonstrated a commitment to person-centred care, when engaged with residents.

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:

Mary O'Mahony
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 report¹

Centre name:	Ballincurrig Care Centre
Centre ID:	OSV-0000197
Date of inspection:	30/11/2016
Date of response:	09/01/2017

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

Not all staff had received up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that was challenging.

1. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

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

that is challenging.

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

Training will re-commence in January 2017 in Dementia Capable Care
Proposed Timescale: At the end of January 2017 all staff will have completed this programme. Updates will commence in February/March 2017.

Proposed Timescale: 31/01/2017

Theme:

Safe care and support

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

Not all incidents of alleged abuse had been recognised and recorded as suspected or alleged abuse.

2. Action Required:

Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

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

There were two incidents of alleged abuse in 2016.

In future all alleged incidents will be notified to HIQA immediately on the NFO6 form.

Proposed Timescale: Completed

Proposed Timescale: 09/01/2017

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:

All notifications had not been submitted within the required timeframe, as required by regulations.

3. 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 within 3 working days of its occurrence.

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

In future all notifications will be sent within the required time frame.

Proposed Timescale: Completed

Proposed Timescale: 09/01/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

A resident with behaviour challenges had no care plan in place to support staff in managing the behaviour. In addition, inappropriate language was used by staff when documenting the resident's behaviour.

4. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

A care plan has already been put in place.

All staff were communicated to on the appropriate use of language – both written and oral.

Proposed Timescale: Completed.

Proposed Timescale: 09/01/2017