<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Conlon's Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000666</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Church Road, Nenagh, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>067 31 893</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:fiona.rigney@hse.ie">fiona.rigney@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
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<tr>
<td>Number of vacancies</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

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.

Regulation has two aspects:

▪ Registration: 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.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 03 January 2018 09:30  
To: 03 January 2018 16:30  
From: 04 January 2018 09:30  
To: 04 January 2018 16:00

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, complaint logs, health and safety records, policies, procedures and staff files.

Overall, the inspector found that the provider and person in charge demonstrated a commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland. Many improvements had been completed since the previous inspection.

On the days of inspection, the inspector was satisfied that residents nursing and
healthcare needs were being met. Nursing documentation was completed to a high standard. The inspector observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The inspector noted that an ethos of respect and dignity for both residents and staff was evident.

There was evidence of good practice in all areas. The staff demonstrated a comprehensive knowledge of residents’ needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff.

The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and the ability to access and attend local events and facilities.

The centre was warm, clean and nicely decorated in a homely manner with a good variety of communal day spaces available to residents. However, the fifteen single bedrooms did not offer sufficient space for residents and did not comply with the size set out in the National Quality Standards for Residential Care Settings for Older People in Ireland.

Other improvements were required to administration and recording of some medicines. These areas for improvement are contained in the Action Plan at the end of this report.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Statement of Purpose**  
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.

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector reviewed the updated statement of purpose dated January 2018. The statement of purpose was displayed in the centre and clearly described the services provided.

**Judgment:**  
Compliant

**Outcome 02: Governance and Management**  
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The provider had established a clear management structure. The person in charge worked full time in the centre, the clinical nurse manager 2 (CNM2) supported the person in charge and deputised in her absence. There was an on call out-of-hours system in place. The person in charge was further supported by the administrator and management team including the general manager who was the person nominated to represent the provider, risk advisor, infection prevention and control manager and head of services. The management team were in regular contact. Formal management and
Staff meetings took place on a regular basis. The person nominated to represent the provider visited the centre regularly and was available for support at all times. There were established regular meetings of persons in charge to discuss issues of concern and share learning.

Systems were in place to review the safety and quality of care. There was an audit schedule in place, recent audits completed included medication management, infection control, hand hygiene, equipment and the environment. Recommendations were documented and quality improvement plans were in place. The results of audits were discussed with staff and there was evidence of learning and improvement as a result. Nursing staff completed a daily quality risk and safety report which included information on the number and dependency of residents, falls, incidents, complaints, use of restraint, infection control, wounds and pain. This report was reviewed on a daily basis by the person in charge.

A review of performance against the National Standards for Residential Services for Older People in Ireland was completed for 2017. An improvement plan setting out identified areas for improvement was included.

There was evidence of consultation with residents and their representatives. Monthly residents meetings which were facilitated by one of the residents continued to be held, minutes of meetings were recorded. The inspector was informed that issues raised at the residents meetings were acted upon. For example, some residents had requested additional television sport channels and these had recently been provided. Some residents spoken with told the inspector that they were enjoying watching SKY sports. An advocate who had trained with the national advocacy group (SAGE) was available to residents and her photograph and contact details were clearly displayed.

Residents had recently completed a catering and dining room survey which indicated mostly positive feedback from residents. The inspector noted that issues raised such as closing the doors to the dining room during mealtimes to prevent draughts had been acted upon.

There was evidence that both residents and their relatives continued to be involved and consulted with in the development and review of their care plans.

Judgment:
Compliant

**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She normally worked Monday to Friday and she was on call out-of-hours and at weekends.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the regulations, the Authority's Standards and her statutory responsibilities.

The person in charge had engaged in continuous professional development. Having previously completed a post graduate diploma in dementia care, she had recently completed management and complaints training courses.

The inspector observed that she was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse. The person in charge advised that all staff and persons who provided services to residents had Garda vetting in place. A sample of staff files reviewed by the inspector confirmed this to be the case. However, inconsistencies in the recording of information relating to the administration of PRN 'as required' psychotropic medications had not been fully addressed.

There was a comprehensive safeguarding policy in place. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Further safeguarding training was planned. Staff spoken with were knowledgeable regarding their responsibilities. The person in charge and the clinical nurse manager 2 had attended safeguarding officer training.
The inspector reviewed the policies on the management of responsive behaviour and restraint. The policy on responsive behaviour outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment. There were seven bed rails in use at the time of inspection some at the residents own request. A review of a sample of residents files indicated that risk assessments, care plans and regular checks were documented. The inspector saw that alternatives such as low low beds, crash mats and sensor alarms were in use for some residents.

A small number of residents were prescribed psychotropic medicines on a 'PRN' as required basis and these were administered occasionally. Staff spoken with informed the inspector that these were always administered as a last resort only when other strategies had been trialled and possible underlying causes had been eliminated. However, as outlined at the previous inspection, there were still discrepancies and inconsistencies in how this information was recorded. Following the last inspection, a template had been developed to record the rationale for the administration of PRN psychotropic medicines however, this template was not being completed consistently. Records did not always indicate the rationale for administration of these medicines, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine.

Many staff spoken with and training records reviewed indicated that staff had attended training on managing actual and potential aggression (MAPA) and some staff had attended training workshops on enhancing and enabling well being for people with dementia. Further training was scheduled for staff during January 2018. The person in charge and clinical nurse manager 2 had both completed a post graduate diploma in dementia care.

The inspector reviewed a sample of files of residents presenting with responsive behaviour and noted that comprehensive care plans were in place to guide staff including summary of behaviour, known triggers and effective interventions. Episodes of responsive behaviour were recorded using an ABC log in line with the centres own policy. There was evidence of regular multidisciplinary review as well as regular reviews of medications. A number of residents had recently attended a weekly in house positive mental health well being group which was facilitated by the senior psychologist and social worker for older persons. Another similar group was due to commence shortly, dates had been agreed and scheduled for the next six months.

There was a policy on the management of residents finances. The inspector was satisfied that systems in place were clear and transparent. There were regular reviews of individual accounts which were overseen by the administrator, person in charge and external auditor. Residents were issued with balancing statements on a quarterly basis. All residents had access to a secure lockable storage in their bedrooms should they wish to securely store any personal items.

The inspector observed staff interacting with residents in a respectful and friendly
manner. Residents were observed to be relaxed and happy in the company of staff. Questionnaires completed by residents in advance of the inspection by way of feedback to the authority indicated that residents felt safe in the centre and all residents spoke highly of staff.

**Judgment:**
Substantially Compliant

### Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

#### Theme:
Safe care and support

#### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

#### Findings:
The inspector was satisfied that risk was well managed.

There was a recently updated health and safety statement available. The inspector reviewed the risk register and found it to be comprehensive and had been reviewed and updated following the last inspection. All risks specifically mentioned in the Regulations were included. Systems were in place for the on-going review of risks. A comprehensive health and safety audit had been completed in March 2017 resulting in a quality improvement plan which was being implemented.

The inspector reviewed the emergency plan which included clear guidance for staff in the event of a wide range of emergencies such as power outage, loss of water supply, heat outage; flooding and included the arrangements for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken with confirmed that they had received training. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of manual handling equipment such as hoists were up-to-date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in February 2017 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in October 2017. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Seven staff had recently trained as fire marshals and further training was scheduled. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. Regular fire drills took place and the inspector noted that details of the time, outcome and learning were recorded.
Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were robust. There were policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free. All staff had completed training in infection control. Four staff had completed an infection and prevention control module at University Hospital Limerick and two staff had recently completed the hand hygiene trainers’ course. The hand hygiene trainers had been allocated protected time to carry out training with staff in house.

The inspector spoke with housekeeping staff regarding cleaning procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals.

Regular infection control and hand hygiene audits were carried out, improvement to practice were identified and being addressed.

**Judgment:**
Compliant

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**Outcome 09: Medication Management**

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

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector generally found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice, however, improvements were required in relation to administration of some medicines. Nursing staff advised the inspector that some medicines were crushed prior to administration however, these medicines had not been individually prescribed as ‘crushed’.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicines prescribing and administration sheets. All medicines were regularly reviewed by the general practitioners (GP).
Systems were in place to record medicine errors which included the details, outcome and follow-up action taken. Staff were familiar with these systems.

Systems were in place for the return of unused and out-of-date medicines to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist.

Regular medicine management audits were carried out by nursing management and the pharmacist.

All nursing staff had completed recent medicines management training.

**Judgment:**
Non Compliant - Moderate

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**Outcome 11: Health and Social Care Needs**

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that residents’ healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Issues identified at the previous inspection in relation to nursing documentation had been addressed.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services, tissue viability, palliative care and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents’ notes.

The inspector reviewed a number of residents’ files including the files of residents with restraint measures in place, presenting with responsive behaviour, with wounds, at high risk of falls, at risk of abscondion, nutritionally at risk and with communication
difficulties. See Outcome: 7 Safeguarding and Safety regarding restraint and responsive behaviour.

The inspector found that nursing documentation had improved. Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including in nutrition, falls, dependency, moving and handling, oral health, bedrail use and skin integrity. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. Care plans were in place for all identified issues. Care plans had been reviewed and updated on a regular basis. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

Staff continued to provide meaningful and interesting activities for residents. The social care needs of each resident were assessed and detailed life histories, a 'Key to me' had been documented for residents, staff were observed to use this information when conversing with residents. There was a dedicated staff member who facilitated a variety of activities each day. Some staff had completed training in the provision of meaningful activities, imagination gym and Sonas (therapeutic programme specifically for residents with Alzheimer's or dementia). The daily and weekly activities schedule was displayed and the inspector observed residents enjoying a variety of activities during the inspection including newspaper reading and discussion groups. Some residents spoken with told the inspector that they enjoyed the activities and spoke in particular about enjoying the recent Christmas programme of events which took place in the centre. Residents were encouraged and supported to attend other activities taking place locally in the community. Some residents attended weekly physical exercise activities in the neighbouring pastoral centre.

Judgment:
Compliant

**Outcome 12: Safe and Suitable Premises**
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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The centre was warm, clean and odour free throughout. It was well maintained and nicely decorated. There was a good variety of communal day spaces including the dining room, day room, conservatory, family room and relaxation room. The communal areas
had a variety of comfortable furnishings and were domestic in nature. Many of the residents and relatives commented on the homely feel of the centre.

However, improvements were still required to the layout of the building in order to meet the requirements of the National Quality Standards for Residential Care Settings for Older People in Ireland.

Private accommodation was provided for residents in five twin en suite bedrooms, two single en suite bedrooms and fifteen single bedrooms without en suite facilities. There was a longstanding issue with the design and layout of the premises as the fifteen single bedrooms did not offer sufficient space for residents and did not comply with the size set out in the National Quality Standards for Residential Care Settings for Older People in Ireland. For example, it was not possible to place bedside lockers beside some beds and within residents reach. There was minimal floor space available which was insufficient to allow for the use of large pieces of specialised equipment including hoists. The person in charge had continued to assess all residents prior to admission as outlined in the statement of purpose. She confirmed that the size of single bedrooms placed restrictions on the acceptance and placement of residents.

The person nominated to represent the provider confirmed that a site had been purchased for the construction of a new 50 bed unit and that an option appraisal currently being undertaken was at an advanced stage. She confirmed that funding had been approved for the project and that a design team would be appointed in quarter one of 2018.

There were an adequate number of toilets and assisted showers. There was a separate bathroom with specialist bath. Contrasting coloured grab rails had been fitted to bathrooms to help residents with dementia orientate better.

The corridors were wide and bright and allowed for freedom of movement. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. The floor covering was consistent in colour and non slip.

The inspector noted good signage and sign posting throughout the centre. Appropriate signage was provided on doors, there was a sign with a word and a picture for bathrooms and other rooms residents would use. The inspector noted that some bedroom doors were provided with visual cues to assist residents recognise their own bedroom.

There was a nurse call-bell system in place.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

There was a range of equipment in the centre to aid mobility. Overhead ceiling hoists were provided in some bedrooms and bathrooms. Hoists and other equipment seen in the centre were in working order, and records showed they had been regularly serviced. Staff records showed that staff had completed manual handling training in relation to
Residents had access to an enclosed garden area which provided a safe space for residents to walk or sit out in the fresh air. The garden was easily accessible and could be viewed and accessed from many areas in the centre. Several residents were observed spending time outside in the garden. Level safe flooring, raised flower beds and garden furniture had been provided.

**Judgment:**
Non Compliant - Moderate

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**Outcome 13: Complaints procedures**

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.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. Issues identified at the last inspection had been addressed.

The complaints policy 'Your service, Your say' as well as the local complaints procedure were displayed prominently in the centre. A summary of the complaints procedure was included in the residents guide which was provided as part of the information pack for all new residents. A comments box was also provided in the front hallway.

The person in charge advised that all complaints including verbal concerns were recorded. The inspector noted that details of all issues raised were clearly documented. The person in charge reviewed all complaints, they had been managed and dealt with locally. There were no open complaints at the time of inspection.

Both the person in charge and the clinical nurse manager 2 had completed complaints management training.

**Judgment:**
Compliant

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**Outcome 16: Residents' Rights, Dignity and Consultation**

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. Each resident has opportunities to participate in meaningful
activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further under Outcome 2: Governance and management.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspector observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink, and reassured and reoriented when they were upset or confused. The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents spoken to confirmed that their privacy was respected. Many residents spoken with praised the staff stating that they were kind, caring and treated them with respect.

A number of the questionnaires completed by residents and family members by way of feedback to HIQA confirmed that the centre made every effort to maintain residents' independence.

Residents' religious rights were facilitated. Mass was celebrated weekly in the centre. Daily mass, rosary and other church services were relayed by video link from the local parish to a large television screen in the main dayroom. Many of the resident spoke of enjoying this facility. Eucharistic ministers visited daily and offered Holy Communion to residents. Arrangements were in place for residents of different religious beliefs. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in the dining room or in their bedroom. Residents spoken with said that there were no rules.

There was an open visiting policy in place. The inspector observed visitors coming and going throughout the inspection. Relatives indicated in completed questionnaires that they were always made to feel welcome by staff. Relatives spoken with stated that there were no restrictions on visiting. There were two family rooms available should residents wish to meet visitors in private. The family room in the palliative care suite had recently been refurbished and provided a comfortable and quiet space for families including the facility to stay overnight if they wished.

Residents had access to the centre's cordless phones and some residents had their own mobile handset device. Staff were aware of the different communication needs of
residents and care plans set out the ways in which those who had a communication impairment required intervention.

The centre was part of the local community and residents had access to radio and television. Daily, regional newspapers and magazines were provided. Some residents told the inspector how they enjoyed reading the daily newspapers. Residents could request their own specific newspaper or magazine and these were delivered. There was access to the internet and residents were observed to enjoy listening to and watching you tube music videos on the large screen television in the day room. The person in charge told the inspector that a new tablet computer had been made available for residents. It was planned that some residents could use the tablet to 'Skype' family members living abroad. Some residents had recently attended a Christmas party in the community, some had gone on shopping trips, some attended coffee mornings and art exhibitions in the local library while other attended activities in the pastoral centre. Over the Christmas season there were several visits from local choirs and school children. A local dog therapist visited weekly and Transition year students visited and facilitated a variety of arts and crafts with residents.

**Judgment:**
Compliant

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<thead>
<tr>
<th><strong>Outcome 18: Suitable Staffing</strong></th>
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<tbody>
<tr>
<td>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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.</td>
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**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector formed the view that during the inspection, staffing levels and skill mix were sufficient to meet the assessed needs of 26 residents. There were normally three nurses, a clinical nurse manger (CNM2) and four care staff on duty in the morning and afternoon, two nurses and two care staff on duty in the evening and one nurse and one care staff on duty at night time. The person in charge and CNM2 were normally on duty during the day time Monday to Friday. The staffing compliment also included two catering staff, two housekeeping staff, general operative and administration staff. The staffing rosters reviewed indicated that these staffing patterns were the norm.

The inspector reviewed a number of staff files and found them to contain all the required documentation as required by the Regulations. Nursing registration numbers
were available and up-to-date for all staff nurses. Details of induction/orientation received and training certificates were noted on staff files. There were no volunteers attending the centre.

The management team were committed to providing ongoing training to staff. There was a training plan in place for 2018. Staff had recently completed training in end of life care, palliative care, care planning enabling and enhancing well being for persons with dementia, hand hygiene, and complaints management. Further training was scheduled in infection control, wound care, dementia care and MAPA (managing actual and potential aggression).

**Judgment:**
Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Mary Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Conlon’s Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000666</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>03/01/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>14/02/2018</td>
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</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Records did not always indicate the rationale for administration of PRN psychotropic medicines, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine.

1. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

- The National Policy on Restraint 2010, the local Policy on Responding to Behaviours that Challenge and record keeping have been discussed at the Safety Pause daily at morning and evening handover.

- As per the National Restraint Policy 2010, use of psychotropic medicines is documented weekly at the Centre by RGNs and reviewed by the Director of Nursing. This information is returned quarterly to HIQA.

- A template for the use of Psychotropic medicines was developed and implemented in June 2017, and continues to be used. It is peer reviewed and discussed at morning and evening handover.

- Adherence to the ABC template has been audited and feedback has been discussed with individual RGNs.

- An additional Care Planning day was facilitated by the CNME, UHL, Limerick, on site 07/02/18. The agenda included: record keeping specific to restraint, indications for administration of PRN psychotropic medicines and other interventions responding to behaviours that challenge. Eight RGNs from the Centre attended. All 4 RGNs and CNM2 have now attended care planning in the past six months.

- The Quality Care metrics system is in use monthly. This is completed by the CNM2. Results are displayed on the Quality Board. A facilitator for Quality Care Metrics (NMPDU) attended the Centre on 08/02/18 to audit its efficacy and use. This information is fed back to RGNs.

**Proposed Timescale:** 14/02/2018

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**Outcome 09: Medication Management**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some medicines were crushed prior to administration however, these medicines had not been individually prescribed as 'crushed'.

**2. Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
• The local Medication Management Policy has been discussed at the Safety Pause at morning handover with all RGNs. Correct procedure is now being adhered to.

• All medication kardexs have been audited and all medicinal products are now administered in accordance with the directions of the prescriber of the resident concerned. No medications are crushed unless prescribed by the general practitioner.

• Advice provided by the resident’s pharmacist regarding the appropriate use of the product is adhered to.

• Peer audit review and monthly use of the Quality Care Metrics are used to inform adherence to same.

• Medication Management audits are completed by the local pharmacist quarterly.

Proposed Timescale: 14/02/2018

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The fifteen single bedrooms did not offer sufficient space for residents and did not comply with the size set out in the National Quality Standards for Residential Care Settings for Older People in Ireland

3. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
• A Control Development Plan for the Centre is at an advanced stage, with funding allocated under the Capital Development Programme, which includes a time bound costed plan for a new 50 bedded replacement facility to meet standards as set out under Regulation 17 (2) Schedule 6.

• A green field site has been purchased on the perimeter of the town.

• A design team will be appointed. This building will be operational by end of 2021 and will meet requirements of privacy and dignity and availability of single rooms.


Proposed Timescale: 31/12/2021