

**Health Information and Quality Authority  
Social Services Inspectorate**

**Inspection report  
Designated Centres under Health Act 2007**



<b>Centre name:</b>	Ballincurrig Care Centre
<b>Centre ID:</b>	0197
<b>Centre address:</b>	Ballincurrig
	Leamlara
	Co Cork
<b>Telephone number:</b>	021-4642130
<b>Email address:</b>	021-4642131
<b>Type of centre:</b>	<a href="mailto:ballincurrigcare@eircom.net">ballincurrigcare@eircom.net</a>
<b>Registered provider:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Person authorised to act on behalf of the provider:</b>	Elaine McGrath
<b>Person in charge:</b>	Elaine McGrath
<b>Date of inspection:</b>	22 March 2012
<b>Time inspection took place:</b>	<b>Start:</b> 09:30hrs <b>Completion:</b> 16:45hrs
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector:</b>	None
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>
<b>Date of last inspection:</b>	24 March 2011

## About inspection

The purpose of inspection is to gather evidence on which to make judgements about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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* under 18 outcome statements. The outcomes set out what is expected in designated centres.

<b>Outcome 1</b> <i>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.</i>
<b>Outcome 2</b> <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i>
<b>Outcome 3</b> <i>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</i>
<b>Outcome 4</b> <i>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.</i>
<b>Outcome 5</b> <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
<b>Outcome 6</b> <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i>
<b>Outcome 7</b> <i>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.</i>
<b>Outcome 8</b> <i>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.</i>
<b>Outcome 9</b> <i>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 discreet and sensitive manner.</i>
<b>Outcome 10</b> <i>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.</i>

**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.*

**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.*

**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.*

**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.*

**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.*

**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).*

**Outcome 17**

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

**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.*

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain

The inspection report is available to residents, relatives, providers and members of the public, and is published on [www.hiqa.ie](http://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

Ballincurrig Care Centre is a purpose-built, single-storey designated centre which provides residential and respite care mainly for older people and people with mild to moderate degrees of dementia. It is registered for 55 beds and there were 51 residents living there at the time of inspection.

Resident accommodation is provided in 41 single and seven twin-bedded rooms. All rooms have en suite facilities of toilet, wash-hand basin and shower. There is one designated large bedroom allocated to end-of-life care, which has a tranquillity room in close proximity. There are two assisted bathrooms, one of which has a hydrotherapy bath, and both have assisted toilet and wash-hand basin. Assisted toilets are placed near communal areas for residents' use.

There is a large reception area at the entrance to the building with comfortable seating provided for residents and visitors. A visitors' room is located off the reception area.

Communal areas include a large dining room, three sitting rooms of various sizes, conservatory, craft and games room and smoking room. The accommodation was of a high standard, decorated appropriately and very comfortable. Closed-circuit television (CCTV) is in place in all communal areas.

Ballincurrig Care Centre is situated within walking distance of the village of Ballincurrig, midway between Rathcormac and Midleton, Co Cork.

<b>Date centre was first established:</b>	2004
<b>Date of registration:</b>	8 April 2011
<b>Number of registered places:</b>	55
<b>Number of residents on the date of inspection:</b>	51*

\* including one resident in hospital

<b>Dependency level of current residents as provided by the centre:</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	11	15	11	14

<b>Gender of residents</b>	<b>Male (✓)</b>	<b>Female (✓)</b>
	17	34

## Management structure

The centre is run by Ballincurrig Care Centre Limited. This is a family business with two Directors, Margaret and Elaine McGrath. Elaine McGrath is both the named Provider and the Person in Charge. She is known as the Director of Care. Margaret McGrath is the Director of Administration. Both Directors work full-time in the centre and deputise for each other when one is on leave, with a senior staff nurse Diane Rodriques covering the clinical aspect of care. All nursing and care staff report to the Director of Care. Cleaning, catering, laundry, and maintenance staff report to the Director of Administration.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	8	2	4	1	1*

\* Maintenance

## 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 set out the findings of an unannounced inspection which took place on the 22 March 2012. As part of the inspection the inspector met with residents, the provider, director of administration and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, complaints log, policies and procedures and staff files.

The findings of the inspection are set out under 18 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*. Residents' comments are found throughout the report.

The inspector found the premises; fittings and equipment were of a high standard and were clean and well maintained and there was a good standard of décor throughout.

This is a family business with two directors, one of the directors is the registered provider and also the person in charge, from here on in this report she will be referred to as the provider.

A wide variety of social and recreational activities are available to residents. Family involvement is encouraged with residents saying their relatives felt welcome at any time.

Overall there was a good standard of person-centred care and staff were aware of the challenges of delivery of this care. Some improvements are required to comply 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*.

These improvements included;

- updating the statement of purpose
- complaints management
- notifications to the chief inspector.

All these will be discussed in the report and outlined in the Action Plan at the end of the report.

**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**

The statement of purpose and function which clearly described the service and facilities provided in the centre was viewed by the inspector. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The facilities, management structure and services provided were set out and other relevant information provided. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The inspector noted that an alteration was required in the statement of purpose in relation to the role of the authority in complaints management and the name of the chief inspector.

The statement of purpose is to be kept under review by the provider and is to be made available to residents and relatives.

**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:**

There is an active residents committee in place which allows residents to raise issues and bring forward their experiences and suggestions of the care and service provided; this will be discussed further in outcome 11.

The provider told the inspector that she spoke to all residents daily to establish their experience of the services and undertook quarterly and annual reviews with them and their relatives, the inspector viewed these reviews. A number of residents told the inspector that they spoke to the provider daily and that she calls to their rooms for a chat.

Feedback from residents and relatives was also sought through surveys and informally through regular conversations with residents.

Over the past number of years the provider has sent out anonymous questionnaires to relatives regarding service provision. The results from the questionnaires were analysed and the results were fed back to residents and relatives and response and actions taken were identified. The inspector viewed the results from 2011 where 96% of the responses were very positive. Activities and trips out were identified as an area that they would like to see more of and the provider had planned that. Tea trays not being set properly was addressed and corrected by the provider and staff. These surveys have led to service improvement for residents as well as influencing life in the centre.

The provider showed the inspector regular audits that were completed on medication management, the last one was completed in March 2012. Audits on care planning and accidents and incidents are also completed on a regular basis the results of which are fed back to staff and used for the purposes of ongoing quality monitoring and continuous improvement and results.

There was evidence in the form of a printout that call bells are responded to within two minutes. There is a fob system in place in every room that records when a resident is checked on an hourly basis.

The inspector was satisfied that the quality of care is monitored and developed on an ongoing basis.

**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**

There was a written operational policy and procedure for making, handling and investigating complaints from any person about any aspect of the care or service provided.

The complaints procedure was on display in the main foyer. The complaints log viewed by the inspector detailed complaints made and outcomes of these complaints. The provider informed inspectors these complaints are discussed at staff meetings and informed changes to practice. However, a resident informed the inspector that she had made complaints and asked to talk to the provider on a number of occasions to express complaints and concerns, one time with friends present. The provider acknowledged that these discussions had taken place and detailed to the inspector the actions she had taken to address issues which were satisfactory. However, there was no evidence of the complaints documented in the complaints book and no record of any investigation and outcome of the complaint and whether or not the resident was satisfied, as is required by legislation. The inspector found that the complaints system was not sufficiently robust.

**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 training records viewed by the inspector showed that staff received ongoing elder abuse training. Staff interviewed informed the inspector that they had viewed the Health Service Executive (HSE) DVD on elder abuse and held discussions in order to increase their awareness and understand clearly their responsibilities. Staff were aware of what to do if an allegation of abuse was made to them and the provider

clearly told the inspectors there was a policy of no tolerance to any form of abuse in the centre.

**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**

The fire policies and procedures viewed by the inspector were centre-specific and the fire safety plan was found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the building. Fire training was provided to staff in February 2012 and a full fire drill and evacuation took place on 16 February 2012. This drill included 14 staff. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire.

The inspector examined the fire safety register with details of all services carried out which showed that fire fighting, fire safety equipment and fire alarms had been serviced in 2011 and February 2012. All fire door exits were seen to be unobstructed.

The centre-specific health and safety statement was seen by the inspector. The risk management policy was also viewed by the inspector which contained numerous safe working practice sheets and hazard identification sheets with control measures.

There was a comprehensive emergency plan in place which included information on all the residents, phone numbers and procedures to be followed in the event of an emergency.

The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records of all equipment serviced.

Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency, continence, moving and handling.

The inspector observed staff abiding by best practice in infection control with regular hand washing, and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers were also present at the entrance to the buildings and throughout staff and resident areas. Records showed that training in infection control was undertaken on a regular basis.

**Outcome 6**

*Each resident is protected by the designated centre's policies and procedures for medication management.*

**References:**

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

**Inspection findings**

The inspector accompanied a staff nurse on a medication round. The practice of checking, dispensing, and recording of the drugs administered was in line with current legislation. Photographic identification for residents was present. A copy of An Bord Altranais medication guidelines was readily available. The medication trolleys were secured and the medication keys were held by the nurse in charge. Controlled drugs were maintained as per professional guidelines. Medication management was the subject of an audit by the provider and by the pharmacist and the inspector saw the results of these audits.

### **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**

Nine general practitioners (GPs) visit the centre; all residents have the choice of their own GP on admission. GPs visit the centre on a monthly basis and on request when required. Residents received a full review of all their medical care in which bloods were taken frequently and medication was reviewed on a three-monthly basis or sooner if required. This was documented on the drug card and in the medical notes. There was a responsive out-of-hours service available to residents seven days per week.

Residents' additional healthcare needs were met. Physiotherapy services were available on request and funded privately. The chiropodist visited every four to six weeks or more frequently as required. Dietician services were provided by a dietician from a nutritional company who was also contactable by telephone for advice as required and had also provided nutritional training to the staff. All residents have regular nutritional screening and regular weight monitoring. Optical assessments, audiology and dental services were provided on a referral basis. The hairdresser attends every week and the inspector met and spoke with her during the inspection.

The inspector found that the residents' healthcare needs were adequately met. Residents said they were satisfied with the healthcare services provided.

Residents had assessments completed on admission which included; dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination. These assessments were generally repeated on a three-monthly basis or sooner if the residents' condition had required it. However, one record reviewed showed that the resident had not received a three-monthly review.

The provider and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs and this was reflected in the person centred care plans available for each resident which reflected included all their assessed needs.

The inspector observed that residents were encouraged to maintain their independence wherever possible and many residents were seen freely walking around the building.

Residents received regular checks of their weight, blood pressure and pulse.

**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**

The provider has made provision for residents at end stage of life with a large single bedroom kept as a palliative care room. This room was appropriately decorated and had plenty of chairs and facilities for visitors. Doors from this room gave access to the outside so funeral directors do not have to come through the centre. The provider informed the inspector that many residents and relatives choose to use this room for the removal rather than a funeral home and that the staff facilitated the relatives and also provides tea and refreshments. There is also a sitting room beside the room with a sofa bed and recliner chairs with bedding and refreshment facilities if relatives wish to stay overnight.

The community palliative care team provide assistance if required and a number of staff have received end of life care training.

**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 discreet and sensitive manner.*

**References:**

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

**Inspection findings**

There were two separate meal sittings in the dining room for lunch and tea. The first sitting allowed residents who required assistance with their food and drink an opportunity to have the full attention and assistance of the staff. It also provided a quieter environment to enjoy their meal. The second sitting was for the more independent residents and those who only required minimal assistance. This also allowed choice for residents to go to the earlier sitting if they wished which some choose to do, or for other residents to choose to wait for the second sitting.

Residents were offered a varied nutritious diet. The menu cycle made allowances for the preferences of individual residents, including those on special diets and provided for those who required a modified consistency diet. The variety, quality and presentation of meals was of a high standard. The inspector sampled the food and confirmed this. Residents expressed satisfaction with the food and the dining experience.

The inspector saw staff assisting residents with their meals. The assistant was seated beside the resident and conversed with him/her whilst offering assistance. Carers were observed encouraging residents to be as independent as possible whilst eating by encouraging them to hold their own cutlery and glass wherever possible. Mealtimes were relaxed and unhurried.

Residents had access to fluids throughout the day. Jugs with water were seen in bedrooms and communal areas and plenty of fluids were offered and encouraged at mealtimes.

## **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**

Contracts of care had been implemented for all residents and were seen by the inspector. The contracts were comprehensive, were agreed within a month of new admissions and they stipulated the fee to be paid and what was included and excluded from that fee.

### **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 residents' committee was run by a regular volunteer who has built up a great rapport with the residents. Seven residents meetings had been held to date. Some issues identified by residents included wanting more bingo and activities on a Saturday evening and suggested having musicals on instead of other films. These issues had been addressed by the staff and a very interactive game of bingo was seen by the inspector during the inspection.

Plenty of notice boards were seen throughout the resident areas with information displayed for residents such as the activities programme, menus and items of interest.

The inspector observed staff protecting residents' privacy and dignity by knocking before entering bedrooms and toilet areas. Adequate screening was provided in the shared bedrooms. The manner in which residents were addressed by staff was observed by the inspector to be appropriate and very respectful.

Religious needs were facilitated with mass taking place weekly on a Saturday. This mass is open to the local community with people from the village in regular attendance. Residents from other religious denominations were visited by their ministers regularly as required.

One to one activities were also available to residents who did not wish to participate in group activities and for residents who like to spend time in their room which include, hand massage, beauty therapy, hairdressing and gardening.

Links were maintained with the local community through a number of local musicians who provide entertainment for residents on a regular basis and the local community coming to weekly mass.

A number of residents told the inspector that they really enjoyed the various activities and some said they would like to see more happening. Residents' right to choice in participation was respected by staff and while many residents participated in organised activities, the inspector observed that others chose to spend time in their room. One resident informed the inspector that she liked her own space and the television in her room and generally found the main sitting room noisy and only joined in certain activities for that but was fully informed of what was going on and chose to attend the religious services.

Plenty of newspapers were seen throughout the communal areas and residents could have a personal phone in their bedroom if they wished which allowed for privacy to make and receive phone calls. One resident told the inspector that she used the phone to ring out regularly.

**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**

The inspector saw, and residents confirmed, that they were encouraged to personalise their rooms. Residents' bedrooms were comfortable and many were personalised with residents' own cushions, ornaments, pictures and photos. Plenty of storage space was provided for clothing and belongings and lockable space was also provided.

The system in place for managing residents' clothing was effective. Following residents' agreement all clothing was discreetly marked on admission. This helped to ensure clothing from the laundry was returned to the correct resident. Residents stated that they were happy with the way their clothing and personal belongings were managed 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 provider was also an experienced nurse and the inspector observed that she was actively involved in the care of residents. This was confirmed by interviews with staff who reported that she was easy to approach about any issue. All the required records were maintained in an organised manner. Support arrangements were comprehensive, the senior nurse covers for the provider when she is away and is supported by the second director. Staff were aware to contact the directors in an emergency situation or in the case of end of life and they informed the inspector that they have easy access to their phone numbers to contact them in any situation where they are unsure what to do.

**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**

Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. There was a clear management structure and staff were aware of the reporting mechanisms. Staff demonstrated a clear understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

Centre-specific, evidence-based recruitment policies and procedures were reviewed by the inspector. The director of administration generally deals with the recruitment procedures and information gathering on all employees. Review of staff records showed that staff were recruited and inducted in accordance with best practice.

There was a staff appraisal system in place for all staff and it is linked to continuous professional development and training requirements.

The provider is an approved trainer for manual handling and crisis intervention and provides this training to all staff, she also provides elder abuse training using the HSE video and discussion. Training records seen by the inspectors show staff have undertaken the following training:

- manual handling
- fire training
- infection control
- elder abuse
- health and safety training
- challenging behaviour
- non-violent crisis intervention training programme
- continence promotion.

Cardiac pulmonary resuscitation (CPR) and defibrillation is mandatory for all staff nurses and night carers.

The provider and nursing staff have undertaken extra training in providing subcutaneous fluids, specialised urinary catheters (supra-pubic) and male catheterisation to prevent residents having to go to the acute services for these procedures or wait for a doctor.

Other professional development training provided included medication management, management of lower limb ulceration, reminiscence therapy, dementia training, and Sonas training.

## **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**

Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges and other communal areas were inspected and found to be of a high standard and appropriate to the client group.

They were observed to be bright, comfortable and had appropriate furnishings and colour schemes. Residents told the inspector that they enjoyed the gardens with seating available for residents and visitors. In the summertime residents and relatives told the inspector that the staff had set the tables outside and residents had their evening meal in the garden which they all said was lovely. Residents' bedrooms were comfortable and many were personalised with pictures, quilts, photos, lamps and other personal belongings. Residents and relatives interviewed said that they were very happy with the accommodation provided.

There was plenty of communal space available for residents' use which included a large dining room, three sitting rooms of various sizes, conservatory, craft and games room, a smoking room and a visitors' sitting room. One of the sitting rooms was a tranquillity room which residents could use for quiet reflection or to read but the inspector noted that this room was locked so residents wishing to use it would have to get staff to let them in. Although there were numerous other sitting rooms, residents tended to all sit in the main sitting room which at times was observed by the inspector to be very busy. Residents also reported that it was also very noisy at times yet the other sitting rooms remained empty.

The corridors were wide allowing easy access for residents in wheelchairs and those people using walking frames or other mobility appliances. Inspectors observed residents moving independently around the corridors using their individual mobility aids.

Appropriate assistive equipment, such as electric beds, hoists, pressure relieving mattresses, wheelchairs and walking frames, was generally available to meet the needs of residents. Hoists and other equipment were all maintained and service records viewed by inspectors were up to date.

The provider employs a maintenance person who responds to all the day-to-day maintenance of the building, grounds and equipment.

A high level of cleanliness was maintained throughout all areas; cleaning staff used colour-coded mops and cleaning cloths for different areas and all bathroom areas and carpets were steam cleaned on a very regular basis.

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.

Closed circuit television (CCTV) is positioned in communal areas and outside in the grounds helping to maintain the safety of the residents.

The design and layout of the premises is suited for its stated purpose.

## **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**

Records were maintained and stored in line with best practice and legislative requirements.

Residents had daily access to national and local newspapers and residents were seen to be enjoying same.

Policies, procedures and guidelines availability were in line with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended)

Minor changes were required to the statement of purpose and function and the Resident's Guide in relation to the role of the authority in complaints management and the name of the chief inspector.

**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**

The inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

The person in charge had notified the Social Service Inspectorate of accidents and quarterly returns but had not given notification of a stage two pressure sore as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Notifications that were sent in were reviewed prior to and throughout the inspection and the inspector was satisfied with the outcomes and measures that were put in place.

**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 periods where the person in charge was absent from the centre for 28 days and there had been no change to the person in charge. But the provider was aware of the obligation to inform the chief inspector if there is any proposed absence.

Support and acting up arrangements were comprehensive, the senior nurse covers for the provider when she is away and is supported by the second director.

## **Closing the visit**

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

### **Acknowledgements**

The inspector wishes to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

### ***Report compiled by:***

Caroline Connelly  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

4 April 2012

## Provider's response to inspection report\*

<b>Centre:</b>	Ballincurrig Care Centre
<b>Centre ID:</b>	0197
<b>Date of inspection:</b>	22 March 2012
<b>Date of response:</b>	27 April 2012

### 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 has failed or is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose and function required updating to ensure it contain all the correct information required as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

##### **Action required:**

Update the written statement of purpose to include a statement of matters listed in Schedule 1 of the Health Act 2007 (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.

<b>Reference:</b> Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with time scales</b>	<b>Time scale</b>
Provider's response:  Statement of Purpose Updated.	Complete

***Outcome 3: Complaints procedures***

<b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
Residents were not protected by the complaints process and procedure in the centre as this was not being followed fully by staff. The inspector was informed by a resident that they had made complaints to the provider and staff members. These complaints were not documented in the complaints book and no record of any investigation and outcome of the complaint and whether or not the resident was satisfied, as is required by legislation.	
<b>Action required:</b>	
Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied. Ensure these records are in addition to and distinct from a resident's individual care plan.	
<b>Action required:</b>	
Inform complainants promptly of the outcome of their complaints and details of the appeals process.	
<b>Reference:</b>  Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The complaint outlined above was being dealt with, but not documented in the complaints book. The complaint has been documented, followed up and closed off.	Complete

***Outcome 7: Health and social care needs***

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

A resident's assessed needs and care plan were not reviewed on a three-monthly basis as is required by legislation.

**Action required:**

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

**Reference:**

Health Act, 2007  
Regulation 8: Assessment and Care Plan  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan

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

**Timescale:**

Provider's response:

The care plan in question has been reviewed. All care plans to be checked and updated in next month. All Staff Nurses given the responsibility to update and complete a certain number of care plans.

31 May 2012

**Outcome 17: Notification of incidents**

<b>4. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>	
The Chief Inspector was not notified of a stage two pressure sore that had occurred in the centre.	
<b>Action required:</b>	
Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any stage two pressure or above as required by legislation.	
<b>Reference:</b>	
Health Act 2007 Regulation 36: Notification of Incidents Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  This was an oversight. We generally have no problems with pressure sores. This grade 2 pressure area was very superficial and healed within a few days of the inspectors visit. An NFO3 form was sent since inspection date. I will ensure that all grade 2 pressure sores, irrespective of how superficial it is, is reported in future.	Complete

**Any comments the provider may wish to make:**

**Provider's response:**

I would like to thank the inspector for her time and the courtesy shown to the residents, staff and management during the inspection visit.

**Provider's name:** Elaine McGrath

**Date:** 27 April 2012