Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

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<th>Name of designated centre:</th>
<th>Edenderry Community Nursing Unit</th>
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<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Address of centre:</td>
<td>Ofalia House, St. Mary's Road, Edenderry, Offaly</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>12 November 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000525</td>
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<td>Fieldwork ID:</td>
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About the designated centre

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

The designated centre is located within walking distance from Edenderry town centre. The centre premises is a single-story premises and provides accommodation for 28 male and female residents over 18 years of age in single and twin occupancy bedrooms, most with full en-suite facilities. The centre is arranged into two separate areas, on either side of the nicely decorated reception area. Communal sitting and dining rooms are located in both sides of the centre and residents have access to two enclosed gardens.

The centre provides long-term residential care, respite, convalescence, dementia and palliative care services. Nursing care is provided for people with low, medium, high and maximum dependency needs. The provider employs a staff team in the centre to meet residents’ needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 28 |
How we inspect

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:

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<tr>
<td>12 November 2019</td>
<td>09:45hrs to 19:00hrs</td>
<td>Catherine Rose Connolly Gargan</td>
<td>Lead</td>
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Residents and their families expressed high levels of satisfaction with the service provided in the centre.

Residents said they 'liked living' in the centre and one resident said they 'enjoyed every day'. Other residents who spoke with the inspector stated they were comfortable and happy in the centre and did not want anything changed. They said that they especially liked their bedrooms and the relaxed atmosphere in the centre. Some residents were from the local area and said it was important to them that the centre was located in the area they were familiar with and 'close to their families'. The inspector observed residents' visitors calling to see residents throughout the day and they were made welcome by the centre's staff. Some residents spoke about visits from their family and friends in the community being an event that they 'looked forward to'.

All residents who spoke with the inspector and who provided feedback in the nine returned pre-inspection questionnaires expressed their high satisfaction with the now they were cared for. Comments included 'excellent', 'faultless' and 'nothing is ever missed'. Residents confirmed that staff were always available when they needed them, were 'amazingly supportive', kind and caring, 'nothing was a problem for staff' and staff 'were always cheerful and happy caring for them'.

Residents confirmed that they were involved in any decisions about them and knew they had a care plan. When asked by the inspector about activities in the centre, a number of residents said they had enough to keep them 'occupied'. Some residents had favourite activities they liked to participate in such as 'bingo', music, 'arts and crafts' listening to audio books and the animals including alpacas that recently visited the centre. The inspector observed some residents reading large print books. Residents were involved in a constructing a 'remembrance tree' that was displayed in the reception area of the centre.

Residents told the inspector that the food in the centre was 'very good', 'can have anything you want'. One resident said they often changed their mind and wanted an alternative to the menu on offer and that 'the chef would cook something they preferred without any bother'. The inspector observed that staff knew residents well and engaged in banter with them. They was good evidence of fun between residents and staff and staff chatted with residents about their past lives and family members by name or the activity books that contained photographs of past social events for residents in the centre.

All residents who spoke with the inspector said they felt 'very safe' in the centre and said that staff were always kid and respectful towards them.

Residents told the inspector that they knew who the person in charge was and knew staff by their name. They confirmed that they were aware they could make a
complaint if not satisfied with the service they received. They singled out some staff members that they knew well or family members as the people they would tell if they were unhappy with any aspect of the service. The majority of residents said they never had any reason to complain. One resident’s relative was not satisfied that their relative had to go out to the enclosed garden to smoke in the cold weather. The person in charge was aware of this relative’s dissatisfaction and was reviewing it at the time of the inspection.

**Capacity and capability**

This was an announced inspection to monitor ongoing compliance with the Regulations and Standards. The inspector followed up on notifications received by the Chief Inspector since the last inspection in November 2018. The inspector assessed completion of the compliance plan from the last inspection and found that five of the nine regulations that were not compliant on the last inspection were now compliant. Compliance with the remaining four regulations was progressed but not completed to achieve compliance. These areas of non-compliance with the regulations are restated in the compliance plan from this inspection.

Management systems in place to ensure the service provided is safe, appropriate, consistent and effectively monitored required improvement to provide assurance regarding residents’ safe evacuation in an emergency and provision of sufficient staffing resources. The management structure in the centre required strengthening to recruit senior nursing staff into 1.5 whole time positions vacant since June 2018. These vacant positions were filled by staff contracted on an ongoing basis from an external agency staff provider. Although the person in charge made efforts to ensure the same staff were consistently contracted to work in the service to provide consistency of care for residents, this was not assured on an ongoing basis and not ensure a stable work team in the centre. The inspector was told that two new staff nurses were due to commence employment in the centre in December 2019.

While the the person in charge had sufficient experience and had driven several improvements in residents’ clinical care and quality of life in the centre, she had not completed a post graduate management qualification as required by the regulations.

The service’s safety and quality monitoring systems and procedures in place required improvement to ensure they were effective with informing continuous quality improvement in the service.

Policies and procedures were made available to staff and were regularly reviewed and updated to ensure practices and procedures in the centre were informed by best practice evidence. Some improvements were necessary in the fire safety records maintained in the centre as required by the regulations.

Staff were appropriately supervised and facilitated to attend mandatory and professional development training. There was robust recruitment and induction
procedures in place. The provider ensured that all staff had completed Garda Síochána (police) vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Feedback on the service was welcomed by the provider and person in charge and there was good evidence of consultation with residents and their families.

**Regulation 15: Staffing**

An actual and planned staffing roster was maintained in the centre with any subsequent changes recorded. Arrangements were in place to provide relief cover for planned and unplanned leave. The staffing roster reflected the staff on duty on the day of inspection.

The inspector's observations and residents who spoke with the inspector confirmed there were no delays in staff attending to their personal care and assistance needs.

There were appropriate staff numbers and skill-mix to meet the assessed social and healthcare needs of residents. The inspector was not assured that there was sufficient staff to meet residents' evacuation needs in the event of an emergency as this had not been evaluated by the provider. This finding is discussed under Regulation 28: Fire precautions.

**Judgment: Compliant**

**Regulation 16: Training and staff development**

Staff training needs were informed by residents' needs and annual staff appraisals completed by the person in charge. A staff training matrix record was maintained by the person in charge to assist her with monitoring and tracking completion of mandatory and other training done by staff. These staff training records confirmed that staff were facilitated to attend mandatory training in safeguarding residents from abuse, safe moving and handling procedures and fire safety. Staff were also facilitated to attend professional development training to ensure they were skilled in meeting the needs of residents in the centre. Staff attended training in infection control, cardiopulmonary resuscitation procedures and care of residents with swallowing difficulties and their food and fluid preparations. Since the last inspection, staff were facilitated to attend training in care of residents with dementia and responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

All staff were supervised on an appropriate basis according to their role in the
Regulation 19: Directory of residents

The directory of residents was maintained in an electronic format and made available to the inspector. The centre's directory of residents contained all information as required by the Regulations.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined by the inspector and contained the information as required in Schedule 2 of the regulations. All staff files examined contained vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The Inspector received assurances that all staff working in the centre had completed An Garda Síochána vetting disclosures before commencing employment and this information was in their staff files in the centre.

Records of simulated emergency evacuation drills and service records of alarm and emergency lighting system were maintained. Records of daily and weekly fire safety checks including weekly testing of the fire alarm to ensure it was operational at all times were available. However, there were gaps in the records of the fire safety checks completed.

A daily nursing record on each resident's wellbeing condition and treatments received was not consistently maintained on a daily basis.

A register of any restrictive procedures used in the centre was also maintained and made available to the inspector.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre’s organisational structure was clear and staff roles and responsibilities were clearly defined. The person in charge reports to the manager of older persons services and they meet formally on a monthly basis at a regional director of nursing
meeting. The person in charge meets on a one to one basis with the general manager of older persons services every four to six weeks. This forum was used to review the service. While progress was made with improving some areas of the service, progress was slow with actions to ensure that residents had freedom of movement within the centre and recruiting to replace vacant staff positions.

The senior management structure in the centre was not as described in the centre's statement of purpose. Two senior nursing positions amounting to 1.5 WTEs (whole time equivalents) were vacant since June 2018. The person in charge was in the role of acting director of nursing and the nurse manager appointed to support her was also had a clinical remit to provide direct care to residents. The provider contracted nurses from an external agency to cover 10 to 11 vacant work shifts each week and health care assistants to cover approximately 30 vacant work shifts each week. The provider and person in charge made efforts to ensure continuity of residents' care by contracting the same staff on an ongoing basis. However, this arrangement did not ensure stability of the staff team in the centre or reflect the staffing resources provided to run the service as described in the centre's statement of purpose.

The person in charge was appointed in this role in June 2018 and had not completed a post registration management qualification in health or a related field as required by the regulations.

Systems in place to monitor the quality and safety of the service and the quality of life for residents required improvement. Key performance care indicators were monitored regarding the health status of residents', for example responsive behaviours, falls and infections. This information was analysed by the person in charge.

Audits had improved since the previous inspection. Information in various audits was analysed and necessary improvements were described. However persons responsible or dates for completion were not routinely established to give comprehensive assurances of continuous and sustained improvement in the service. Some audits were not comprehensive. The care plan audits did not identify areas needing improvement as found on inspection. Residents' quality of life was negatively impacted by the absence of meaningful activities and restrictions on their freedom.

A report detailing an annual review of the quality and safety of the service and quality of life for residents was available for 2018 and was completed in consultation with residents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of care were available and signed in agreement for each resident. Residents' contracts outlined the terms and conditions of their residency in
the centre, services to be provided and the fees to be charged. The person contribution to the overall fee to be paid by residents in receipt of the 'Fair Deal Scheme' was stated in the contracts examined.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose was revised with some minor amendments and detailed all information as required by Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management structure, the facilities and the service provided and was reflected in practice in the centre.

The provider ensured that the numbers and skill mix of staff in the centre reflected the statement of purpose with staff contracted from an external agency provider.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre's operating policies and procedures were made available to the inspector. Policies and procedures were centre-specific and included policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All policies were reviewed and updated at intervals not exceeding three years to ensure the information in them reflected best practice.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in the role of person in charge was appointed on 18 June 2018 as the previous person in charge was absent for greater than 28 days. This appointment was with a commitment given that the person in charge would complete a post graduate management qualification which has not been completed to date. Therefore the person in the role of person in charge does not have the management qualifications as required by the regulations.
Judgment: Not compliant

**Quality and safety**

Residents in the centre were well cared for and their clinical needs were met to a high standard. There was a low incidence of accidents involving residents recorded in the centre and alternatives to bed rails were in use throughout to mitigate residents' assessed risk of falls. Comprehensive procedures were in place to ensure residents' skin integrity and there were no incidents of pressure related skin injuries to residents in 2019.

Residents' needs were comprehensively assessed but their care documentation continued to require some improvements. The information in residents' care plans detailed information that was generally person centred but needed further improvement to ensure each resident's preferences and wishes regarding the care they received was clearly documented. The format of residents' care plan information did not ensure that residents had care plans in place to advise staff on the interventions they must provide to ensure their swallowing needs were met. The person in charge and staff team ensured residents were involved in their care decisions including their end-of-life care decisions.

The provider and person in charge had measures in place to protect residents from risk of fire and residents' evacuation needs were assessed. However, residents' evacuation needs were not assured in the absence of simulated emergency evacuation to test day and night conditions including staffing resources available. This finding was discussed with the provider representative during the inspection feedback meeting and assurances were required from the provider in the days following this inspection.

Access to the public to community physiotherapy and occupational therapy clinics through the reception area of the centre. Due to the layout of the centre with residents' accommodation located off both sides of the reception area, the internal security arrangements put in place by the provider to control public access restricted residents' on both sides of the reception area accessing the other side independently during clinic hours. Delay was encountered by the provider with creating a separate external public access to clinics due to a requirement for planning permission. In the interim, following assessment, some residents were provided with access keys for the doors involved. The provider representative gave assurances that the necessary works to rectify this would be completed by the end of quarter two 2020.

The provider, person in charge and staff team were committed to ensuring residents enjoyed a good quality of life in the centre. Since the last inspection the provider had reviewed residents' social needs and employed an additional activity coordinator. Residents were facilitated to participate in varied and meaningful activities that met their interests and capabilities.
The centre was well-maintained and clean throughout. The layout and design of the centre provided a comfortable and homely environment for residents. Optimal use of natural light, bright non patterned floor covering, signage, hand rails in circulating corridors and coloured grab rails in toilets/showers were in place throughout the building to support residents’ independence in navigating their way around the centre. Residents were accommodated in single and twin bedrooms that were spacious and met their needs to a good standard. Residents had access to a variety of communal sitting and dining rooms, decorated in a traditional style familiar to residents.

Residents were supported to practice their religion and their privacy was respected.

**Regulation 11: Visits**

There was an open visiting policy in place in the centre. Visitors were welcomed and there were comfortable areas other than residents' bedrooms where residents could meet their visitors in private if they wished. The inspector observed several visitors visiting residents in the centre on the day of inspection.

Staff controlled access to the centre and a record of all visitors to the centre was maintained to ensure residents were appropriately safeguarded.

**Judgment:** Compliant

**Regulation 12: Personal possessions**

Residents were provided with adequate storage space for their clothing and personal belongings and they were supported to access and maintain control over their personal property. A record of each resident's possessions was maintained to ensure risk of lost items was mitigated. Satisfaction regarding care of residents clothing was expressed by residents who spoke with the inspector and in the nine pre inspection questionnaires returned by residents.

A laundry service was provided in the centre for residents and their clothing was laundered appropriately. Residents clothing were discretely labeled to ensure safe return to each resident. Residents clothes were observed by the inspector to be clean, ironed and well cared for.

Each resident was provided with a lockable space in their bedroom for secure storage of their valuable possessions if they wished. The provider maintained a patient property system (PPS) where residents monies was held securely off-site and made available to them as they wished for their day-to-day expenses. This process ensure comprehensive records of transactions were maintained. The provider functioned in the role of pension agent for collection of some residents' social
welfare pensions and the process as described to the inspector was in line with legislative requirements.

Judgment: Compliant

**Regulation 13: End of life**

There were no residents in the centre receiving end-of-life care on the day of inspection. The centre had a palliative care suite which was used to enhance the comfort and privacy of residents and to facilitate their family to be with them. Where possible, residents were consulted regarding their end-of-life care wishes and preferences including their advanced care wishes. Where residents were unable to express their wishes, staff ensured they were present during all discussions with their families on their behalf. This was clearly documented in residents' end-of-life care information. This practice ensured that decisions were not made for residents by others and they were given opportunity to share their wishes regarding the physical, psychological and spiritual care they wished to receive and where they wanted to receive care that was of priority for them. This information was regularly reviewed to ensure any changes in residents' wishes were known by staff.

Staff outlined how residents' religious and cultural practices and faiths were facilitated. Members of the local clergy from the various religious faiths were available to and provided pastoral and spiritual support for residents as they wished. The centre had a small oratory which was available to residents for their funeral services.

Judgment: Compliant

**Regulation 17: Premises**

The layout and design of the centre premises provided residents with a comfortable living environment and was maintained to a very good standard. Residents' bedrooms consisted of single and twin bedrooms and were spacious and met their needs including the needs of residents with assistive equipment needs. All bedrooms were fitted with ceiling hoists for residents' use. Most of the bedrooms had an en-suite toilet, shower and a wash-hand-basin. Bedrooms without en suite facilities were located within close proximity to a shared toilet and shower. Residents were encouraged and supported to personalize their bedrooms and several residents brought small items from their homes in the community. Residents were supported to display their photographs and ornament in their bedrooms.

A variety of comfortable spacious communal areas were available to residents. The
decor in the communal sitting rooms and dining rooms was colourful and the furnishings and fittings were in a style that was familiar to residents. Traditional memorabilia was used throughout the centre and made the centre a therapeutic and homely environment for residents.

Two landscaped enclosed gardens were provided for residents' use. The inspector observed one resident using the garden area on the day of inspection. Seating was provided at various intervals along winding paths in one of the gardens and in one part of the other garden.

Handrails and grab rails in contrasting colours to surrounding walls and sanitary fittings were provided to assist and promote residents' independence. Sufficient storage was available for residents' equipment.

Call bells were fitted by all residents' beds and with the exception the one small quiet room were fitted in all communal areas used by residents. The fabric on one resident's assistive chair was damaged and in need of repair.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire fighting equipment was observed to be in place throughout the building and emergency exits were clearly displayed and free of obstruction. Progressive horizontal evacuation arrangements were in place in the event of an emergency and a floor plan of the premises that identified compartmentation was displayed by the fire alarm panel to comprehensively inform evacuation procedures. The largest compartment in the centre provided accommodation for 10 residents with maximum dependency needs. Simulated emergency evacuation drills were completed but referenced a simulated timely evacuation of one twin bedroom only. Evacuation of the largest compartment reflecting day and night-time conditions including staffing had not been done and therefore assurances were not available that residents emergency evacuation needs would be met. Following the inspection, the provider was required to provide assurances to the Chief Inspector that residents evacuation needs would be met in an emergency in the centre.

Arrangements were in place to carry out daily and weekly fire safety equipment checking procedures. The centre's fire alarm was sounded on a weekly basis to check that it is operational at all times. Arrangements were in place for quarterly and annual servicing of emergency fire equipment including emergency lighting by a suitably qualified external contractor. The contractor also provided an on-call repair service.

Each resident has their individual emergency evacuation needs assessed and this assessment included any cognition problems that might hinder their timely evacuation. This information was clearly recorded for ease of reference in an emergency. Staff were facilitated to attend fire safety training and to participate in a
simulated evacuation drill. Staff who spoke with the inspector were aware of the emergency evacuation procedures in the centre and described evacuation of all residents in any one compartment to the next.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Each resident’s needs were comprehensively assessed on admission and regularly thereafter, using a variety of accredited assessment tools. This process included assessment of each resident’s risk of falling, malnutrition, pressure related skin damage, cognition and their mobility support needs. Residents were closely monitored for any deterioration in their health and wellbeing and their care plans were updated as necessary.

Care plans were developed to inform the care supports and assistance each resident needed. Although each resident’s care needs were met to a high standard in practice, the inspector found that not all residents' assessed needs were informed with a care plan. For example, two residents with swallowing difficulties in the sample of residents' documentation examined had this information documented in a care plan to inform their needs to mitigate their assessed risk of unintentional weight loss. While residents had care plans in place to inform their support needs regarding their personal care, this information required improvement to ensure their preferences were clearly detailed.

No residents had any pressure related skin wounds on the day of inspection and there was a very low incidence of residents falling. Staff supervised vulnerable residents at all times in the communal rooms in the centre.

There was a good level of consultation with residents, or their families on their behalf and staff ensured residents were involved in their care plan development and subsequent reviews.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents health care needs were met to a very good standard with timely access to general practitioners (GPs) from a local practice, out of hours GP services, community psychiatry of older age and palliative care. Allied health professionals including physiotherapy, occupational therapy, speech and language therapy and a dietician supported residents' care as necessary. Occupational therapy and physiotherapy services were located on site. The physiotherapist attended residents
in the centre on two days each week and facilitated exercise programmes, moving and handling and falls risk assessments. Most residents in the centre were involved in a two day physiotherapy programme. The speech and language therapist was also involved in staff education on residents' food and fluid consistencies. Residents with diabetes had annual reviews by the optician and access to retinal screening as required.

Residents were supported national health screening programmes as appropriate.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

A very small number of residents were predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents were well supported to ensure any behaviour that caused them distress was minimised. Episodes of responsive behaviours that occurred were tracked, recorded and analysed to identify triggers and inform treatment plans. Staff were knowledgeable regarding the support needs of residents' with responsive behaviours, the triggers to the behaviours and effective person-centred de-escalation strategies. Behaviour support care plans were person-centred and detailed the triggers to the behaviours and the most effective person-centred strategies to be used for individual residents. Staff were facilitated to attend training in care of residents with dementia and managing responsive behaviours since the last inspection in November 2018.

There was no use of PRN (a medicine taken as the need arises) psychotropic medicines and arrangements were in place to ensure any use was monitored and reviewed.

There were no restrictive bedrails used in the centre. Alarm mats were used as alternatives to restrictive bedrails for residents to meet their safety needs. An arrangement was in place for the public to access the community physiotherapy and occupational therapy clinics through the reception area of the centre. In order to safeguard residents the provider installed an internal premises security system whereby internal doors were locked from 09:00hrs to 17:00hrs each evening. This arrangement restricted residents' freedom in one side of the centre to access a garden at will, the oratory and the main dining room. A swipe card was necessary to open these doors and further to assessment of each resident's capacity, two residents were provided with a personal swipe card to facilitate them to access these doors as they wished.

Judgment: Compliant
Regulation 8: Protection

There were measures and procedures in place to protect and safeguard residents from abuse in the centre. Residents who spoke with the inspector confirmed that they felt safe and that staff were always respectful and kind towards them. All interactions observed by the inspector between staff and residents were courteous and kind.

Staff were facilitated to attend training on safeguarding residents from abuse and nine staff overdue for training were scheduled to attend training in the days following the inspection. Staff who spoke with the inspector confirmed that they had attended safeguarding training and clearly articulated their responsibility to report any suspicions, disclosure or incidents they may witness.

Access was controlled to the centre and a record of all visitors was maintained.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to participate in the running of the centre with regular residents' committee meetings and residents views were valued and used to enhance the service provided.

Residents' access to activities was reviewed since the last inspection and they were supported to participate in meaningful activities that met their interests and capabilities. Each resident's activity needs were assessed and information about their life, significant events and their interests were used to inform the activities they were supported to participate in. Facilitating residents' activities was an integral part of the carers' role in the centre and their role included supporting the activity coordinators with residents' activities. The provider employed an additional activity coordinator and the two activity coordinators supported by care staff facilitated an interesting, varied and meaningful activity programme for residents over seven days each week. Residents with dementia had access to sensory based activity programmes to suit their needs. The records of the activities residents participated in were also improved since the last inspection and detailed the activities each resident participated in and their level of engagement. This information provided assurances that the activities provided met each resident's interests and capabilities. A small number of residents were supported to continue to attend the adjacent day services attended by them before coming to live in the centre.

Residents' privacy and dignity needs were met in the centre. Staff were respectful and discreet when attending to the personal needs of residents and ensured that bed screens in twin bedrooms and all bedroom and bathroom doors were
closed during personal care procedures.

Residents in twin bedrooms had individual choice regarding their television viewing as each twin bedroom was fitted with two televisions. The arrangement in place where two sets of internal doors were electronically locked hindered access at will for residents who mobilised independently but were unable to use a swipe care. This non compliance was found on previous inspections and repeated on this inspection.

Local and national newspapers were made available for residents. Residents were facilitated to exercise their civil, political and religious rights. Residents had appropriate access to independent advocacy services.

Judgment: Not 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:

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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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially Compliant</td>
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</table>

Outline how you are going to come into compliance with Regulation 21: Records: The identified documentation gaps in the records of the fire safety checks completed, has been highlighted to staff members (13/11/19). Assurance documentation and process check by PIC/ Nurse in Charge has been introduced to ensure emergency lighting test is carried out on a weekly basis in absence of maintenance personnel.

Daily nursing record on each resident’s wellbeing, condition and treatment received will be consistently maintained as an audit of the daily nursing record will be introduced and form part of care plan auditing practices. Nursing staff informed of this (13/11/19) and (05/12/19).

Assurance cycle documentation checks will be completed by Nurse in Charge/ PIC as part of care plan audit practice.

The format of the residents care plan information has been reviewed and interventions to ensure swallowing needs are met have been documented into the identified goal section of residents care plan. (13/11/19)

<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
<th>Not Compliant</th>
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Actions to ensure that Residents have freedom of movement within the centre will be progressed, as per provider assurance of quarter 2, 2020 actions outlined (30/04/20)

Recruitment- 1.5 WTE staff nurses have taken up position on 02/12/19

Senior management structure reviewed and statement of purpose updated (13/11/19) to
reflect current structure. Staffing resources provided to run the centre reviewed and described accurately in the statement of purpose and function. PIC has undertaken “Leaders in Management” programme in 2019 and has enrolled in post registration management of health (“Managing People” QQI Level 6), as required by the regulations – to commence in January 2020.

Nurse in Charge/ PIC will document dates/ action plans for completion as part of audit process and give comprehensive assurance of continuous and sustained improvement. Audit tools will be amended to ensure data is analysed for trends and action is taken based on findings to lead to improvements in service provision and the overall quality and safety of care.

The provision of meaningful activities has been reviewed to enhance residents’ quality of life.

Construction of a separate entrance for physiotherapy department will eliminate the need for internal swipe-access doors. Residents will have freedom of movement from one unit to the other at will. Estates Project Manager has assured completion of works by 30/04/2020.

<table>
<thead>
<tr>
<th>Regulation 14: Persons in charge</th>
<th>Not Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</td>
<td></td>
</tr>
<tr>
<td>The PIC has undertaken a frontline leadership /management course qualification in healthcare as required by Regulations.</td>
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</tr>
<tr>
<td>PIC Priya Naison has been appointed in temporary capacity. Appropriate notification form regarding the change of PIC was submitted to HIQA on 29/11/19.</td>
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<tr>
<td>PIC Priya Naison has Certificate in Management for Nurses and Healthcare Professionals, Special Purpose Award Level 9 (2017).</td>
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<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Substantially Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises:</td>
<td></td>
</tr>
<tr>
<td>Door access:</td>
<td></td>
</tr>
<tr>
<td>Construction of a separate entrance for physiotherapy department will eliminate the need</td>
<td></td>
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</tbody>
</table>
for internal swipe-access doors. Residents will have freedom of movement from one unit to the other at will.

Estates Project Manager has assured completion of works by 30/04/2020.

The assistive chair identified as being damaged is currently being re-upholstered.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Not Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A system of in house fire drill practices will be introduced to reinforce learning from annual fire safety training and ensure staff are fully aware of all fire safety precautions to ensure residents can be safely evacuated in accordance with their individual personal emergency evacuation plan. (PEEP) The internal fire drill practices will take account of a variety of scenarios to reflect the complexity of the resident’s needs and the layout and design of the building.</td>
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<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Substantially Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Individual Residents needs reviewed and re-assessed to inform plan of care. Residents with swallowing difficulties have documented care plan update and inclusion in identified goal section of each care plan relating to their identified needs. Liaison with SLT is ongoing and input reflected in care plan. Care plan review by nursing staff has been completed, to identify individual preferences regarding personal care for individual residents, preferences are clearly detailed in each care plan. A care plan audit will be introduced to ensure a plan of care is in place to address each issue or need identified following individual assessment.</td>
<td></td>
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<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Not Compliant</th>
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</thead>
</table>
Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Where two sets of internal doors were electronically locked hindering access at will for residents who mobilised independently but were unable to use a swipe card
Construction of a separate entrance for physiotherapy department will eliminate the need for internal swipe-access doors. Residents will have freedom of movement from one unit to the other at will.
Estates Project Manager has assured completion of works by 30/04/2020.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 14(6)(b)</td>
<td>A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>17/01/2020</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/04/2020</td>
</tr>
<tr>
<td>Regulation 21(1)</td>
<td>The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>05/12/2019</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance</td>
<td>Colour</td>
<td>Date</td>
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<td>23(a)</td>
<td>The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/04/2020</td>
</tr>
<tr>
<td>23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/04/2020</td>
</tr>
<tr>
<td>28(2)(iv)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>22/11/2019</td>
</tr>
<tr>
<td>5(3)</td>
<td>The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>13/11/2019</td>
</tr>
<tr>
<td>Regulation 9(3)(a)</td>
<td>A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/04/2020</td>
</tr>
</tbody>
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