

**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
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	55
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 December 2017 10:00	05 December 2017 18:00
06 December 2017 10:00	06 December 2017 17:45

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Major
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

This inspection of Ballincurragh Care Centre by the Health Information and Quality Authority (HIQA) was unannounced and took place over two days. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The inspector followed the experience of a number of residents with dementia within the service. Care practices and interactions between staff and residents who had dementia were observed, using a validated observation tool. As part of the thematic inspection process providers had been invited to attend information seminars organised by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this to HIQA prior to the inspection. On the day of the inspection there were 55 residents in the centre

with no vacant bed. The person in charge had stated that there were approximately 20 residents in the centre with a diagnosis of dementia.

The environment in the centre promoted wellbeing and autonomy for residents with dementia. The centre was located in a quite rural area with scenic views of the countryside. The surrounding garden area and two internal, secure courtyards were furnished with suitable outdoor seating and colourful plants. Residents with dementia were seen to be accompanied outside by staff and relatives.

As part of the dementia thematic inspection process the inspector met with residents, visitors, the person in charge, the provider, the senior nurse, staff members, the activity coordinator and catering staff. The inspector reviewed documentation such as care plans, medical records, allied health care records and policies. A number of staff files and residents' care plans were checked for relevant documentation. The person in charge informed the inspector that she was involved in the centre on a daily basis as the owner and person in charge.

The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016 formed the basis for judgments made by the inspector. The inspector found that the centre was compliant in all Outcomes apart from Outcome five: Staffing. The findings of the inspection were outlined in the following 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: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

Prior to the admission of residents with dementia assessments were undertaken to assess if the centre was suitable for the needs of each resident. Further comprehensive assessments were completed within 48 hours of admission. A sample of residents' care plans was reviewed. These contained the necessary information to guide staff in the delivery of care. Updates were undertaken on a four-monthly basis and as required. Validated assessment tools were used to assess the needs of residents with dementia, for example, skin integrity, risk of falls, communication, pain and cognition. Communication with relatives or representatives was on-going on a daily basis according to the person in charge. The person in charge was seen to talk with residents and relatives throughout the day. Consultations were recorded in the communication notes. Relatives spoken with at the time of inspection expressed satisfaction at the quality of the care provided and the kindness of staff.

The inspector spoke with the senior nurse who stated that regular daily handover reports ensured that staff were provided with comprehensive information on the needs and medical condition of all residents. There was a very good general practitioner (GP) service available to residents. Medications were reviewed regularly and psychotropic drug use was audited and recorded. Residents had access to relevant allied healthcare such as, speech and language therapy (SALT), occupational therapy (OT), physiotherapy and the dietitian. Residents were supported to access dental and optician services. Psychiatric and geriatric consultant appointments were seen to be organised. A review of care plans indicated that where staff had identified a need, a relevant plan of care that acknowledged the effect of the behaviour and psychological symptoms of dementia (BPSD) had been developed. Staff had received updated training in dementia care since the previous inspection. Residents were provided with nutritious varied meals. End of life care plans had been developed and palliative services were available if required by residents.

Staff and management in the centre stated that they were committed to maintaining a person-centred approach to caring for the holistic needs of residents with dementia. Staff were found to be knowledgeable of the life stories of residents. This was supported by the recording of key personal information. This aided staff in communicating in a

meaningful way with residents with dementia who had communication challenges. A varied and interesting programme of activities was in place which was discussed in more detail under Outcome three: Residents' rights , dignity and consultation.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

The policy on the prevention of elder abuse set out the protocol in place for the prevention, detection, reporting and investigating of any allegations. The policy was seen to reference best evidence-based practice. The inspector found that measures were in place to protect and safeguard residents. Staff spoken with by the inspector were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records were seen which confirmed that staff had received training on recognising and responding to elder abuse. Staff confirmed that this topic was covered during their induction also. Residents spoken with said they felt safe and secure in the centre and stated that staff were supportive and helpful. Relatives confirmed with inspectors that staff were approachable.

There was an up-to-date policy in the centre to support staff in approaches for residents who exhibited behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD). Staff members confirmed that training had been provided to them in how to support residents with dementia. Staff were aware of the individualised care plans on behaviour issues which had been developed for these residents.

Bedrails were checked regularly when in use and the relevant documentation was viewed by the inspector. There was evidence that a consultation process was involved when bedrails or alternative restraints were used. Multidisciplinary (MDT) input was sought and this was documented in residents' files. There were alternative measures in use for maintaining safety such as the use of low-low beds and alarm mats. In a number of rooms cushioned mattresses were placed next to beds when residents were sleeping to mitigate the risk of injury should a fall occur.

The inspector found that residents' finances were managed carefully in the centre. The inspector spoke with the provider in the absence of the finance manger. The provider explained the system of fee payments and extra charges for hairdressing, pharmacy, activities and chiropody. Two staff members signed for any financial transaction and a sample of records and receipts checked by the inspector was seen to be accurate.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The activity personnel informed the inspector that there were opportunities for all residents to participate in activities that suited their assessed needs and interests. The inspector reviewed the minutes of residents' meetings and noted that any concerns raised were attended to. Minutes of resident surveys were seen and actions from these were addressed. Residents attended mass in the centre regularly, they were seen to be consulted at meal times and they informed the inspector that there was a good choice available in most aspects of care, including choice of GP. Residents stated that they were satisfied with the sense of freedom they experienced to move around the communal areas. The inspector observed that staff engaged with residents and relatives in a respectful and friendly manner. Residents had access to mobile phones and computers. Televisions were available in individual bedrooms and in the communal rooms. Information on local events was provided by the activity staff who were heard discussing topical issues such as recent storms, upcoming celebrations and Christmas arrangements with groups of residents.

Residents' requests were prioritised when planning activities and events. There were photographs on display which had been taken at events both inside and outside the centre. Photographs of the recent Halloween celebrations were seen. Resident had made their Halloween masks with support from a staff member who led the art activities. Visitors were unrestricted and there were a number of inviting, comfortable sitting areas where residents could meet visitors in private. Visitors were observed spending time with residents in the dining room, in the bedrooms, in the comfortably furnished sitting rooms and in the conservatory. Residents informed the inspector that there was a variety of activities available to them. Staff informed inspectors that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one to one interactions. Activity staff members spent time with these residents facilitating for example, music sessions, bingo, hair dressing, religious services, hand massage, art and Sonas. Documentation to this effect was recorded on a daily basis. Residents with dementia received care in a dignified way that respected their privacy. Residents had a section in their care plan that covered communication needs and there was a detailed policy in place that included strategies for effective communication with residents who had dementia.

At various times during the inspection the inspector used a validated observational tool

to rate and record at five minute intervals the quality of interactions between staff and residents. The observation tool used was the Quality of Interaction Schedule or QUIS (Dean et al 1993). These observations took place in the dining room, tranquillity and sitting room areas. Each observation lasted a period of 30 minutes and during this time the inspector evaluated the quality of interactions between carers and residents with dementia. In the sitting room area the observing inspector noted that interactions were positive and meaningful. The staff members interacted with residents in a calm and encouraging manner. Residents were referred to by their first names, indicating a sense of familiarity and inclusion. Staff encouraged residents to respond according to their abilities and capacity. The atmosphere was social and entertaining. Residents were seen to be enjoying the group interaction and were heard responding to queries and to initiate conversation. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care.

A further two observation periods were undertaken at various intervals. Staff were seen to facilitate a Sonas (communication through the senses) session with eleven residents. This activity included chair-based exercises, aromatherapy session, sensory interaction, singing, proverbs and individualised greetings. All residents were addressed by name and they were seen to be engaged in a happy and cheerful way with the two staff who were leading the activity. Residents were seen to be familiar with the routine of the session and this familiarity increased their confidence and sense of well-being. The inspector observed that residents were very absorbed and engaged in the activity. The inspector observed that the wellbeing which was promoted during the activity extended beyond the time frame for the session. For example, residents continued to interact with each other, to appear relaxed and to engage with staff following the session.

The dining room observation period demonstrated that residents received appropriate support at meals. Independence was encouraged. However, where help was required with meals staff sat with residents and engaged in social conversation. There was a convivial atmosphere in the dining rooms and residents spoke with staff in a relaxed manner. Choice of meals, modified diet and various desserts were available and well presented. Supplementary nutrition was also available for any resident who had been assessed as at risk of malnutrition. Throughout the day, with assistance from staff and a story teller, residents were heard to reminisce about their childhood, their experience of school and their families. Staff and residents engaged in natural conversation and laughter. Residents were neatly and appropriately dressed indicating a sense of respect for their dignity. The inspector found that the majority of interactions during the three 30 minutes observation periods involved positive connective care. Residents had helped with the flower arrangements for Christmas and putting up the Christmas decorations. Having made the Christmas cake with the help of staff residents spoke with the inspector about making almond icing and decorating the cake later in the week. In addition, the art coordinator had planned to make Christmas baubles with residents for the Christmas tree.

Notices were on display which indicated that residents and their representatives were provided with contact information for advocacy services. Overall the inspector found there were systems in place to support residents with dementia and their representatives to participate and be involved in the centre.

Judgment:

Compliant

Outcome 04: Complaints procedures**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Policies and procedures were in place for the management of complaints. There was an open approach to listening and dealing with complaints. The process was displayed in a prominent place and residents expressed confidence in this. They stated that they had no concerns about speaking with staff. The person in charge was the person nominated to deal with complaints. An independent person was available if the complainant wished to appeal the outcome. Visitors of residents who had been diagnosed with dementia told inspectors that they were confident that any complaint would be addressed appropriately.

Complaints were documented and it was apparent that meetings were held with residents and relatives when any concerns were expressed. Documentation was complete and detailed.

Judgment:

Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was an appropriate number and skill mix of staff available to meet the holistic needs of residents including residents with a diagnosis of dementia. The person in charge informed inspectors that staff were supervised according to their role and appraisals were conducted annually. The inspector reviewed the roster and these records indicated that consistent staff and staffing levels were maintained.

Training records viewed by the inspector confirmed that the majority of staff had

completed mandatory training in areas such as safeguarding and safety, knowledge of BPSD, manual handling and fire safety. The recruitment policy seen on inspection was implemented in practice according to a number of staff spoken with. There was a clear management structure in place and staff were aware of the reporting mechanisms and the line management system. Staff demonstrated a clear understanding of their role and responsibilities which ensured appropriate delegation and supervision in the delivery of person-centred care to residents. Management staff facilitated the auditing and quality management process in the centre. Staff stated that they were well supported by the person in charge and the provider who were found to be knowledgeable and responsive to the regulatory process.

However, the inspector found that in a sample of staff files reviewed not all the regulatory documentation was available at the time of inspection. The inspector found that one group of staff had no Garda Síochána Vetting clearance in place, While they did have police clearance in place at the time of employment the lack of Garda Síochána vetting clearance was in non-compliance with the regulatory requirement that all staff should have Garda Síochána vetting clearance on file prior to employment. The completed documentation was made available to the inspector on the day following the inspection.

Judgment:

Non Compliant - Major

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was spacious and modern. It was decorated with suitable pictures, furnishings and colour schemes. Signage was appropriate and supported the orientation of residents with dementia. The grounds were well maintained with a range of outdoor seating available. Residents and relatives stated 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 used as a tranquillity room for an appropriate activity during the inspection. The inspector observed that the two 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 seen to be personalised with pictures, bed linen and personal items. A palliative care suite was available if required by a resident and relatives.

The corridors were accessible for residents in wheelchairs and those requiring assistance

with walking aids and other mobility aids. The inspector observed residents moving independently around the corridors during the days of inspection. Electric beds, hoists, pressure relieving mattresses, wheelchairs and walking frames were plentiful and serviced on a rotational basis.

The waste management system was found to be well managed and secure. Staff demonstrated knowledge of the correct bags to use for domestic, soiled and clinical waste. A suitable contract was in place for the removal of all waste. The kitchen was well equipped with facilities in place which were appropriate to the size and occupancy of the centre.

Laundry staff spoke with the inspector and explained how clean and dirty clothes were segregated. Residents' personal laundry was marked using discreet identity buttons. Linen and clothes were seen to be plentiful and freshly laundered. There were two assisted bathrooms with assisted baths in the centre as well as two reclining shower chairs.

The spacious layout and homely décor of the building were seen to enhance the independence and confidence of residents with dementia.

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:	05/12/2017
Date of response:	27/12/2017

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 05: Suitable Staffing

Theme:
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Records of GV clearance were not available as per the legal requirements of the Vetting Act (as amended).

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

Garda clearance was received the day after the inspection took place.

These were all on overseas staff who had already received police clearance from their own country and resided in Ireland for less than one year.

In future I will ensure they receive Garda Clearance in Ireland prior to employment. It should be noted that the Garda Vetting Bureau are unable at present and/or do not check history on staff from overseas, yet it is a regulatory requirement.

Proposed Timescale: 27/12/2017