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

# Registration Inspection report
# Designated Centres under Health Act 2007

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| **Centre name:** | Meath Community Unit |
| **Centre ID:** | 477 |
| **Centre address:** | 1-9 Heytesbury Street<br>Dublin 8 |
| **Telephone number:** | 01 7077900 |
| **Fax number:** | 01 7077953 |
| **Email address:** | Netta.odoherty@hse.ie |
| **Type of centre:** | ☐ **Private** ☐ **Voluntary** ☒ **Public** |
| **Registered provider:** | Health Service Executive (HSE) |
| **Person authorised to act on behalf of the provider:** | Eimear Sweeney |
| **Person in charge:** | Netta O'Doherty |
| **Date of inspection:** | 8 November 2011 and 9 November 2011 |
| **Time inspection took place:** | **Day 1: Start:** 09:00hrs **Completion:** 18:00hrs<br>**Day 2: Start:** 09:00hrs **Completion:** 15:00hrs |
| **Lead inspector:** | Ann O'Connor |
| **Support inspector:** | Breeda Desmond |
| **Type of inspection:** | ☒ **Registration**<br>☒ **Announced**<br>☐ **Unannounced** |

## About registration

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

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

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

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

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

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

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

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

## About the centre

| Location of centre and description of services and premises |
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The Meath Community Unit was established in 1998 on the site of the former Meath Hospital. It is managed by the Health Service Executive (HSE). It is a 51-bedded unit which provides long-stay care to 42 residents and has nine beds dedicated to respite care. There were 47 residents in the centre on the day of inspection.

The centre is a refurbished old building which residents and staff transferred to on 30 November 2004. Other community healthcare services on the same grounds include a day-care centre established in August 2007 for people from the locality and which residents can attend; dental, occupational therapy, physiotherapy, speech and language therapy (SALT) and a social worker. The grounds have a security gate which is supervised twenty four hours a day.

The building has four floors. The entrance opens into a foyer with a reception desk. To the right of the entrance hall is the activity room/day-care room and to the left is a staff canteen for both residents' and relatives' use.

There are three wards located over three floors, Camden (floor 1), John Glynn (floor 2) and Maureen Potter (floor 3); all were named by the residents' committee. Each ward has two single, six double, and one three-bedded room, all with en suite facilities. There is a dining room, kitchenette, treatment room, two sitting rooms, an assisted bathroom, assisted toilets and a sluice room on each ward area. There is an oratory, hairdressing room, an overnight guest room, and a sensory room.

There is a small secure outdoor garden.

| **Date centre was first established:** | | | 1 September 1998 | |
| --- | --- | --- | --- | --- |
| **Number of residents on the date of inspection:** | | | 47 | |
| **Number of vacancies on the date of inspection:** | | | 4 | |
| **Dependency level of current residents:** | **Max** | **High** | **Medium** | **Low** |
| **Number of residents** | 25 | 15 | 3 | 4 |
| **Gender of residents** | | | **Male (✓)** | **Female (✓)** |
| | | | √ | √ |

## Management structure

The Registered Provider is the Health Service Executive (HSE) represented by Eimear Sweeney, General Manager, she reports to Gerry O'Neill Area Manager Dublin South City. The Person in Charge is Netta O'Doherty, Director of Nursing, who reports to Gerry O'Neill. The Person in Charge is supported by two Assistant Directors of Nursing (ADON) one Clinical Nurse Manager Level 3 (CNM3), five clinical nurse managers level 2 (CNM2) two of whom are on night duty, and three Clinical Nurse Managers Level 1 (CNM1). All CNMs report directly to the Person in Charge. The nursing staff report to the CNMs. Care assistants report to the nursing staff.

## 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 was the second inspection carried out by the Health Information and Quality Authority (the Authority) Social Services Inspectorate. The first took place on 10 February 2010.

This report set out the findings of a registration inspection, which took place following an application to the Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members over two days. Inspectors observed practices and reviewed documentation such as statement of purpose, care plans, medical records, accident logs, policies and procedures, complaints log and staff files. Separate fit person interviews were carried out with the provider and the person in charge. In advance of the inspection the Fit Person self-assessment document was completed by the PIC and previous named provider on behalf of HSE. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Inspectors found substantial compliance with the Care and Welfare Regulations and the National Standards. This was reflected in the positive outcomes for residents which were confirmed by residents and relatives and evidenced throughout the inspection.

The person in charge and the provider demonstrated a high level of commitment to quality care delivery and continuous improvement, and had good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland.*

Residents were encouraged to exercise choice and personal autonomy on a daily basis and care was delivered in a respectful and dignified manner. Residents and relatives concurred with this. Inspectors observed that residents appeared to be well cared for,

which was further reflected in residents' comments and that their daily personal care needs were well met. The involvement of relatives was actively encouraged and facilitated by a flexible visiting policy. The residents' committee provided a voice to residents in the operation of the centre.

All nursing, care, catering and administration staff had received training in elder abuse prevention and protection. However, the privately contracted cleaning staff had not received this training to date. Residents' finances were safeguarded by proper procedure as set out in their policy, procedure and guideline policy.

Inspectors found that the premises, fittings and equipment were of a high standard, very clean and well-maintained. The building had been fully refurbished and was bright, spacious and adapted to suit residents' needs. However, the openings on the upper floor windows were not restricted and this posed a risk to residents' safety.

Equipment included specialised seating, beds, aids, hoists, and alternating pressure relieving mattresses. Service records were available and equipment was well maintained.

A number of improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. These are dealt with in detail in the Action Plan at the end of this report.

These improvements included:

- securing windows on upper floors
- hand rails on stairs
- staff files and training
- fire certificate
- documentation on care plans and medication management
- directory of residents and contracts

| **Section 50 (1) (b) of the Health Act 2007** |
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| **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** |
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| *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 sets out the aims, objectives and ethos of the centre. It accurately describes the service and facilities which are provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also detailed how residents were consulted on the running of the centre and in their care planning; this was seen to take place in practice by the inspectors and was confirmed by the residents. The statement of purpose contained all the requirements outlined in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Outcome 2**
*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

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

**Inspection findings**

Quality improvement activity was evident in many aspects of life and care in the centre and inspectors observed that considerable progress had been made by staff and management in having a system in place to gather and audit information related to clinical and non-clinical areas of care including dementia care, falls, and infection control. Improvements had taken place following such audits; for example, music therapy and a residents' choir was developed from a project that was carried out by the music therapist on "how music can lift depression". This project was presented in Trinity College, the Royal College of Physicians and also internationally in Spain.
Doll therapy had also been introduced as a symbolic significance to help improve the well-being of residents' with dementia. The happiness that this therapy brought to a small number of residents was evident throughout the inspection.

Care plans had been updated and more emphasis was being placed on the social aspects of care with a "Key to me" developed. However, there was scope for further learning and changes to be made to practices in these areas.

Staff had introduced a quarterly newsletter which enhanced health promotion and all aspects of life in the centre for residents and staff.

The system of review that was in place included consultation with residents and their representatives. There were suggestion boxes throughout and resident forum meetings had commenced. Minutes were seen of these meetings. There were a

number of improvements made as a result of consultation with residents and seeking their views; for example, following a 'favorite food survey' most residents did not want their relatives present at meal-time and a system was put in place to facilitate this choice. There were also changes made to the serving of plated food to smaller portions with extra offered if required. Residents requested a quiet sitting room area and this was also facilitated on each floor. Satisfaction surveys are undertaken yearly with the results circulated to residents, relatives and staff, an improvement from this survey included the centre's information booklet published in Braille format and CD.

There were systems in place which included a risk management policy which covered clinical and non-clinical risk. Incidents were reviewed and action was taken by the quality and safety committee at their monthly meetings. Inspectors reviewed the minutes of these meeting and noted that reports had been sent from this committee to each unit outlining the action to be taken to prevent reoccurrence of incidents. There were good safety initiatives. Inspectors saw a copy of the safety statement and fire safety booklet at each nurse's station. Inspectors reviewed the safety statement and found it to be comprehensive. A safety representative had been appointed.

The inspectors saw that there was a comprehensive log of all accidents and incidents that took place and that these were reported to the Chief Inspector as required by legislation. The inspectors reviewed these notifications prior to and during the inspection and were satisfied with actions taken. The person in charge had completed audits on resident accidents and incidents. The results of these audits were also discussed with staff to heighten awareness and identify trends; the inspector was informed that there have been changes and improvements made to practice as a result.

**Outcome 3**
*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**References:**
Regulation 39: Complaints Procedures
Standard 6: Complaints

**Inspection findings**

The complaints policy was comprehensive. A synopsis of the policy was available both in the statement of purpose and the residents' guide. There was a pro-active approach to complaints management. There was a central complaints log on each unit and the actual full complaints log in the director of nursing's office. Inspectors reviewed the policy and practices and found them to be in line with legislation and best practice. Leaflets entitled "*Your service Your Say"* along with suggestion boxes and guidance as to how residents or relatives could make a complaint were available and displayed throughout. A complaints audit was completed in September 2011 by the manager of older person's services, HSE. There is a social

worker who is the residents' advocate and there is also a psychologist on site who is available to speak with residents if the need arises.

## 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

Measures were in place to protect residents from being harmed or suffering abuse. All nursing, catering, care, laundry and administration staff had received training on elder abuse prevention, detection and responding to abuse. However, cleaning staff employed on a contract basis from a private company had not received this training.

A centre-specific policy was available and staff were aware of the policy contents and of what to do in the event of suspected abuse. There is a social worker on site and the CNMs presence on each unit review practices and supervised staff as part of ensuring the safety of residents. Both residents and relatives concurred, in general, that there was an 'open door' policy to speak with the ward management staff in the event of their having a concern.

Policies and procedures were in place to protect residents' finances. Double-checked and signed records were kept on all monies and property handed in for safekeeping, and when taken out. The inspectors saw that wherever possible the resident or their representative had signed and checked the transaction. All resident accounts were the subject of regular internal and external audit.

Residents spoken with confirmed to inspectors that they felt safe in the centre and relatives concurred with this. They attributed this to the kindness and respectfulness of staff.

**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

There were up-to-date policies and procedures relating to health and safety as well as a centre-specific health and safety policy. There was an awareness of risk assessment and risk management by staff which balanced risk and residents' independence; for example, a resident who was assessed as a high falls risk (11 falls in 2011) had preventive measures fully explained to him, however he had chosen not to wear protective devices and continued to be fully independent and partaking in all activities under the supervision of staff.

Overall there were good safety initiatives including safe and appropriate floor coverings, hand rails on both sides of wide corridors; good storage space for equipment; many residents had assistive devises to enable independence. However, windows on the upper floors posed a risk hazard as they opened out with no restriction on them. This was brought to the immediate attention of the person in charge who immediately contacted the provider. Inspectors were informed that this would be addressed without delay and a quote was obtained immediately. Handrails were not provided on both sides of the stairways and one relative brought this to the attention of the inspector.

Inspectors reviewed the safety statement and found it to be comprehensive.

There was a risk management policy in place which covered clinical and non-clinical risks. Incidents were reviewed and action was taken by the quality and safety committee at their monthly meetings, reports of which had been sent to each unit outlining the action to be taken to prevent reoccurrence of incidents.

All residents were assessed on admission regarding falls risk. Other risk assessments undertaken with residents included moving and handling requirements, skin integrity, nutritional status, cognition, to mention a few.

Moving and handling training was provided regularly to staff and the inspectors viewed training records to show staff had received this mandatory training.

Staff interviewed by inspectors could outline the procedures to follow in the event of fire. Fire orders were placed in prominent positions throughout the building. Fire equipment servicing and fire alarm checks were up to date. All staff had received fire safety training; the most recent fire drill had taken place in October 2011. There was no written confirmation from a competent person that all requirements of the statutory fire authority have been complied with. The person in charge stated that this would be completed before the end of November 2011.

The person in charge and staff spoken with by inspectors described their commitment to continuous improvement. In order to reduce the potential for accidents, incidents, the responsibility for the monitoring of different areas of risk was delegated to specific personnel. For example, one ADON had responsibility for

health and safety and fire safety training, while the other ADON was responsible for infection control. Hoists were used by staff when lifting. Sanitising hand gel dispensers were available throughout and were seen to be used by staff and visitors.

The environment was clean and there was an ongoing maintenance programme in place. Inspectors spoke with staff from different departments including kitchen, laundry, maintenance, housekeeping, nursing and care staff with regards to infection control practices in operation. These included hand hygiene, management of infected laundry, disposal of infected waste, management of residents with methicillin resistant *staphylococcus aureus* or *clostridium difficile*. Staff were aware of the protocols in place and were able to explain, in a satisfactory manner, what the practices were. Staff had access to protective clothing and alcohol hand gels were available. Notices with regard to the importance of hand hygiene were displayed throughout and staff informed inspectors they had received training in this.

Waste management practices were seen to be satisfactory. Contracts were in place for the disposal of clinical waste and appropriate segregation of waste took place. The environmental health officer reports were reviewed and the kitchen was seen to be clean, tidy, well organised and well stocked.

**Outcome 6**
*Each resident is protected by the designated centres' policies and procedures for medication management.*

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

**Inspection findings**

There was a medication management policy for prescribing, administering, recording and storing of medicines which included pro re nata (PRN), crushed medications and self-medication. At the time of inspection no resident was responsible for their own medication. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines. The processes in place were in accordance with current professional guidelines and legislation and inspectors observed nurses adhering to these guidelines when administering medication; however, the practice in relation to some PRN medication needs to be addressed. For example: the maximum dose for PRN medicines, and the frequency of use of normal saline nebuliser and cough suspension was not indicated on the prescription sheets.

Controlled drugs were maintained in accordance with An Bord Altranais medication management guidelines 2007; however, dispensed controlled drugs were not individually labelled to named residents.

The inspector also examined the practice that was used in relation to ordering medications, including controlled drugs from the HSE pharmacist. Prescriptions were photocopied at the centre and photocopies were sent with a signed requisition form to the pharmacist, from which the medications are dispensed; thus, medications including controlled drugs are not dispensed from original prescriptions.

The original prescription is used by the nurse in the centre to administer the medication as per An Bord Altranais guidelines.

Review of all medication management practice, including errors and near misses are monitored monthly by a pharma-co-vigilance committee with is led by a nurse prescriber in conjunction with the medical officers, pharmacist and nursing staff.

## 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

Residents had access to a wide range of health services which were on-site, including physiotherapy, occupational therapy, SALT and dental services. There was a clinical nurse manager in nurse practice development, nurse prescriber, social worker and a music therapist for residents. The dietician attends the unit on a monthly basis and is available for emergency consultation on request. Chiropody is provided once a month. Referral for allied health therapies was usually via a medical referral. Mental health services were provided by a mental health team at

St Vincent's Hospital. Access to palliative care services and consultant geriatrician is available on referral as well as bi-annual on site visits by a consultant geriatrician.There was evidence of referrals by general practitioner (GP) and residents' attendance at these services.

Inspectors found that significant work had been done with developing a revised care plan for residents that included "*the key to me*" tool which promoted residents' involvement in care planning. However, the social aspect of individual residents, needs to be more person centred specific; for example, the information outlined in "the key to me" was more generic than actually stating a resident likes, dislikes, interests, hobbies, families and choice.

Residents had undergone a comprehensive assessment on admission, including risk assessments for falls, wound care, oral cavity assessment and nutritional risk. These assessments informed the resident's care plan. Risk assessments and care plans were reviewed every three months or when there was a change in the resident's health status. Care staff recorded the care they provided to residents.

Health was promoted for both residents and staff. Flu and swine flu vaccines were offered to all residents and staff. Staff had ready access to the Health Service Executive (HSE) occupational health unit.

There was a strong emphasis placed on promoting residents' independence. Inspectors saw residents participating in a dance project run jointly by the occupational therapist and activities coordinator. Inspectors also observed a resident going to the physiotherapy department and using exercise devices to aid mobility under the guidance of the physiotherapist.

Activities were tailored to residents' individual needs. The multidisciplinary team met with residents to assess their interests and residents' choices informed the activities provided. The three activity coordinators and occupational therapist led the provision of activity. There was a comprehensive schedule of activities set out for each day of the week which was displayed at the ground floor entrance to the activity room.

The HSE had appointed a medical officer for fifteen hours per week, who visited residents daily and as required. The medical officer also attends the multi-disciplinary weekly team meetings. Out-of-hours medical services were provided by "Doctor-On-Call". Medical notes were examined and found to be very informative and comprehensive. All residents were reviewed at least three monthly or more often when required.

The inspectors reviewed the wound care assessment and recording charts in use in the centre. There were a number of residents with venous leg ulcers and one resident with a pressure sore that she was admitted to the centre with. These ulcers and pressure sore had been notified to Health Information and Quality Authority as required by legislation. The inspectors viewed the care plan and photographic evidence of wounds and while they were satisfied that the wounds were improving and referrals were made to the tissue viability nurse, there was still room for improvement in wound care; for

example, there was no swab taken for MRSA from the actual wound of a resident with a grade two pressure sore wound. On discharge from the acute services the resident had MRSA.

There was also inconsistency in the times and dates that dressings were done. For example, the assessment of a resident with a pressure ulcer stated that the wound be dressed every three days, and this was not always carried out as prescribed. The documentation stated that the dressing was carried out nine times over a six week period from 29 August 2011 to 10 October 2011.

Appropriate documentation was not in place for the use of restraint and the restraint assessment tool was inadequate. In one unit six of the 13 residents had bed-rails; there was no evidence that alternative interventions were tried, nor was there documented evidence stating the duration of restraint. Consent forms were inappropriate as request for consent was obtained from next of kin as well as the resident. There was evidence that restraint was discussed at the weekly multi-disciplinary team meetings and a comprehensive restraint policy was available.

**Outcome 8**
*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**References:**
Regulation 14: End of Life Care
Standard 16: End of Life Care

**Inspection findings**

There was a clear policy in place on end-of-life care that reflects the physical, emotional, social and spiritual needs of the resident at end-of-life stage in a respectful and dignified manner.

The spiritual and pastoral care services in the centre were provided by a catholic priest who visited weekly and said mass. Rosary was recited daily. There is a yearly ecumenical service. The reverend from Church of Ireland and religious leaders from other denominations are available when required. Bereavement counselling training for staff was also made available.

When end of life was approaching arrangements were made, where possible, for a resident to have a single room. Family members were free to stay overnight if they wished. Palliative care services are available when required. A pilot project in conjunction with Hospice Friendly Hospitals on communication was developed in the centre with particular emphasis on sensitive communication at end-of-life stage.

The use of symbols is used throughout the centre to sensitively announce the death of a resident.

**Outcome 9**
*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

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

**Inspection findings**

A policy regarding nutrition was available that incorporated a recognised nutritional assessment tool which identified those at risk of under nourishment. Residents' weights were checked monthly and more frequently if necessary. A dietician was available to take referrals.

The three units were serviced by a central kitchen from which meals were delivered for distribution. There was a good choice available on menus and this was confirmed by relatives who spoke highly of the quality of the food and the facility to have an alternative meal if a resident did not care for the one being served. Menus were displayed on each table in the units. Each ward had its own kitchenette, which was used throughout the day and night so that residents could have access to a variety of snacks and drinks.

Each of the three units had their own dining room which had plenty of natural light and sufficient space for residents who used wheelchairs. They found the meal and the dining experience were of a high standard. Tables were set attractively with a floral centrepiece, napkins, and condiments. Residents who required assistance were appropriately assisted in a dignified manner. Inspectors saw staff provide two residents with assistance which allowed them to dine independently. There was evidence that changes in the dining experience had taken place as a result of suggestions from the residents' committee; most residents did not want their relatives present at meal-time and a system was put in place to facilitate this choice. Following a "favorite food survey" changes were made to the serving of plated food to smaller portions with extra offered if required.

The inspector spoke with the chef and kitchen staff. She described a well-organised catering department, where staff are valued. Specialist diets are catered for including diabetic, coeliac, renal, low fat, vegetarian and special consistency diets.

Residents had access to fresh water and other fluids. Staff were seen offering residents water, juices, tea, coffee and snacks throughout the day. Water dispensers were in place and accessible.

## 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

There were no contracts of care available for residents. The person in charge informed the inspectors that she was awaiting the introduction of a national HSE contract.

**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

On the previous inspection there was no resident's committee; however, there is now an active residents' committee and minutes of the residents' committee meetings were seen by inspectors. As outlined previously there were many improvements made as a result of this consultation. Residents told the inspectors that they could bring issues to the residents' committee and felt that action would be taken to resolve any issues identified. They told inspectors that they felt they had a say in the running of the centre and the person in charge took their opinions and requests seriously.

Inspectors observed that residents' privacy and dignity was respected and promoted by staff. Adequate screening was provided in shared bedrooms and staff knocked before entering residents' bedrooms to ensure their privacy and dignity was maintained while personal care was being delivered. The manner in which residents were addressed by staff was seen to be appropriate and respectful.
Residents were nicely dressed and looked neat and clean. Residents used the newly refurbished hairdressing salon which was on the ground floor, a staff member with a special interest in hairdressing had received further training in this area and the hairdresser was also available to visit the units on request.

Residents' religious needs were facilitated with the provision of the centre's multidisciplinary oratory for quiet reflection and prayer. A small mortuary is attached to the oratory. A Church of Ireland minister visited residents on request. Mass is held weekly and rosary recited daily. Other religious denominations are visited by their own ministers as required.

Activities were tailored to residents' individual needs. The multidisciplinary team met with residents to assess their interests. There was a good balance between risk and independence. Some residence observed using assistive devices such as walkers, rollators, zimmer frames and self propelled specialised wheelchairs to go about independently. A template for assessment had been developed and residents' choices informed the activities provided. The three activity coordinators and occupational therapist led the provision of activity with input from the physiotherapist. There was a comprehensive schedule of activities set out for each day of the week which was displayed in colourful fashion at the ground floor entrance to the activity room. On the day of inspection a large number of residents were seen to enjoy music and dance in the large activity room.

The centre operates an open visiting policy. Residents commended staff on how welcoming they were to all visitors. There is ample private space available for residents to meet with their visitors if they did not wish to use their bedrooms.

Residents are registered to vote and voting is facilitated in house for those who do not wish to go out to vote.

Plenty of newspapers were seen throughout the communal areas and telephones were available for residents to take or make a personal phone in the privacy of their bedroom.

Residents and relatives told inspectors that they had choice in their daily routine, in times for getting up, going to bed and in what they did during the day and where they spent the day. They expressed the opinion that their daily routine was flexible.

**Outcome 12**
*Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**References:**

Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

**Inspection findings**

Inspectors saw, and residents confirmed, that they were encouraged to personalise their rooms. Residents' bedrooms were comfortable and many were personalised with residents' pictures and photos. Plenty of storage space was provided for clothing and belongings and lockable space was also provided. All bedrooms had an en suite shower and toilet facility, again with plenty of storage space for toiletries.

The system in place for managing residents' clothing was effective. 60% of residents have their laundry taken care of in the centre while the remaining 40% have it taken home by relatives. 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 post of the person in charge was full time and held by a registered nurse with the required experience of nursing dependant people. She demonstrated good clinical knowledge both during inspection and during the fit person interview. The management and accountability structure in place ensured the person in charge was engaged in governance, operational management and administration of the centre.

She displayed a clear understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. She outlined areas where she wants to make improvements and in systems she has started to implement.

The authorised person on behalf of the HSE had changed in the week leading up to inspection, prior to this the person in charge had regular meetings both on a formal and informal basis with the previous nominated person and plans were in place to continue this process.

The person in charge is supported in her role by two assistant directors of nursing, a CNM3 who has responsibility for clinical practice and staff training and each unit is individually managed by a CNM2/CNM1. There are two CNM2s on night duty. This robust management structure supports the person in charge in the governance, operational management and administration of the centre on a consistent basis.

Minutes of monthly management meetings were examined by the inspector.

**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**

Inspectors were satisfied that staff were available in sufficient numbers and with the skills and competencies to meet the needs of residents, both day and night. Resident dependency was calculated using the Barthel Index. The criteria for care had recently been introduced to inform staffing requirements.

Staff who spoke with inspectors knew about the *National Quality Standards for Residential Care Settings for Older People in Ireland 2009*. Copies of these were available to staff.

There was a strong ethos of education and professional development. The clinical nurse manager (CNM3) in practice development focused on the application of knowledge to practice. She worked with nurses and care assistants to assist with individual care and care planning for residents. Where gaps were identified in skills and knowledge she provided one-to-one training for staff members. Undergraduate nurses were provided with clinical placements. A nurse acted as a mentor for each student while on placement.

There was a strong commitment to continuing development of all staff. The training folder which inspectors reviewed documented the training calendar for staff in 2011.

A list of training that had taken place in the last six months included 12 staff who had completed a diploma level course in dementia care matters "An Emotional Journey" in St James Hospital. This course is recognised by the University of Surrey, England. Staff also completed training in dementia care mapping, falls awareness, data protection, infection control, dignity at work, chronic obstructive pulmonary disease (COPD), pulmonary rehabilitation. Over 75% of the care assistants had achieved FETAC (Further Education and Training Awards Council) Level 5 qualifications.

The CNM3 has commenced a project on appraisals titled "Training, Supervision and Structured feedback for Staff in the Meath Community Unit". This project is based on reflective practice and development for nurses. The CNM3 informed inspector that this will be rolled out firstly to all CNMs, followed by staff nurses and a suitable adaptation of the appraisal will be rolled out to all other staff.

A random selection of staff files was viewed by the inspectors; the files did not meet all the criteria set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), for example the following items were not present:

- proof of identity, including a recent photograph
- three written references
- physical and mental fitness
- full employment history

Good staff facilities were provided which included changing facilities and the use of the canteen.

## 6. Safe and suitable premises

**Outcome 15**
*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**References:**
Regulation 19: Premises
Standard 25: Physical Environment

### Inspection findings

The building had been refurbished and was bright, spacious and adapted to suit residents' needs. There is lift and stairs access to all floors. However as outlined

above under outcome 5, there was no handrail on one side of the stairs as required by legislation.

Residents told inspectors they felt safe and comfortable. Furniture, fittings and equipment were well-maintained and the centre was decorated to a high standard. Each room was decorated in a homely way and residents were able to personalise their rooms with pictures and photographs. One gentleman had a full size electric organ and music centre in his bedroom which he shared with his wife. Each resident had a flat screen television placed near the end of the bed at an appropriate height.

As outlined above windows on the upper floors posed a risk hazard as they opened out with no restriction on them. This was brought to the immediate attention of the person in charge who immediately contacted the provider. Inspectors were informed that this would be addressed without delay and a quote was obtained immediately.

A laundry service was available for residents' personal clothes, of which most residents availed. Inspectors reviewed the laundry system and found that residents' clothing was appropriately labelled, and separate areas were utilised for the storage of clean and soiled linen.

Inspectors met with the chef and went into the main kitchen which was clean and well-maintained. The chef had received training in Hazard Analysis Critical Control Points (HACCP). There were good supplies of meat, fresh fruit, vegetables and dry foods in stock. The chef liaised with the nursing staff about residents' needs and special dietary requirements. Kitchen staff visited each resident every day to offer them choices for the following day. The chef sought feedback from residents and staff on individual preferences and choices. The chef had also taken the initiative to keep food hot and so served the meals onto plates in the main kitchen and took them in hot trolleys to the wards.

## 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 23: Directory of Residents
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information

Standard 29: Management Systems
Standard 32: Register and Residents' Records

**Inspection findings**

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

**Resident's guide**

Substantial compliance ☒ Improvements required* ☐

**Records in relation to residents (Schedule 3)**

Substantial compliance ☐ Improvements required* ☒

**General records (Schedule 4)**

Substantial compliance ☐ Improvements required* ☒

**Operating policies and procedures (Schedule 5)**

Substantial compliance ☒ Improvements required* ☐

**Directory of residents**

Substantial compliance ☐ Improvements required* ☒

**Staffing records**

Substantial compliance ☐ Improvements required* ☒

**Medical records**

Substantial compliance ☒ Improvements required* ☐

**Insurance cover**

Substantial compliance ☒ Improvements required* ☐

**Outcome 17**
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**References:**
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

### Inspection findings

Notifications were reviewed prior to the registration inspection and all relevant incidents were notified to the Chief Inspector as required. The provider and person in charge articulated their responsibilities regarding quarterly returns and reporting serious incidents during their fit person interviews.

**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

The assistant director of nursing deputises in the absence of the person in charge.

There have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the nominated named person on behalf of the HSE, the person in charge, the assistant director of nursing, and the CNM3 to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

**Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

***Report compiled by:***

Ann O'Connor
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

11 November 2011

| Chronology of previous HIQA inspections | |
|---|---|
| **Date of previous inspection:** | **Type of inspection:** |
| 10 February 2010 | ☐ Registration<br>☒ Scheduled<br>☐ Follow-up inspection<br><br>☐ Announced<br>☒ Unannounced |

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

**Action Plan**

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

## Provider's response to inspection report*

| | |
|---|---|
| **Centre:** | Meath Community Unit |
| **Centre ID:** | 0477 |
| **Date of inspection:** | 8 November 2011 and 9 November 2011 |
| **Date of response:** | 25 November 2011 |

## Requirements

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

***Outcome 4: Safeguarding and safety***

| **1. The provider is failing to comply with a regulatory requirement in the following respect:**<br><br>Cleaning staff employed on a contract basis from a private company had not received training in elder abuse prevention and protection. |
|---|
| **Action required:**<br><br>Ensure that all staff are trained in the prevention, detection and response to abuse. |
| **Reference:**<br>Health Act 2007<br>Regulation 6: General Welfare and Protection<br>Standard 8: Protection<br>Standard 9: The Resident's Finances |

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

| **Please state the actions you have taken or are planning to take with timescales:** | **Timescale:** |
| --- | --- |
| Provider's response:<br><br>The cleaning company were contacted and advised of the mandatory training requirements to train all staff in recognising and responding to elder abuse. The senior case worker for elder abuse in the area will facilitate this training in the unit for all cleaning staff on 1 December 2011. | <br><br>1 December 2011 |

***Outcome 5: Health and safety and risk management***

| **2. The provider is failing to comply with a regulatory requirement in the following respect:**<br><br>Windows on the upper floors posed a risk hazard as they opened out with no restriction on them.<br><br>There was no handrail on one side of the stairs.<br><br>There was no written confirmation from a competent person that all requirements of the statutory fire authority have been complied with. | |
| --- | --- |
| **Action required:**<br><br>Ensure that all reasonable measures are taken to prevent accidents in regard to windows on the upper floors. | |
| **Action required:**<br><br>Ensure that handrails are on both sides of the stairs. | |
| **Action required:**<br><br>Ensure there is written confirmation from a competent person that all requirements of the statutory fire authority have been complied with. | |
| **Reference:**<br>Health Act 2007<br>Regulation 30: Health and Safety<br>Regulation 31: Risk Management Procedures<br>Regulation 32: Fire Precautions and Records<br>Standard 26: Health and Safety<br>Standard 29: Management Systems | |
| **Please state the actions you have taken or are planning to take with timescales:** | **Timescale:** |

| Provider's response: | |
|---|---|
| Restrictors have now been applied to all windows on the upper floors | Completed<br>24 November 2011 |
| Work is due to commence on the provision of a handrail for the main staircase. | 30 January 2012 |
| High medium risk items will be completed in 2011, low risk items will be completed in 2012 | 30 March 2012 |

***Outcome 6: Medication management***

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

The practice in relation to some PRN medication needs to be addressed, for example: the maximum dose for PRN medicines, and the frequency of use of normal saline nebuliser and cough suspension was not indicated on the prescription sheets.

Controlled drugs were maintained in accordance with An Bord Altranais medication management guidelines 2007; however, dispensed controlled drugs were not individually labelled to named residents.

The inspector also examined the practice that was used in relation to ordering medications, including controlled drugs from the HSE pharmacist. Prescriptions were photocopied at the centre and photocopies were sent with a signed requisition form to the pharmacist, from which the medications are dispensed; thus, medications including controlled drugs are not dispensed from original prescriptions.

**Action required:**

Ensure that there is appropriate and suitable practice relating to the ordering, prescribing, storing and administration of medicines in line with regulations.

**Reference:**

Health Act 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

| **Please state the actions you have taken or are planning to take with timescales:** | **Timescale:** |
|---|---|
| Provider's response:<br><br>At present administration and documentation of medication is audited quarterly in the unit, we have now added a prescribing audit to this which will capture incorrect prescribing of PRN medications. This will commence on 3 January 2012 | 31 January 2012 |

| | |
|---|---|
| The pharmacist has agreed to dispense all controlled medications on a named resident basis only, this has commenced | Immediate |
| An electronic medication management system (Helix) is to be introduced and this will address the challenges of ordering medications from our pharmacist. | 1 March 2012 |

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

**4. The provider and person in charge is failing to comply with a regulatory requirement in the following respect:**

The social aspect of individual residents outlined in the care plans needs to be more person centred specific.

There was room for further improvement in wound care with inconsistency in the times and dates that dressings were carried out.

Appropriate documentation was not in place for the use of restraint and the restraint assessment tool was inadequate.

**Action required:**

Ensure that the care plan reflects all appropriate health care on an individual basis.

**Action required:**

Ensure that all appropriate health care is facilitated where medical treatment is recommended.

**Action required:**

Ensure that appropriate documentation is in place in regard to restraint including the duration of the restraint and any alternative interventions used.

**Reference:**

Health Act 2007
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 25: Medical Records
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

| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
|---|---|
| Provider's response:<br><br>Person centred care planning workshops will commence in January 2012, these will also deal with the accountability aspects of maintaining accurate nursing documentation as well as highlighting the legislative requirement. These will commence immediately.<br><br>New documentation and training will be introduced as per the national policy on restraint and the policy on falls for bedrails assessment | 15 March 2012<br><br>31 January 2012 |

*Outcome 10: Contract for the provision of services*

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

There were no contracts of care available for residents

**Action required:**

Ensure that each resident has a contract of care outlining the care and welfare of the resident and shall include details of the service provided and fees charged.

**Reference:**

Health Act 2007
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
|---|---|
| Provider's response:<br><br>Contracts will be issued to all residents in the Meath Community Unit. | 1 March 2012 |

*Outcome 14: Suitable staffing*

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

Staff files examined did not meet all the criteria set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), for example the following items were not present :

- proof of identity, including a recent photograph
- three written references

- physical and mental fitness
- full employment history

**Action required:**

Ensure that all documentation held in respect of a person employed in the centre is in compliance with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Reference:**

Health Act 2007
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

| **Please state the actions you have taken or are planning to take with timescales:** | **Timescale:** |
|---|---|
| Provider's response:<br><br>All staff files will be examined and the necessary documentation will be sought | 30 March 2012 |

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

**8. The person in charge is failing to comply with a regulatory requirement in the following respect:**

The directory of residents was not in accordance with regulations.

**Action required:**

Ensure that an up-to-date record of residents, called the "directory of residents" is maintained in relation to each resident and should include all information specified in Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Reference:**

Health Act 2007
Regulation 23 : Directory of Residents
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

| **Please state the actions you have taken or are planning to take with timescales:** | **Timescale:** |
| --- | --- |
| Provider's response:<br><br>The current directory of residents will be updated and a new system will be introduced to capture the information required by the legislation | <br><br>1 March 2012 |

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

**Provider's response:**

None received

**Provider's name:** Eimear Sweeney

**Date:** 30 November 2011