



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Abbeyleix Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Ballinakill Road, Abbeyleix, Laois
Type of inspection:	Announced
Date of inspection:	17 October 2023
Centre ID:	OSV-0000527
Fieldwork ID:	MON-0041040

## About the designated centre

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

The Community Nursing Unit, Abbeyleix, is a 10 bed facility set on mature grounds on the outskirts of the town of Abbeyleix. The Community Nursing Unit is located on the ground floor of a two-storey building. The centre provides care for one resident on a continuing care basis and cares for nine residents with respite, convalescence and short-term care needs. The centre consists of 10 single ensuite rooms. One of these single room can accommodate Bariatric equipment. Wheelchair-accessible toilets and shower rooms are conveniently located for residents' use. Other accommodations included a large sitting, dining room, visitors room, quiet sitting room, an oratory, and a kitchen along with staff offices, two sluice rooms, a treatment room and a laundry. There is a secure glass terraced seating area accessed off the dayroom. In addition, there are extensive, well-maintained garden areas around the front and side of the building. Parking is available at the front and rear of the building. The centre currently employs nursing staff, care staff, catering, household, laundry, administration and maintenance staff. Residents with health and social care need with low, medium, high and maximum dependency needs are considered for admission.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	9
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 17 October 2023	10:00hrs to 16:45hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

The inspector found that residents living in this centre were provided with a good standard of care, and were supported to enjoy a good quality of life. Feedback from residents was that this was a very good place to live, and that they were very well cared for by staff who were kind and attentive to their needs. Staff were observed to deliver care and support to residents which was kind and respectful. The atmosphere was calm and relaxed throughout the centre.

This announced risk inspection was carried out over one day. There were nine residents accommodated in the centre on the day of the inspection and one vacancy.

Following an introductory meeting, the inspector completed a tour of the building with the assistant director of nursing who was the person in charge and the interim director of nursing. The majority of residents were up and about in the various areas of the centre. Some residents chose to sit together in the communal days rooms, while other residents chose to remain in their bedrooms. The inspector observed that other residents were having their care needs attended to by staff.

Abbeyleix Community Nursing Unit was situated in the town of Abbeyleix, County Laois and provided accommodation for 10 residents. Bedroom accommodation comprised of single ensuite bedrooms which provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. The inspector observed that bedrooms were bright and tastefully decorated. A number of residents had personalised their rooms with items of personal significance. Residents had access to bright communal spaces including a sitting room and a dining room. A multi-denominational quiet room was also available for religious services and quiet time. There was a visitors' room available, providing residents with a comfortable space to meet with friends and family members in private. All areas of the centre were found to be suitably styled to create a homely environment for residents.

There was safe, unrestricted access to pleasant outdoor spaces for residents to use. These areas contained a variety of seasonal plants and suitable seating areas.

There was a designated smoking area outdoors which was adequate in size and well ventilated. There were measures in place to ensure the residents' safety when using these facilities, including access to suitable fire fighting equipment

The premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was clean, tidy and well maintained. There was a sufficient number of toilets and bathroom facilities available to residents. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. The centre was

bright, warm and well ventilated throughout. Call-bells were available in all areas and answered in a timely manner.

Throughout the day, residents were happy to chat with the inspector. Feedback was positive, with residents reporting that they were comfortable and well looked after. Residents who could not speak with inspectors in relation to their quality of life in the centre appeared to be relaxed and comfortable in the company of staff and in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day.

There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities throughout the day. The inspector observed group and one-to-one activities taking place during the day of the inspection. This included a lively music session in the afternoon which was well attended by residents. Staff ensured that all residents were facilitated to be as actively involved in activities as possible. Residents were also provided with access to television, radio, newspapers and books.

Residents were observed to be content as they went about their daily lives. While staff were busy assisting residents with their needs throughout the day, care delivery was observed to be unhurried and respectful. The inspector observed that personal care was attended to a good standard. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were monitored by staff throughout the day. Staff were knowledgeable about residents and their individual needs.

Residents were complimentary about the food in the centre, and they were provided with a good choice of food and refreshments throughout the day. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was an announced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the action taken by the provider to address areas of non-compliance found on the last inspection in October 2022.

The provider of this centre was the Health Service Executive (HSE). There was a clearly defined management structure in place with identified lines of authority and accountability. The assistant director of nursing, who was the person in charge, facilitated this inspection. They demonstrated a good understanding of their role and responsibility. They were a visible presence in the centre and were well known to the residents and staff. They were supported in this role by a full complement of staff including clinical nurse managers, nursing and care staff, housekeeping, catering, administrative and maintenance staff. Management support was also provided by the director of nursing and the general manager for Older Person Services. There were deputising arrangements in place for when the person in charge was absent.

The inspector found that this was a well-managed centre, and that the quality and safety of the services provided were of a good standard. The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement. The provider had addressed the actions of the compliance plan following the last inspection.

The centre had a stable team which ensured that residents benefited from continuity of care from staff who knew them well. Staffing and skill mix were appropriate to meet the assessed needs of residents, and teamwork was evident throughout the day. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. Staff demonstrated an understanding of their roles and responsibilities and were observed to be interacting in a positive and meaningful way with residents. The person in charge, director of nursing, and clinical nurse managers provided clinical supervision and support to all the staff.

The provider had systems of monitoring and oversight of the service in place. There was a schedule of clinical and environmental audits which reviewed areas of the service such as, care planning, falls management, medication management, restrictive practices and infection prevention and control. Where areas for improvement were identified, action plans were developed and completed. An annual review of the quality and safety of the services had been completed for 2022 which included a quality improvement plan for 2023.

There was evidence of effective communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics were discussed such as quality and patient safety issues, staffing, training, fire safety, infection control and other relevant management issues.

There were policies and procedures available to guide and support staff in the safe delivery of care.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, managing behaviour that is challenging, safeguarding and infection prevention and control training.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

### Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to, and had completed, all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

### Regulation 21: Records

The inspector found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection.

Judgment: Compliant

### Regulation 22: Insurance



The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring system in place to ensure positive outcomes for residents living in the centre.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A review of the contracts for the provision of service found that all residents had a contract of care in place.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, and updated on in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

The inspector observed that residents living in this centre received a good standard of care and support which ensured that they were safe. There was a person-centred approach to care, and residents' wellbeing and independence were promoted. Residents spoke positively about the care and support they received from staff. Staff were respectful and courteous with residents. The findings of the inspection were that the provider had taken action to ensure compliance with infection control and fire precautions.

Nursing staff were knowledgeable regarding the care needs of the residents. Each resident had a comprehensive assessment of their health and social care needs carried out prior to admission to ensure the centre could provide them with the appropriate level of care and support. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of four residents' files and found that care plans were sufficiently detailed to guide care, and that the information was holistic and person-centred. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents were provided with access to appropriate medical care. A general practitioner (GP) visited the centre four times a week to provide on-site reviews. Residents were also provided with access to other health and social care professionals, in line with their assessed need.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were a small number of residents who required the use of bedrails, and records reviewed showed that appropriate risk assessments had been carried out.

Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including activities, care issues, and nutrition. Residents had access to an independent advocacy service.

The environment and equipment used by residents were visibly clean on the day of the inspection.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls

required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

### Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 26: Risk management
The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements as set out in Regulation 26.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.
Judgment: Compliant
Regulation 6: Health care
Residents were provided with access to and assessment by a general practitioner (GP) as required.  Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care
Judgment: Compliant
Regulation 9: Residents' rights
Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day
Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant