



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Ballincurrig Care Centre
Name of provider:	Ballincurrig Care Centre Limited
Address of centre:	Ballincurrig, Leamlara, Cork
Type of inspection:	Announced
Date of inspection:	29 January 2025
Centre ID:	OSV-0000197
Fieldwork ID:	MON-0043758

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Ballincurrig Care Centre is a part of the Silver Stream Healthcare Group and the registered provider is Ballincurrig Care Centre Limited. The centre is located in the rural setting of Ballincurrig, a short distance from the town of Midleton, Co. Cork. It is registered to accommodate a maximum of 57 residents. It is a single storey building and bedroom accommodation comprises 43 single bedrooms and seven twin bedrooms, all with en-suite facilities of shower, toilet and hand-wash basin. Additional bath and toilet facilities are available throughout the centre. Communal areas comprise the main day room, the quiet conservatory, sitting room by main reception, the family palliative care room, a games activities room, tranquillity therapy room, hairdressers, smoking room, and large dining room. Residents have free access to the main enclosed large courtyard as well as the well-maintained gardens with walkways around the house. Ballincurrig Care Centre provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 January 2025	09:00hrs to 17:55hrs	Siobhan Bourke	Lead
Wednesday 29 January 2025	09:00hrs to 17:55hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This announced inspection was carried out by two inspectors of social services, over one day. Residents gave very positive feedback to inspectors, regarding their experience of living in Ballincurrig Care Centre. The inspectors met with many of the residents living in the centre and spoke with 10 residents and five visitors during the day. Residents told the inspectors how management and staff supported them to have a good quality of life. One resident told the inspectors that there was lots of "life and fun" in the centre.

Ballincurrig Care Centre is a single storey building, located in the rural setting of Ballincurrig in East Cork. The centre is registered for 57 residents and has 43 single rooms and seven twin rooms all with ensuite shower, toilet and handwash basin facilities. The inspectors saw that external grounds in the centre were well maintained and residents could freely access the internal courtyard gardens in the centre. Communal spaces in the centre included a dining room, large day room, a lounge, an activities room, a tranquility room and the inspectors saw that all these rooms were decorated to a good standard and were warm and welcoming spaces for residents' use. The residents saw that artwork created by the group of residents, who enjoyed knitting, was framed and displayed in the activity room.

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, inspectors observed that the décor in some parts the centre was showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance and refurbishments. For example, the majority of carpets had been replaced and furniture in a large number of bedrooms had been upgraded. Inspectors were informed that the outstanding works had been scheduled. Despite the maintenance issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. Many residents' bedrooms were personalised and homely.

Ancillary facilities generally supported effective infection prevention and control. Staff had access to a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment. Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process.

Conveniently located alcohol-based product dispensers along corridors and within resident en-suite bathrooms, facilitated staff compliance with hand hygiene requirements. Five additional hand hygiene sinks were in the process of being installed within easy walking distance of residents' bedrooms. These complied with the recommended specifications or clinical hand hygiene sinks. However, surfaces

and finishes in the sluice rooms and the treatment room were worn and poorly maintained and as such did not facilitate effective cleaning. Findings in this regard are detailed under Regulation 27.

The main kitchen was of adequate in size to cater for resident's needs. Many of the residents were very complimentary regarding the quality and choice of food served in the centre. The inspectors observed the dining experience at lunch time. One resident told an inspector how they looked forward to the different meal choices and that the food was "lovely". Staff were observed to engage with residents during meal times and provide discreet assistance and support to residents, where necessary. Inspectors saw that food was well presented for residents who required texture modified meals. The inspectors observed snacks and drinks being offered to residents during the day.

Visitors attending the centre, throughout the day of the inspection, were welcomed by staff. Residents and visitors were satisfied with the visiting arrangements in place. They confirmed that these arrangements were flexible. Visitors, who spoke with inspectors, were very complimentary, regarding the communications they received about their relatives' care and the person centred care provided by staff and management.

Inspectors observed many person-centred interactions between staff and residents during the inspection. Staff were observed to knock before entering residents' bedrooms and were observed to respectfully support residents with their mobility and care needs. Residents appeared well groomed in their own personal style and gave positive feedback regarding the laundry service in the centre.

The inspectors observed that the residents were supervised in the communal rooms, and residents were encouraged to engage in meaningful activities throughout the day of the inspection. There was a schedule of activities over the seven days of the week, which was displayed near the dining room of the centre. These activities included, live music two evenings a week, the ladies club, men's shed, Zumba exercise classes, knitting and arts and crafts. Residents spoke very highly of the available activities in the centre. In the afternoon, a family celebrated a resident's birthday in one of the day rooms, while many of the residents participated in a lively exercise class, led by an external facilitator.

Residents views on the running of the centre were sought through regular residents' meetings and surveys. It was evident from a review of minutes of these meetings that residents' views were sought on activities, food and other services available. Residents were encouraged to maintain close links with the community and local schools and organisations were facilitated to visit the centre. For example, members of a local sports club brought the championship cup they won to show the residents. A number of residents visited a local school during December, where they received presents from the schoolchildren.

As part of this announced inspection process, residents and their relatives were provided with questionnaires to complete, to obtain their feedback on the service. In total, 20 surveys were received. Overall, residents and their relatives conveyed that

residents were happy living in the centre and that they were well looked after by kind and caring staff.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. Overall, the findings of this inspection was that the provider ensured the service was adequately resourced to provide residents with person centred care and support. Inspectors followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection and found that they were endeavouring to address infection prevention and control findings. However, further action was required to ensure compliance as outlined under the relevant regulations in this report.

Ballincurrig Care Centre is a designated centre for older persons, operated by Ballincurrig Care Centre Limited, who is the registered provider. The provider company comprises three directors, who are also involved in the operation of other designated centres in the country. The provider is represented by a director of the company. There is a clearly defined overarching management structure in place with identified lines of authority and accountability.

The person in charge worked full time in the centre and was appointed to the position in May 2024. The person had the required qualifications and experience for the role. They were supported in their role by a full time clinical nurse manager who was supernumerary to the nursing complement in the centre. The onsite management team were supported in their role by the director of clinical governance, quality and risk, who was also a person participating in management for the centre. Other group supports available to the local management team included a finance team and a facilities manager, who was onsite, along with the director of clinical governance, quality and risk, on the day of inspection.

The person in charge and a clinical nurse manager (CNM) had been nominated to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Protected time had been allocated to support the link practitioner's role.

The inspectors found there were sufficient resources in place to ensure the effective delivery of care in accordance with the statement of purpose. There was an appropriate number and skill mix of staff to meet the assessed needs of the 51 residents living in the centre on the day of inspection. There was a full team of

nursing, care, catering staff and activity staff available in the centre. Recruitment was underway to increase the number of activity staff in the centre.

The person in charge maintained a comprehensive schedule of training to maintain oversight of staff training in the centre. It was evident that staff were provided with face-to-face and online training appropriate to their roles. Inspectors saw that staff were appropriately supervised in their roles by the person in charge and the clinical nurse managers. A number of members of the care staff team had been assigned roles as senior carers to further enhance supervision of staff in the centre. Nursing and care staff members were found to be knowledgeable, with regards to residents needs, while housekeeping staff were knowledgeable with regard to both cleaning practices and processes within the centre.

There were effective lines of communication between staff and management in the centre. Regular quality and governance meetings were held between the management of the centre and the provider's senior management team. The person in charge held regular meetings with nursing, care, catering and activity staff to communicate, within the teams, working in the centre. As a quality improvement initiative, the person in charge had established a safeguarding committee where monthly team meetings were held with the nursing, care and housekeeping team in the centre to raise awareness regarding the importance of safeguarding and training among staff.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. Key clinical risks to residents were monitored on a weekly basis and there was a schedule of audits in place that included care planning, medication management, restrictive practices wound care, safeguarding, and complaints management. Records were maintained in the centre, whereby the facilities manager and the director of clinical governance, quality and risk accompanied the person in charge on quality and safety walk-arounds of the centre each month. It was evident that action plans were developed and implemented to address any issues identified.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, flat mops and color coded cloths to reduce the chance of cross infection. The provider also had implemented a number of Legionella controls in the centres water supply. For example, unused outlets/ showers were run weekly. Routine testing for Legionella in hot and cold water systems had been undertaken to monitor the effectiveness of these controls.

Infection prevention and control audits were undertaken and covered a range of topics including hand hygiene, use of personal protective equipment, equipment and environment hygiene, laundry and sharps management. High levels of compliance were consistently achieved in recent audits. However, a number of issues including equipment hygiene and sharps management, identified on the day of the inspection had not been identified in local audits. Findings in this regard are detailed under Regulation 27: Infection control.

Surveillance of MDRO colonisation was undertaken. However, there was some ambiguity among staff and management regarding which residents were colonised with MDROs. Findings in this regard are presented under Regulation 23: Governance and management.

A record of incidents occurring in the centre was maintained electronically. From a review of the incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation. The centre had reported two outbreaks of notifiable infections in 2024, when detected. However, documentation reviewed indicated that a recent potential influenza outbreak and *Clostridioides difficile* outbreak in 2024 may have gone undetected. Outbreak management is discussed further in the quality and safety section of this report.

Regulation 14: Persons in charge

The person in charge was full time in position in the centre since May 2024. The inspectors observed that the person in charge was well known to the residents, relatives and staff and were knowledgeable regarding residents' assessed needs and their regulatory remit. They had the necessary experience and qualifications as required in the regulations.

Judgment: Compliant

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to training appropriate to their role. All staff, including those employed in support services, received mandatory education and training in infection control that was commensurate with their work activities and responsibilities and was regularly updated.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by:

- Improved oversight of the systems in place to assure that outbreaks are detected in a timely manner was required.
- MDRO colonisation was not accurately monitored and recorded. Staff and management were unaware that a small number of residents were colonised with MDROs including VRE and ESBL. This impacted appropriate antibiotic treatments and the early identification and control of multi-drug resistant organisms (MDROs) within the centre.
- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, while antibiotic consumption was monitored, there was no evidence to show that this data was used to inform antimicrobial stewardship initiatives. Audits of antibiotic use were not routinely undertaken.
- Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection (as detailed under Regulation 27) indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspectors were satisfied that notifications had been submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was

displayed in the centre. A records of complaints was maintained in the centre in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the care and support residents received was of a good quality and this ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. However, further action was required pertaining to care planning, infection control, in particular, antimicrobial stewardship and outbreak management, which will be detailed under the relevant regulations.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and occupational therapy. Residents' nutritional and hydration needs were assessed and closely monitored in the centre and residents were being monitored for the risk of malnutrition.

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed, no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person-centred and evidenced based interventions to meet the assessed needs of residents. However, a review of MDRO care plans found that sufficient information was not recorded to effectively guide and direct the care of four residents that were colonised with MDRO's. Finding in this regard are presented under Regulation 5: Individual assessment and care plan.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of waste and used linen.

Notwithstanding the good practices observed, improvements were required in the detection and management of outbreaks. Documentation review found that following a confirmed case of influenza in the centre and several residents presenting with respiratory symptoms around the same period, a line listing was not

commenced to monitor symptomatic residents. An outbreak was not declared at this time. These and other findings are detailed under Regulation 27: Infection control.

The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, the majority antibiotics had been prescribed empirically (the initiation of antibiotics before identification of the infecting micro organism and its antibiotic susceptibility). A review of resident files found that several residents currently prescribed antibiotics had a history of multi-drug resistant bacteria colonisation. Staff were not engaging with the national "skip the dip" campaign, which aimed to prevent the inappropriate use of dipstick urine testing, that can lead to unnecessary antibiotic prescribing. There was no evidence that nursing staff advocated for prescribing, based on microbiological sample results, in line with national guidelines, for example when residents had a history of frequent urinary tract infections. Details are outlined under Regulation 27: Infection control.

The provider had introduced safety engineered sharps devices as an alternative to sharps without safety engineered features. However, inspectors observed that these devices were not routinely used for taking blood samples. Inspectors also saw evidence that traditional needles were recapped after use. Findings in this regard are detailed under Regulation 27: Infection control.

Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean. Bedrooms were personalised and residents had ample space for their belongings. While the centre generally provided a homely environment for residents, the décor and furniture in some parts of the centre was showing signs of minor wear and tear. These issues were being addressed through scheduled maintenance and renovations.

The inspectors observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The centre maintained a comprehensive register of any practice that was or may be restrictive. All restrictive practices were risk assessed and consent was obtained prior to commencement of these devices.

The provider ensured that daily and weekly fire safety checks were completed. Personal emergency evacuation plans were in place for each resident and updated four monthly or if a resident's condition changed. There were regular fire drills and simulations of compartment evacuations to ensure all staff could respond safely in the event of a fire in the centre.

Electronic medication administration records were used for the documentation of medication administration. This software used bar code technology to record medications given with time and date captured, medication refused, and reason for refusal. The system also provided an analysis of all "as required" (PRN) drug administrations, including use and frequency of administration, a record of any re-occurring incidents and a print-out of the entire drug round if required. Staff

reported that the technology was simple to use and all screens and instructions were easy to follow. Prescriptions were reviewed every four months or sooner if required.

The inspectors found that residents' rights and choices were promoted and respected in the centre. Residents had opportunities to participate in social activities, in line with their interests and capabilities. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties were assisted to communicate freely. Communication aids and devices were available for residents' use and communication plans were seen to be sufficiently detailed to direct care.

Judgment: Compliant

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

The premises were clean, well maintained and conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspectors saw that residents were offered a choice of courses for the lunch time meal and many residents were complimentary regarding the quality and variety

of food provided. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents who required assistance received it in an unhurried and respectful manner. It was evident that residents who required review by a dietitian or a speech and language therapist, were referred and assessed, in a timely manner.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The National Transfer Document and Health Profile for Residential Care Facilities was used, when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Upon residents' return to the centre, the staff made efforts to ensure that all relevant information was obtained from the hospital and follow-up appointments and referrals were attended.

Judgment: Compliant

Regulation 27: Infection control

The provider did not meet the requirements of Regulation 27 Infection control and the National Standards for infection prevention and control in community services (2018). For example;

- A case of influenza had recently been confirmed within the centre and several residents had also presented with respiratory symptoms around the same period. These residents were treated with antiviral medication and cared for with transmission based precautions and all residents had subsequently recovered. However, there was no evidence that residents were tested for influenza and general outbreak control measures such as active surveillance, universal wearing of masks and enhanced cleaning were not implemented. The failure to test, detect and respond to the potential outbreak impacted effective infection prevention and control within the centre.
- Staff were unaware of the MDRO status of several residents. As a result, appropriate infection control and antimicrobial stewardship measures may not have been consistently implemented when caring for these residents.
- Ancillary facilities including the treatment room and two sluice rooms did not support effective infection prevention and control. For example, surfaces and finishes were worn and did not support effective cleaning, the detergent in both bedpan washers had expired and hand washing facilities in these rooms

did not comply with recommended specifications for clinical hand washing sinks. Access to one of the sluice rooms was restricted as staff had to open two doors, one with a keypad which was difficult to operate when carrying human waste receptacles for decontamination. This posed a risk of spillage and cross contamination.

- There was no evidence that urine samples were obtained (where appropriate) by nursing staff to enable antimicrobial therapy to be streamlined and optimised on the basis of laboratory results. Care plans inappropriately advised staff to obtain a urine sample for testing after finishing a course of antibiotics. This practice is contrary to national guidelines.
- Inspectors saw evidence (used needles, recapped in the sharps disposal bin) that needles were recapped after use. This practice increased the risk of needle stick injury.
- Improvements were required in equipment hygiene and oversight of same. Items of equipment including; two commode chairs, six wheelchairs, two oxygen concentrators and two urinals were visibly unclean.
- Shower outlets in several bedrooms were unclean. This posed a risk of cross contamination.

Judgment: Not compliant

Regulation 28: Fire precautions

There was good oversight of fire safety management in the centre, and systems in place to monitor and review fire safety risks. The fire safety systems, including fire fighting equipment, emergency lighting and the fire detection and alarm system were all being serviced at the appropriate intervals. External lighting had been enhanced since the previous inspection, to ensure safe evacuation of the centre in the event of a fire. There was evidence of regular simulations of evacuations of the largest compartments in the centre, cognisant of the time when staffing levels were at the lowest in the centre. Staff spoken with, confirmed to inspectors, that they had received appropriate training and had completed drills to simulate the evacuation of residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Processes were in place for the prescribing, administration and handling of medicines, including controlled drugs, which are safe and in accordance with current professional guidelines and legislation. There were appropriate procedures for the

handling and disposal of unused and out-of-date medicines, including controlled drugs.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of resident files and found that individual assessment and care planning was not in line with the requirements of Regulation 5. For example;

- Accurate infection prevention and control information was not recorded in three resident care plans to effectively guide and direct the care of residents that were colonised with an MDRO.
- Two MDRO care plans did not contain appropriate infection prevention and control advice. For example a VRE care plan advised that staff should routinely wear gloves when caring for a resident and a Carbapenemase-Producing *Enterobacteriales* (CPE) care plan did not detail the requirement for dedicated toilet or commode.
- Two residents had *Clostridioides difficile* care plans, when there was no indication for their use. Furthermore, accurate infection and colonisation history was not documented in their medication care plans, to guide appropriate antibiotic prescribing.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to GP services, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, and physiotherapy services. Residents were reviewed regularly and as required by general practitioners.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors saw that staff engaged with residents in a respectful and dignified way. Restrictive practices were monitored by the person in charge and there was evidence of use of alternatives to bed rails such as low-low beds and crash mats, in accordance with best practice guidelines. There was a low use of bed rails in the

centre. Staff were up-to-date with training to support residents who had responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

Staff were provided with safeguarding training in both online and face-to-face training formats. Staff who spoke with inspectors were knowledgeable regarding the importance of protection and safeguarding of vulnerable adults. Allegations or incidents of abuse were investigated and managed by the person in charge in line with the centre's policy. Residents who spoke with inspectors reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that residents' rights were supported and promoted by management and staff working in the centre. Residents had access to a varied programme of activities, that were available seven days a week. Residents views were sought on the running of the centre through surveys and regular residents' meetings. Advocacy services were provided by an advocate, employed by the registered provider, who regularly attended the centre to support residents. Residents also had access to independent national advocacy services as required. Residents who spoke with inspectors outlined how they had choice in how they spent their day. Residents were encouraged to go on outings with their relatives, if they wished.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballincurrig Care Centre OSV-0000197

Inspection ID: MON-0043758

Date of inspection: 29/01/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance the Registered Provider will have the following implemented and actioned as required :</p> <p>The RPR and PIC have completed a full review on infection prevention and control and antimicrobial stewardship. Governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship, to include :</p> <ul style="list-style-type: none"> • Improving the oversight of the detection of outbreaks, staff nurses to inform the PIC and DCGQR by documenting any clinical change of residents presenting with infectious symptoms on EPIC incident reporting system. This will inform, support and guide staff to appropriate care in a timely manner. Policy in place. • To ensure MDRO colonisation is accurately monitored and recorded, all admitting documentation and past medical history will be requested from resident/NOK/GP. This will ensure that staff and management are aware of the number of residents that are colonised with MDROs including VRE and ESBL. This will ensure that the appropriate antibiotic treatments and the early identification and control of multi-drug resistant organisms (MDROs) within the centre. • To further strengthen the development and support of the overall antimicrobial stewardship programme in the centre, the following are now in place: Monthly audit of antibiotic use is now in place with the PIC, CNM 2 and member of the RPR Clinical governance team. Finding of this audit are then communicated to clinical staff and the resident’s GP. All nurses will be retrained on Antimicrobial Stewardship. • To reduce any disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection (as detailed under Regulation 27) a member of the RPR clinical team will review and verify the IPC audits completed in the centre. Findings of which will be communicated to staff and RPR with an agreed action plan. 	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>To ensure compliance the Registered Provider will have the following implemented and actioned as required :To ensure the RPR will met the requirements of Regulation 27 Infection control and the National Standards for infection prevention and control in community services (2018), the following will be in place :</p> <ul style="list-style-type: none"> • All residents that present with respiratory symptoms will be tested as indicated for Influenza and Covid-19. The general outbreak measures will then be implemented until all residents free of symptoms and recovered. Further training booked for nursing staff to ensure all are knowledgeable and reactive. PIC and CNM2 will ensure a line listing is maintained to identify case links and liaise with public health if needed. • To ensure MDRO colonisation are accurately monitored and recorded all admitting documentation and past medical history will be requested from resident/NOK/GP. This will ensure that staff and management are aware of the number of residents that are colonised with MDROs including C.Diff, VRE and ESBL. This will ensure that the appropriate antibiotic treatments and the early identification and control of multi-drug resistant organisms (MDROs) within the centre. MDRO register will be maintained and reviewed on a monthly basis. • The plan for the ancillary facilities including the treatment room and two sluice rooms to support effective infection prevention and control will include the following : Replacement of surfaces and finishes that support effective cleaning. Review of the detergents and date of expiry has taken place and is now clearly marked on the bottle and will be reviewed monthly. Clinical hand wash basins will be installed in theses rooms. Review of sluice room door has been carried out to ensure easy access for staff. The use of the key pad lock will be reviewed and removed if required. Urine samples will be obtained where appropriate, nursing and GP will be reminded of same. Policy updated and staff training completed. Care plans will no longer record urine sampling post completion of antibiotics unless resident is symptomatic. • All clinical staff have been reminded not to recap needles before placing in sharps bin. This will be also emphasised in the training and regular audits will be conducted to observe practice and knowledge. • Cleaning schedule is in place for equipment. Staff reminded that any equipment that can no longer be cleaned effectively needs to be replaced. • A full cleaning review has taken place and the shower outlets in several bedrooms are now cleaned. 	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>To ensure compliance the Registered Provider and PIC will have the following implemented and actioned as required</p> <ul style="list-style-type: none"> • A full review has taken place of all care plans in relation to IP&C and care plans in place to effectively guide and support the care of residents that are colonised with an MDRO. • The two MDRO care plans now include appropriate IP&C advice to guide and support staff in care delivery. • To ensure MDRO colonisation are accurately monitored and recorded all admitting documentation and past medical history will be requested from resident/NOK/GP. This will ensure that staff and management are aware of the number of residents that are colonised with MDROs including VRE and ESBL. This will ensure that the appropriate antibiotic treatments and the early identification and control of multi-drug resistant organisms (MDROs) within the centre. • IP&C Link Practitioner will ensure that medication care plans now have information regarding MDRO to ensure appropriate infection control and antimicrobial stewardship. All nurses will be trained further to this to ensure consistency while formulating care plans. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	14/03/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/06/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Substantially Compliant	Yellow	28/03/2025

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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