



**Health
Information
and Quality
Authority**

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:	Arus Breffni Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Arus Breffni Nursing Unit, Manorhamilton, Leitrim
Type of inspection:	Unannounced
Date of inspection:	30 November 2020
Centre ID:	OSV-0000659
Fieldwork ID:	MON-0030017

About the designated centre

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

Arus Breffni Community Nursing Unit is a bungalow style unit which provides residential care for 25 residents. It is situated in the picturesque market town of Manorhamilton in County Leitrim. There is an enclosed courtyard which provides space for residents and their families. The centre is a community based residential service accommodating the care needs of the elderly population in North Leitrim. The centre provides care to male and female residents over the age of 18. Most of the residents in the service are aged over 65 years. The centre is staffed with 24 hour nursing care supported by Health care assistants and multi-task attendants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
--	----

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 30 November 2020	11:30hrs to 18:00hrs	Catherine Sweeney	Lead

What residents told us and what inspectors observed

Residents told the inspector that they enjoyed living in the centre. Feedback from the residents was very positive. Residents told the inspector that they felt safe and that staff worked hard to protect them.

This inspection took place during the COVID-19 pandemic. Residents were observed mobilising independently around the centre, chatting with staff and each other throughout the day of the inspection. The inspector noted that residents appeared to be comfortable and relaxed in the company of staff. Staff interaction with residents was kind and respectful. A person-centred culture was observed in the communal areas of the centre. While social distancing protocols were in place, residents had access to a schedule of activities including arts and crafts, music, watching sports and spiritual and religious activities such as saying the rosary. The schedule of activities had been developed with the residents following a number of resident surveys conducted throughout the year.

Residents were complimentary of the food and told the inspector that they were offered choice at every mealtime. Menus were available to the residents on each table in the dining area. The inspector observed the meal time to be a relaxed and social occasion. Meals appeared to be appetising and nutritious.

Capacity and capability

This was an unannounced inspection by an inspector of social services to follow up on the multiple non-compliance's found during an inspection held on 4 March 2020. These non-compliance's included governance and management, fire precautions and infection control. The provider had submitted a compliance plan following the inspection. This inspection found that the compliance plan was substantially completed with the exception of the fire safety works. Work required to the fire safety system and the premises remained outstanding and a plan was in place to address these issues.

The inspector also followed up on unsolicited information received by the Chief Inspector in relation to end of life care, visiting arrangements and communication. The information was found to be partially substantiated. The provider had identified the concerns contained in the unsolicited information and had put in place appropriate interventions to address the issues. For example,

- all residents in the centre had their care plans reviewed and updated with their wishes in relation to end of life, with reference to the ongoing pandemic of COVID-19.

- visiting arrangements had been reviewed and were found to be in line with the national guidelines
- communication systems in the centre had been reviewed and upgraded in the centre.

Since the last inspection the provider and the person in charge had completed a comprehensive review of the service and had put in place an appropriate and resident-centred action plan.

Improvements were found in the governance and management of the centre. A new person in charge had been appointed. She was supported in her role by a clinical nurse manager. An on-going recruitment process was in place that included the recruitment of a director of nursing who would be based in Arus Breffni and would provide nursing oversight and support to three Health Service Executive (HSE) designated centres for older persons. The provider informed the inspector that this recruitment process was near completion.

A risk register was in place to identify risk and put in place controls to manage and reduce risk. Both environmental and clinical risks were addressed in the risk register. The provider had an auditing system in place. Environmental and clinical audits had been completed. Information found on an audit was used to develop a quality improvement plan with actions delegated appropriately. The inspector found that the completed audits documented progressive improvement since the last inspection.

The Inspector found that governance and staff meetings were well attended and documented, facilitating good communication. A staff safety pause was held three times a day. Any changes to residents needs were discussed at these short meetings. These meetings facilitated clear communication and nursing supervision. The person in charge maintained a record of the safety pause.

The provider had completed a staffing review since the last inspection. On the day of inspection there were seven resident with maximum dependency, six high and eight medium dependency care needs. A review of the rosters found that staffing levels and skill mix were appropriate to meet the needs of the residents and for the size and layout of the centre.

A review of the training matrix found that all staff had received mandatory training in fire safety, manual handling, safeguarding vulnerable adults from abuse and infection control. All nurses had completed training in medication management.

A review of the centres complaints log found that all complaints were managed in line with regulatory requirements.

Regulation 15: Staffing

Staffing roles in the centre had been reviewed. Staff who had previously held multi-

task roles were now allocated to one department in the centre such as care assistants, cleaners and catering assistants. Staff spoken with stated that this change has been a positive development in the centre. Staff have a job description and have received training appropriate to their roles.

Catering staff had been added to the roster since the last inspection. This facilitated residents to access hot or cold drinks and snacks throughout the day. The catering assistant demonstrated an awareness of residents care plans and specific dietary requirements and their preferences in relation to what they liked to eat and what time they enjoyed their meals. This was an improvement since the last inspection.

The provider had prepared a staffing contingency plan as part of the COVID-19 response. The person in charge had completed a simulation to test this plan and had used the outcome of the simulation to develop and improve staff contact systems. This provided assurance to the provider that the centre could be safely staffed in the event of an outbreak of COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

A training needs assessment had been completed and all staff had a professional development plan in place. Two nurses had commenced a post graduate course in gerontology as part of this scheme. Training is supported in the centre by a practice development coordinator who is in the centre two days a week. All training is delivered in the centre.

Staff reported feeling well supported by the new system of management. A safety pause has been introduced three times a day to ensure changes in residents health and social condition. Improved communication and supervision systems were in place.

Judgment: Compliant

Regulation 23: Governance and management

Improvement was found in the organisational structure in the centre. A newly appointed person in charge was supported by a clinical nurse manager. Lines of authority and accountability were clearly defined and familiar to all staff.

The centre had management systems in place to ensure that the service provided was safe and effectively monitored.

An annual review had been completed for 2019 and a summary of this review was

available to residents and their families.

The provider and the person in charge acknowledged that the new governance systems needed to be maintained and sustained. The provider gave a commitment to ensure that all outstanding fire safety and premises works would be completed and any related risk to residents would be assessed and minimised.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A review of the centre's Statement of purpose found that it contained the requirements under Regulation 3.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints log found that complaints were recorded, investigated and responded to in line with the centre's complaints policy and the requirements under regulation 34. This is a completed action from the last inspection.

Judgment: Compliant

Quality and safety

Improvement had been made to the quality and safety of the centre since the last inspection in March 2020. Outstanding actions remain in relation to premises and fire precautions. The provider has assessed the risk associated with the outstanding actions and had put in place interventions to mitigate against any risk identified.

Extensive work had taken place since the last inspection to improve the living environment for the residents in the centre. The premises was found to be warm, well decorated and homely.

A plan was in place to complete outstanding fire safety works.

This inspection took place during the COVID-19 pandemic. A contingency plan was in place to ensure that the centre could manage a potential outbreak of COVID-19.

Infection prevention and control was managed to a high standard in the centre. The cleaning schedule had been reviewed and up-dated in line with the guidelines of the Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities. Staff who performed cleaning duties, spoken with, demonstrated a good understanding of infection prevention and control procedures. Two members of staff who had previously been assigned to multi-task in the centre had been recently allocated to cleaning. This facilitated a high quality cleaning schedule that could be consistently maintained and monitored. Cleaning records reviewed found this to be the case.

The centre was following the guidance from the Health Protection Surveillance Centre (HPSC) COVID-19 guidance on visitations to long term care facilities. Window visits continues throughout the period of restriction. Residents were also facilitated to receive visitors on compassionate grounds.

Overall, the inspector found that resident care was delivered to a high standard. Residents feedback on the care they received was positive and care plans and interventions were well documented. Residents had access to a doctor and the allied health care professionals required to meet their care needs.

The centre had good systems of communication for residents. An accessible folder of information was available to each resident at their bedside. The provider had a system in place to ensure that resident's finances were protected. Safeguarding policy and procedures were found to be in line with national guidelines.

Regulation 11: Visits

Visiting in the centre was managed in line with the HPSC guidelines.

The system of communication with residents families had been reviewed. Residents representative were contacted by email and updated with changes in relation to COVID-19 and visitations. A electronic messaging service was also in place. The centre had a mobile phone which is attended to by staff when the reception is unattended.

This is a completed action since the last inspection.

Judgment: Compliant

Regulation 17: Premises

Significant improvements were noted to the premises, internal courtyard and to

the grounds of the centre. These included

- extensive de-cluttering of store and linen rooms
- refurbishment of a clinical room
- purchase of new shower chairs and commodes
- wall mounted ashtrays had been purchased and installed in the smoking areas of the grounds
- newly fenced waste management area
- painting of ramps on driveway
- planting and maintenance of raised beds
- replacement of blinds and curtains
- relocation of smoking room
- relocation on nurse managers office
- installation of catering equipment to facilitate residents choice of meal and snack times

A number of improvements identified in the providers compliance plan remain outstanding. These include

- two en-suite toilets do not contain a sink posing an infection control risk.
- building works to reconfigure the office space in the centre is ongoing.
- electrical re-wiring of the centre is required

The provider had included all outstanding work and any associated risks to the residents, in the centre's risk register.

Judgment: Substantially compliant

Regulation 20: Information for residents

Each resident had an accessible resident information folder in their bedrooms containing

- the resident's guide to the centre,
- resident meeting schedule and agenda,
- notes from previous residents meetings
- COVID-19 information
- access to advocacy services
- complaints procedure
- annual review of the centre
- the centre's statement of purpose.

Judgment: Compliant

Regulation 26: Risk management

The centre has a risk management policy. A review of the centre's risk register found that hazards were appropriately identified and controls put in place to mitigate against identified risk. The risk register had been updated to include the non-compliance's from the previous inspection and the associated risks to the residents.

Judgment: Compliant

Regulation 27: Infection control

This inspection took place during the COVID-19 pandemic when level 5 restrictions were in place. The centre was visibly clean on the day of inspection. Significant work had been completed to clean and de-clutter the centre since the last inspection. The centre had an up-to-date covid contingency plan in place. Staff spoken with demonstrated an awareness of infection prevention and control procedures.

All staff had received training in Infection prevention and control including specific COVID-19 training, the safe use of personal protective equipment (PPE) and hand hygiene techniques. Infection prevention and control was an agenda item on all governance and staff meetings. Regular environmental and hand hygiene audits had been completed since the last inspection.

Improvement plans in relation to laundry and waste management had been completed by the provider.

This is a completed action from the last inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Following the identification of non-compliance in relation to fire safety precautions on inspection in March 2020 the provider completed a fire risk assessment of the centre.

Some improvements to fire safety have been made since the last inspection. For example,

- all staff had received up-to-date fire safety training and could demonstrate

the procedure to be followed in the event of a fire

- comprehensive fire drills had been completed providing assurance that residents could be safely evacuated from the largest compartment in the centre, using night time staffing levels, in a timely manner, in the event of a fire. Learning from each drill was identified and used to inform and improve subsequent drills.
- each resident had a comprehensive personal emergency evacuation plan (PEEP) on file and displayed at their bedside.
- extensive de-cluttering of storage and linen rooms
- an evacuation sheet was in place for each resident

Further work is necessary to ensure that fire can be safely contained within the centre. One compartment in the centre accommodated 10 residents. This compartment size will be reduced and new fire doors will be installed as part of the fire safety work. This work is scheduled to be completed by the third quarter of 2021.

To manage the ongoing risk associated with the large compartment size, the provider has increased the number of staff working during the night shift from two to three, to ensure safe evacuation of residents in the event of an emergency. Furthermore, the occupancy of the compartment has also been reduced from 10 to six.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment completed. This assessment guided the development of the residents care plan. The inspector reviewed a sample of residents care plans and found them to be detailed, person-centred and appropriate to guide staff to deliver a high quality standard of care.

Residents who displayed behavioural symptoms of dementia had care plans that directed care in an evidence based, respectful and kind manner. Care was managed through identification of triggers and de-escalation and distraction techniques that detailed person-centred interventions. Residents and their families were involved in the development of the residents care plan.

Judgment: Compliant

Regulation 6: Health care

Residents were supported by two medical officers who attended the centre

regularly. This service was not restricted during the COVID-19 outbreak. Residents also had access to allied health care professionals such as dietitian, physiotherapy, occupational therapy and chiropody. Recommendations from allied health care professionals had been incorporated into the residents care plans. Multi-disciplinary team meetings were held and documented for residents with complex health and social care needs.

Judgment: Compliant

Regulation 8: Protection

All staff working in the centre had attended safeguarding training. Staff spoken with were aware of the safeguarding procedures within the centre. All staff had a Garda (police) vetting certificate on file.

The centre acted as a pension agent for five residents. Residents funds are kept in a personal account in line with the requirements of the department of social protection.

Any allegations in relation to abuse had been notified to the Chief Inspector and investigated in line with the requirements under regulation 8. This is a completed action from the last inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Arus Breffni Nursing Unit OSV-0000659

Inspection ID: MON-0030017

Date of inspection: 30/11/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored by ensuring the following:</p> <ul style="list-style-type: none"> • the new governance systems will be maintained and sustained with a Person in Charge whose management and clinical qualifications and experience is in compliance with the HIQA regulations • supported by a Clinical Nurse Manager 2 • Complete the recruitment of a Director Of Nursing based in Aras Breffni Nursing Unit with clinical governance responsibility for Aras Breffni and 2 additional smaller units in County Leitrim • Continued support from the Practice Development Co Ordinator whose role is .5WTE HIQA Monitoring and Compliance and .5WTE Practice Development support. • The provider will ensure all that all outstanding fire safety and premises works will be completed and any related risk to residents will be assessed, mitigated, reviewed and learning shared across the service. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider shall, having regard to the needs of the residents of a Aras Breffni Nursing Unit, provide premises which conform to the matters set out in Schedule 6. The following outstanding improvements will be completed to include the following:</p> <ul style="list-style-type: none"> • Sink to be installed in two en-suite toilets. 	

- building works to reconfigure the office space in the centre of the nursing unit
- electrical re-wiring of the centre is to commence in Quarter 2 of 2021

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires by ensuring the following:

Phase 1 of the fire upgrade works will commence on Monday 01st February with a time for completion before 31st March 2021. Phase 1 consists of upgrading the 6 no. existing compartment lines to provide the required 60 minutes fire resistance (integrity & insulation) with the addition of a new compartment line to split a 10 bed compartment into 2 no. 5 bed compartments. Alongside this there will be accompanying work in the attic. This initial phase will provide good grounds to accommodate effective progressive horizontal compartmentation.

Phase 2 of the fire upgrade works will be carried out in tandem with the electrical upgrade, these works are planned to commence in Quarter 2 of 2021 and consist mainly of installing new fire doors and frames (with wider doors to resident access areas) and upgrading the fire resistance of existing ceiling.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	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.	Substantially Compliant	Yellow	30/09/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2021