

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Ballincollig Community Nursing Unit
Centre ID:	0712
Centre address:	Murphys Barracks
	Ballincollig
	Cork
Telephone number:	TBA
Fax number:	TBA
Email address:	TBA
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executive (HSE)
Person authorised to act on behalf of the provider:	Teresa O'Donovan
Person in charge:	Finola Finn
Date of inspection:	23 June 2011
Time inspection took place:	Start: 09:15hrs Completion: 14:00hrs
Lead inspector:	Vincent Kearns
Support inspector(s):	Cathleen Callanan
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Ballincollig Community Nursing Unit is a Health Service Executive (HSE) facility located approximately one kilometre from the centre of the town of Ballincollig, Co Cork on a local road near the Gaelic Athletic Association (GAA) club grounds. The centre is a new purpose-built residential centre which will accommodate 100 residents and provide long-stay and respite care for the over 65 population.

There is a short driveway into the centre with landscaped gardens and ample car parking space located in front and to the side of the main building. The plans for occupancy of the unit are that 80% of beds will be designated for continuing care admissions and the remaining 20% for short stay (respite) and community support. At the time of inspection there were no residents residing there.

According to the draft service arrangement (DSA) HSE told inspectors, the Ballincollig Community Nursing Unit (CNU) is required for the provision of 100 residential care beds as a HSE owned and HSE registered facility.

Ballincollig CNU is a two-storey building divided into four units with 25 beds in each unit and a single storey therapy block with treatment rooms, staff facilities, and main kitchen. The site includes considerable landscaped gardens and two large enclosed courtyards with ample seating provided at various locations.

The front entrance opens into a large foyer containing a reception area. To the right of the foyer is the first residential unit, block 1, and immediately to the left are two large size lifts to the first and second floors and a corridor containing a number of administration offices. Immediately behind the foyer there is the therapy block with occupational and physiotherapy activities rooms and offices, and the main kitchen and staff meeting, changing and restrooms.

The first floor is accessed via the lifts and opens into a large corridor which is bright and airy, and contains a variety of seating options and pleasant views of the surrounding countryside. From this corridor access is obtained to the second residential unit, block 2, and the third unit, block 3. The remaining fourth residential unit is block 4, level 2 on the second floor.

Each of the four residential units is designed with rooms off both sides of a corridor arranged in a rectangular pattern. Residents' accommodation in the four units comprises a total of 68 single bedrooms, eight twin-bedded rooms, and four four-bedded rooms; all bedrooms have en suite facilities comprising a shower, toilet and wash-hand basin. Each individual unit has 17 single bedrooms, two twin-bedded rooms and one four-bedded room. Each unit has been designated for residents with high support needs with a main nurses' station located in the centre of each unit, and a nurse's observation station located at the opposite end of each unit. All units consist of a similar configuration of accommodation with minor variations in the layout and size of dining rooms, sitting rooms and quiet rooms, and various storage

areas and cleaning rooms. An assisted communal toilet and bathroom are adjacent to the nurses' station in each unit.

Date centre was first established:			Not yet open	
Number of residents on the date of inspection:			Not applicable	
Number of vacancies on the date of inspection:			Not applicable	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	-	-	-	-
Gender of residents			Male (✓)	Female (✓)
			-	-

Management structure

Ballincollig CNU is a HSE facility which is to be managed on a contractual basis by a private company referred to hereunder as the "service provider". This service provider will report to the provider, the HSE, and will be responsible for all the operational aspects of the service and the appointment of a Person in Charge (PIC) who is also called the Director of Nursing (DON). For the purpose of meeting the legislative requirements the provider will continue to be the HSE and Teresa O'Donovan is the person nominated on behalf of the provider. For the purpose of this inspection, as the service provider had not yet been installed, the PIC was the HSE Director of Nursing of Bandon Community Hospital, Finola Finn. Inspectors were informed by the PIC that the policies and procedures currently employed in Bandon Community Hospital (BCH) will inform the establishment of the service in Ballincollig.

A draft service level agreement details the specific operational details of the contract between the HSE and the service provider and reflects the principles employed in BCH; it also details the performance monitoring arrangement between the provider and the service provider. The draft agreement outlines the reporting relationship as follows: the PIC will report to the service provider, who in turn will report to the HSE contract manager who will act on behalf of the provider.

The draft agreement confirms that the PIC will have overall responsibility for the CNU in terms of clinical and related staffing management, as well as setting the ethos and vision of a person-centred culture for the entire centre. The PIC will be supported in her role by two Clinical Nurse Managers Level 2 (CNM2) and six Clinical Nurse Managers Level 1 (CNM1).

All nursing, healthcare assistants, kitchen, maintenance and administrative staff will report to their line manager who in turn will report to the PIC and in her absence to the CNM2.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report sets out the findings of a registration inspection, which took place on 23 June 2011 following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

The provider had applied for registration for this new centre under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. This report outlines the findings of the announced registration inspection. As part of the inspection process, the provider and PIC have to satisfy the Chief Inspector of Social Services that they are fit to provide the service for the categories of care they have applied for and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Inspectors met with the PIC and discussed the proposed management and clinical governance of the centre. As there were no residents, the inspection on 23 June 2011 was confined to the planned approach to the governance arrangements between the service provider and the HSE and the role of the PIC in that process. The PIC had already completed a fit person interview and the fit person entry programme. The provider had completed the fit person interviews in respect of other centres, and had been deemed to be fit. Inspectors reviewed policies and procedures and also had access to the draft service schedule agreement (DSA) which outlined the intended contractual arrangements between the provider and the service provider.

Inspectors reviewed the self-assessment document along with all the information provided in the registration application and associated documents. Inspectors met with the PIC and examined policies and procedure documentation which covered issues such as policies, procedures, medication management, accidents and incidents management, complaints and emergency plan. The PIC informed inspectors that she intends to implement the same documentation and model of care as she had already implemented successfully in BCH.

While inspectors were informed that there will be a requirement for 50% of care staff to be registered general nurses, the final decisions had yet to be made regarding staffing rosters and, therefore, staff training needs had not been made at the time of inspection.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

These areas included:

- revising the statement of purpose
- providing a certificate of fire compliance, register of fire equipment maintenance schedule
- provision of a centre-specific smoking policy
- installing anti scalding equipment
- provision of lockable cupboards in cleaners' rooms
- provision of grab rails at the entrance of the centre and courtyard garden areas
- providing call-bells for all residents
- ensuring that the metal adjustment pulleys for the bedroom blinds are safe
- providing appropriate signage
- making safe large glass panels in corridors by increasing their visibility.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

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.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

A written statement of purpose was available and it broadly described the services and facilities provided in the centre. However, the statement of purpose did not meet all of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

While there was no information available in respect of residents, the PIC outlined a comprehensive approach to providing the ongoing monitoring and development of high quality care, based on her clinical experience in BCH.

There was a satisfactory quality assurance policy available to inspectors and in addition the DSA outlines the key performance indicators to be used by the HSE in monthly reviews of the performance of the service provider such as; reviews of care plans, inspection and observation of the service and meetings with the service provider PIC.

The DSA also required the service provider to implement self-monitoring systems including quality assurance procedures that regularly solicit feedback and views from

residents, carers, residents, relatives and advocates. It required the contracted service provider to use this information to improve the quality of the service provided and produce to the HSE evidence of implementation of such systems and procedures. The PIC confirmed that central to this reporting relationship were the key performance indicators. Inspectors noted robust mechanisms in the DSA for measuring the service provider's actual performance against identified key performances measures and clear strategies for tracking improvements if required.

The DSA stated that the service provider should monitor quality and standards by using audit tools such as:

- residents inputs
- residents satisfaction surveys
- residents evaluations
- carer evaluations.

The PIC also confirmed that residents would be firmly placed at the centre of any monitoring of quality of service provided.

Outcome 3

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.

References:

Regulation 39: Complaints Procedures

Standard 6: Complaints

Inspection findings

The HSE has a standard national complaints policy and the PIC informed inspectors that it was expected that the complaints policy initiated by the service provider would closely follow the HSE complaints document, "Your Service, Your Say", and would therefore contain all the necessary ingredients of a comprehensive policy.

The DSA required the service provider to submit a copy of its complaints policy and procedure to the HSE for approval and required the service provider to deal with any complaints received in the following manner:

- in a prompt, courteous and efficient manner
- keep accurate and up-to-date records of, and monitor, all complaints and ensure that there is a satisfactory system in place for dealing with such complaints together with comments and feedback
- undertake to monitor complaints made under its complaints procedure and its performance in handling complaints
- provide the HSE with a general report in each year on complaints received, indicating: the total number of complaints received, the nature of the complaints, the number of complaints resolved by informal means; and the outcome of any investigation into the complaints.

2. Safeguarding and safety

Outcome 4

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Inspection findings

The HSE has a national policy and programme to address the prevention and detection of abuse and the PIC informed inspectors that it is the intention of the HSE that this policy will apply in this facility. Evidence was available from BCH that the PIC had presided over robust procedures for the detection and management of complaints and where a complaint had been made, she had dealt with it appropriately. The PIC stated that she would be responsible for ensuring safeguarding practices in the centre were monitored. The DSA also details effective and robust mechanisms to ensure that complaints are monitored and managed effectively. Inspectors also noted that one of the key performance indicators in the DSA stated that "all residents must have a risk assessment completed upon admission to the unit".

The management of residents' finances will be modelled on the practice BCH where inspectors had found clear and transparent procedures in place. In addition, the DSA required that where the service provider would have charge of a residents' personal property, an appropriate system of administration and control would be required.

Also under the terms of the DSA the HSE shall monitor the service provision at the centre by random inspections to monitor and evaluate the service provided and ensure that the service meets the contract standard. It also stated that such monitoring shall include:

- examination of records
- investigation of complaints notified on the user complaint form
- investigation of the satisfactory rectification of reported deficiencies
- any deficiencies not rectified will be considered as justified complaints
- consultation with residents and/or their representative.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

Inspectors reviewed the risk management policy which covered the identification and management of risks and the measures in place to control risks, including resident, absent without leave, assault, accidental injury, aggression and violence, self-harm, and arrangements for identification, recording, investigation and learning from serious incidents.

Measures were in place to control and prevent infection with an adequate amount of new sinks and soap dispensers; the environment was kept clean and well maintained, with new flooring and lighting.

There were adequate measures in place to prevent accidents with handrails in all corridors, grab-rails in all toilets and safe floor covering provided and all fire exits were clear and there was suitable fire equipment provided. However, there were no handrails at the entrance to the centre or in any of the enclosed garden areas.

There was a good standard of equipment such as new wheelchairs and assisted baths, and ceiling hoists were provided in every bedroom and all beds contained a profiling mattress.

There was a new working call-bell system with call-bells in each en suite toilet. However, there were no call-bells at any of the resident's beds. The PIC agreed that call-bells would be provided.

There was a HSE written emergency plan, a satisfactory risk management policy, and a centre-specific health and safety statement that identified hazards, and the required actions. However, there was no certificate of fire compliance available and there was no fire equipment maintenance register available.

Outcome 6

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

The PIC outlined the HSE's intention to have medication managed on a par with the medication management as in BCH where each unit has a locked utility facility for storing medication. In that case, the Authority had found that there were no shortcomings in medication management and the ordering, storing and administration of medication was found to be of a high standard. The DSA stated that short stay residents would provide their own medications and the PIC confirmed that there would be a centre-specific policy on the management of such medication to meet best practice requirements. The DSA also stated in relation to dressings and, where required, continence wear, the service provider would provide such items for short stay residents.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

The DSA required the service provider to employ the household model of care which is based on a person centred service and would encourage social interaction and personal independence. It also required that all care plans should be completed within 48-hours of admission and reviewed on a three-monthly basis. In addition, the service provider is required to complete life stories with residents within three months of admission and a risk assessment to be completed on admission.

The PIC informed inspectors that it was expected that each resident in Ballincollig would, where possible and if that was their wish, retain their own general practitioner (GP). However, where it might not be convenient for their GP to offer a service, they could transfer to a more local GP service or a designated GP service might be identified for all residents. The DSA stated that the service provider will be responsible for the provision of the medical officer to meet the healthcare needs of the residents.

The DSA required the service provider to make available appropriate access to therapy such as physiotherapy and occupational therapy, in accordance with each resident's assessed needs and inspectors viewed designated rooms for the purpose of providing such services.

The DSA listed four staff as being assigned to activities and the PIC informed inspectors it was expected that they would be assigned to different units and would also be available for cross cover.

The PIC confirmed that she expected residents would have access to allied healthcare professionals following referral by their GP.

Ballincollig CNU has a designated dementia specific unit where it is expected that residents with challenging behaviour will be accommodated. The PIC confirmed that the management of residents with challenging behaviour will be informed by the BCH's policy which had been found by the Authority to be satisfactory.

The PIC stated that she was fully committed to providing a restraint free environment and informed inspectors that the centre's policy on the use of restraint would include a direction to consider all other options. However, inspectors observed 44 specialised chairs and wheelchairs in the centre, suggesting a more institutional approach and one that was not consistent with the stated aims, objectives or ethos as outlined by the PIC and detailed in the centre's statement of purpose.

Outcome 8

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.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Inspection findings

There was an end-of-life policy in place and procedures to meet the religious needs of end-of-life residents. In addition, the PIC informed inspectors that caring for residents at end-of-life would be regarded as an integral part of the care service provided in centre. This practice would be informed by the centre's comprehensive policy on end-of-life care and that the service would be linked to Marymount Hospice should such support be required.

There were visitor's rooms available in the centre for the relatives of families to stay overnight and to avail of some self catering facilities. In addition, as many of the rooms are single occupancy, privacy will be more easily provided.

The PIC stated that individual religious and cultural practices of each resident approaching end-of-life would be facilitated. There were a number of quiet rooms available in the units, and a multi-denominational chapel on the ground floor near the entrance of the centre which was easily accessed by residents and relatives.

Outcome 9

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.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

Inspectors viewed a satisfactory policy and guidelines for the monitoring and documentation of residents' nutritional intake. The PIC confirmed that the use of an established weight monitoring/assessment tool such as the malnutrition universal screening tool (MUST) would form part of a comprehensive holistic resident's assessment on admission to the centre. She stated that residents' weights would be checked on monthly basis or more regularly if required and that weight records would be maintained. Nutritional assessments would be in place to identify residents at risk of malnutrition. Appropriate referrals for dietetic reviews would be made, the outcome of which would be recorded in the residents' care plans.

Inspectors viewed a fully fitted modern stainless steel kitchen and on each unit there were ward pantries and associated areas, which were adequate in size and of suitable layout to cater for the residents' needs.

4. Respecting and involving residents

Outcome 10

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.

References:

Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

The DSA requires the service provider to have a contract of care to be provided to the resident within a two week period of admission.

The PIC confirmed that the proposed contracts of care would include details of the services to be provided and the fees to be charged. Details of adequate insurance cover against accidents and property damage had been submitted with the registration application.

Outcome 11

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

The DSA stated that residents will be encouraged and facilitated to participate in the operation of the centre and that there will be "a major emphasis" on activity focused care. In addition, it specified that monthly residents' council meetings and bi-annual satisfaction surveys will be a requirement. The PIC also confirmed that she would actively promote and facilitate residents' participation and consultation in the centre.

The statement of propose clearly outlined that there was an open visiting hours in the centre. Inspectors observed that there were some private spaces available for residents to receive visitors and the single occupancy rooms are of sufficient size to comfortably accommodate visitors.

The statement of purpose viewed by inspectors confirmed a commitment to having an active advocacy service for all residents, with the establishment of a residents' forum and including residents in working groups in relation to issue such as nutrition, and decisions regarding activities in the centre.

Outcome 12

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.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

Inspectors viewed satisfactory written operational policies and procedures relating to residents' personal property and possessions. The PIC confirmed that she would use the same procedures and management practices as used effectively in BCH in relation to the recording of each resident's personal property and to ensure that residents retain control over their personal possessions.

Inspectors observed that there was adequate space for a reasonable amount of each resident's personal possessions.

The PIC outlined in detail that the arrangement for the regular laundering of residents' clothing would be managed on an individual basis. Inspectors noted that there was no laundry facility in the centre.

5. Suitable staffing**Outcome 13**

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The PIC is a suitable qualified and experienced person with extensive clinical experience. As there were no residents at the time of inspection, she had additional duties elsewhere but was available as required in Ballincollig CNU. During the fit person interview for BCH she demonstrated a comprehensive understanding of the regulations and standards and a clear understanding of the wide range of needs of potential residents, as well as a commitment to person-centred care.

Outcome 14

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

Other than the PIC there were no staff in place at the time of inspection and recruitment will be undertaken by the service provider. However, the PIC outlined her expectation that staff would be recruited in line with HSE standards and the DSA confirmed this. The DSA requires that the service provider will ensure that at all times 50% of the staff will be qualified nurses.

At the time of the registration inspection plans had not advanced to the use of volunteers in the centre but the PIC expected that, should volunteers be involved in the activities of the centre, the same safeguards would apply as she had put in place in BCH, which had been found by the Authority to meet the necessary regulatory requirements.

The DSA clearly stated that the provision of high quality staff and teams will be crucial to effective residential care and compliance with the *National Quality Standards for Residential Care Settings for Older People in Ireland*. It stated that the arrangements for recruitment, retention and training of the service provider's staff and the responsibility for education and training will rest with the service provider. It stated that all staff must be familiar with the *National Quality Standards for Residential Care Settings for Older People in Ireland* and evidenced-based care for older people. The PIC informed inspectors that she would also consider it essential for all staff to be trained and informed as appropriate to their role in the centre. The DSA required that at all times the service provider must deploy sufficient staff having the knowledge, skill, application, experience and appropriate professional personal attitude and communication skills to meet the needs of residents.

The DSA stated that the service provider's staff competencies must be maintained through regular training and review and all qualified staff must have current registration with the relevant professional registration bodies and in compliance with the Authority's *National Quality Standards for Residential Care Settings for Older*

People in Ireland. It stated that a key performance indicator was that the agreed staffing levels as set out the DSA must always be in place, as follows:

Clinical Staff		Non Clinical Staff	
Director of nursing	1	Recreational activities	4
CNM2	2	Administrators	4
CNM1	6	Catering manager	1
RGN	29	Catering staff/assistants	5
HCA	35	Laundry	1
Medical Officer	non pay	General operative/ housekeeping	8
Physiotherapist	non pay	Groundskeeper/security	4
Occupational therapist	non pay		
Dietician	non pay		
SLT	non pay		
Total - Clinical Staff	73	Total Non Clinical Staff	27

The PIC confirmed that it is anticipated that at least 80% of all residents will be of a high to maximum dependency. She outlined that the staff requirement ratio and skill-mix will need to be sufficient to provide the type of care to meet the needs of this group of residents. Importantly, inspectors noted that the DSA also stated that any changes to the overall staffing levels, skill-mix or rotas which may have a bearing upon the residents must be agreed with the HSE. The DSA also stipulated that the service provider; "shall comply with the staffing levels (including changes) recommended and agreed by the HSE and ensure that the staff to resident ratio, is at all times appropriate for the nature of the particular needs of the residents".

6. Safe and suitable premises

Outcome 15

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

The premises inspected were new and purpose-built, easily accessible and decorated to a high standard. The PIC stated that she felt that the premises were suitable for the purpose of achieving the aims and objectives set out in the statement of purpose, and that the location and design of the premises was appropriate to the needs of the intended residents.

The PIC confirmed that all equipment provided by the HSE for this centre was new and that the standard warranty and service contracts applied to this equipment.

The DSA stated that the service provider will be required to deliver on the maintenance standards for the equipment in each unit. The details of equipment and warranty/service contract arrangements were outlined in the DSA. It also stated that normal wear and tear and breakages will be the responsibility of the service provider.

Staff had their own male and female changing areas and a designated staff meeting room. There were dedicated offices appropriate to the size of the residential care setting containing suitable and safe storage facilities for medical files and records, and seating and desks. The centre was ventilated to the external air and equipped to facilitate management and staff in the performance of their duties. There were adequately sized linen storage areas in each unit.

The main kitchen was designed to a very high standard with a modern standard of equipment, including purpose-designed enclosed trolleys for the delivery of hot and cold food to the units, and separate zoned areas each with hand washing facilities. Within each unit there was a dining room pantry to facilitate the serving of meals from the main kitchen.

Inspectors noted that safe outdoor spaces were provided with adequate seating, accessible to all residents, including residents with mobility impairments and those using wheelchairs. The grounds were kept safe, tidy and attractive and the enclosed gardens could accommodate people with dementia. However inspectors the choice of garden gravel was unsatisfactory as it was sharp edged and may pose a choking hazard to residents with cognitive impairment.

All parts of the centre were clean and suitably decorated, however the physical environment for residents with dementia lacked landmarks, cueing and distinctive visual elements to orient residents and to promote their independence.

There were sufficient numbers of hand-wash basins fitted with a hot and cold water supply, however, the water temperature was 53°C in a number of rooms in the premises. In order to prevent risks from scalding, preset valves of a type unaffected by changes in water pressure and which have fail safe devices are required to be fitted to provide water to a maximum temperature of 43°C.

The units had wide corridors which enabled easy access for residents in wheelchairs or those with mobility aids. The corridors were bright and airy due to large glass panels being provided: however, these large glass panels were not adequately highlighted to be easily identified by residents with visual impairment or dementia.

Handrails were available to promote independence. There were cleaners' rooms which contained cupboards for the storage of cleaning materials: however, a number of these cupboards were unsafe for such a purpose as they could not be locked.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:

Part 6: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

Inspection findings

** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance

Improvements required*

There was no residents guide available.

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

There were no residents in the centre.

General records (Schedule 4)

Substantial compliance

Improvements required*

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required*

Directory of residents

Substantial compliance

Improvements required*

There was no directory of residents available as there were no residents in the centre.

Staffing records

Substantial compliance

Improvements required*

There were no staffing records available as there were no staff working in the centre.

Medical records

Substantial compliance

Improvements required*

There were no medical records available as there were no residents in the centre at the time of inspection.

Insurance cover

Substantial compliance

Improvements required*

Outcome 17

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

As the centre was not yet operational there had been no record of incidents. However, the PIC outlined the expected procedure whereby a record of all incidents occurring in the centre and the documentation in relation to same would effectively and comprehensively be in compliance with regulatory requirements and standards and that all relevant incidents would be notified to the Chief Inspector as required. She also indicated that such records of incidents would be subsequently retained a period of not less than seven years as required by regulation.

Outcome 18

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.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There had been no proposed absence of the PIC to date.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the PIC to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the provider and the PIC in relation to this registration inspection.

Report compiled by:

Vincent Kearns
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

24 June 2011

Provider's response to inspection report*

Centre:	Ballincollig Community Nursing Unit
Centre ID:	0712
Date of inspection:	23 June 2011
Date of response:	20 July 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 1: Statement of purpose and quality management

1. The provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not meet all of the requirements of Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) as it did not contain the number and size of rooms and the complaints section was not satisfactory.

Action required:

Update the statement of purpose to include all information as required by Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Reference: Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The statement of purpose has been amended to include all the requirements of Schedule 1.	20 July 2011

Outcome 5: Health and safety and risk management

2. The provider is failing to comply with a regulatory requirement in the following respect: To take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by providing handrails at all entrance and exist areas of the centre.	
Action required: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre and provide handrails at all entrance and exit areas of the centre.	
Reference: Health Act 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Assisted handrails will be installed at all entrances and exit areas of the centre.	19 August 2011

Outcome 5: Health and safety and risk management

3. The provider is failing to comply with a regulatory requirement in the following respect: To provide a call system with an accessible alarm facility to be provided in every room normally used by residents and for every bed with due regard to the resident's safety.	
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Action required:	
Provide a call system with an accessible alarm facility to be provided in every room normally used by residents and for every bed with due regard to the resident's safety.	
Reference:	
Health Act 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
An electronic call-bell system is installed in the unit which includes call-bell attachments which are accessible for residents. These attachments were in storage on the day of inspection but will be attached prior to opening of the unit.	19 August 2011

Outcome 5: Health and safety and risk management

4. The provider is failing to comply with a regulatory requirement in the following respect:	
That there was no written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with in relation to the centre.	
Action required:	
Provide written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with in relation to the centre.	
Reference:	
Health Act 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Signed off fire certification will be forwarded once received. This is due today, 20 July 2011. HSE fire safety policies and procedures will operate in the CNU, i.e. fire safety register safety statement.	28 July 2011

These cannot be completed until named staff are recruited and in employment. Fire plans will be forwarded to the Authority's office, which will include location of hydrants, extinguishers and fire assembly points.	
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Outcome 5: Health and safety and risk management

5. The provider is failing to comply with a regulatory requirement in the following respect:	
That there was no record of the number, type and maintenance record of fire-fighting equipment.	
Action required:	
Maintain, in a safe and accessible place, a record of the number, type and maintenance record of fire-fighting equipment.	
Reference:	
Health Act 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Please see attached list of number, type and maintenance contract for fire equipment.	20 July 2011

Outcome 5: Health and safety and risk management

6. The provider is failing to comply with a regulatory requirement in the following respect:	
To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring that the metal adjustment pulleys for the bedroom blinds are safe.	
Action required:	
Make adequate arrangements to ensure that the metal adjustment pulleys for the bedroom blinds are safe.	

Reference: Health Act 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All bedroom blinds will be secured to the wall to maintain patient safety.	19 August 2011

Outcome 5: Health and safety and risk management

7. The provider is failing to comply with a regulatory requirement in the following respect: To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring that the choice of garden gravel is safe and does not pose a chocking hazard to residents with cognitive impairment.	
Action required: Make adequate arrangements to ensure that the choice of garden gravel is safe and does not pose a chocking hazard to residents with cognitive impairment.	
Reference: Health Act 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Garden gravel will be replaced with a fine bark mulch.	25 August 2011

Outcome 5: Health and safety and risk management

8. The provider is failing to comply with a regulatory requirement in the following respect: To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring that the large glass panels in the corridors are made safe by increasing their visibility.	
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Action required:	
Take all reasonable measures to prevent accidents to any person in the designated centre by ensuring that the large glass panels in the corridors of the units are made safe by increasing their visibility.	
Reference:	
Health Act 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Visibility will be increased on all glass panels by the addition of attractive homely transfers.	25 August 2011

Outcome 15: Safe and suitable premises

9. The provider is failing to comply with a regulatory requirement in the following respect:	
The physical environment for residents with dementia lacked landmarks, cueing and distinctive visual elements to orient residents and to promote their independence.	
Action required:	
Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents by providing appropriate landmarks, cueing and distinctive visual elements to orient residents and to promote their independence in each unit.	
Reference:	
Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Additional funds for have been given for "ramp up" improvements prior to acceptance of any residents. Improving landmarks, cueing and distinctive visual elements to orient residents and to promote their independence will be part of this "ramp up" budget.	25 August 2011

Outcome 15: Safe and suitable premises

10. The provider is failing to comply with a regulatory requirement in the following respect: The water temperature was 53°C in a number of rooms in the premises.	
Action required: Provide a sufficient supply of piped hot and cold water, which incorporates thermostatic control valves or other suitable anti-scalding protection.	
Reference: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Piped hot and cold water have thermostatic control valves or other suitable anti-scalding protection. Engineers have checked this system since inspection and corrected any faults.	20 July 2011

Outcome 15: Safe and suitable premises

11. The provider is failing to comply with a regulatory requirement in the following respect: The cupboards in the cleaners rooms used for the safe storage of cleaning materials were not lockable.	
Action required: Ensure that the cupboards in the cleaner's rooms are lockable.	
Reference: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Recommended locked suitable cabinets are being purchased for all cleaners' rooms to store cleaning materials.	25 August 2011

Outcome 16: Records and documentation to be kept at a designated centre

12. The provider is failing to comply with a regulatory requirement in the following respect:

There was no resident's guide available in the centre.

Action required:

Produce a Resident's Guide which includes;

- a summary of the statement of purpose
- the terms and conditions in respect of accommodation to be provided for residents
- a standard form of contract for the provision of services and facilities to residents
- the most recent inspection report
- a summary of the complaints procedure provided for in regulation 39
- the address and telephone number of the Chief Inspector.

Reference:

Health Act 2007
Regulation 21: Provision of Information to Residents
Standard 1: Information

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

Timescale:

Provider's response:

A Resident's Guide was available on the date of inspection, and included complaints policy, contract of care, statement of purpose, draft information booklet. This Resident's Guide will be updated if necessary when the unit opens.

1 July 2011

Any comments the provider may wish to make:

Provider's response:

I wish to acknowledge the cooperation and assistance of both inspectors on the day of inspection considering that this unit is not yet opened, they both showed considerable respect and understanding to the person in charge and facilitated where possible the registration process.

Please note that while reference to the inappropriate chairs in the unit has not been referred to in the action plan, I wish to inform the inspectorate that these chairs have been withdrawn and will be replaced with more appropriate models. Also, please note that a risk assessment supported by a centre-specific smoking policy will be drawn up in the event of any resident being admitted who smokes.

Provider's name: Teresa O'Donovan

Date: 20 July 2011