



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

Name of designated centre:	Cluain Lir Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Old Longford Road, Mullingar, Westmeath
Type of inspection:	Unannounced
Date of inspection:	08 February 2018
Centre ID:	OSV-0000739
Fieldwork ID:	MON-0021207

## About the designated centre

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

Cluain Lir Community Nursing Unit is located on the outskirts of Mullingar and is within close proximity to the regional general hospital and the town centre. The centre is a modern two storey premises. Inny Unit is located on the first floor and Brosna unit is located on the ground floor. Each unit accommodates 24 residents in 20 single and two twin bedrooms. All residents' bedrooms have ensuite facilities. There are enclosed, safe external grounds for use by residents on each floor level. The provider states in their statement of purpose and function that Cluain Lir Community Nursing Unit residential services provides continuing and respite care to 48 male and female residents with assessed maximum, high, medium and low dependency needs. The service strives to provide care to residents and their families in a respectful, caring manner. The provider aims to achieve excellence in outcomes of care delivered through continuous performance and quality improvement using evidence based practice. Staff are committed in their roles as advocates for residents.

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

Current registration end date:	28/06/2018
Number of residents on the date of inspection:	46

## 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
08 February 2018	09:45hrs to 18:00hrs	Catherine Rose Connolly Gargan	Lead

## Views of people who use the service

Residents who spoke with the inspector expressed their satisfaction with how the centre was decorated and said their bedrooms were how they wanted them to be. Many spoke in particular about how comfortable their beds were. All residents spoken with complimented staff caring for them and confirmed that staff were respectful and kind towards them. Residents said they had no complaints and that they would inform the unit manager or a staff member they trusted if they were concerned about any aspect of service. Residents confirmed they felt safe in the centre.

Residents expressed their satisfaction with the food they received and said they could choose what they wanted to eat.

While some residents confirmed they were happy with the activities provided, some said that they did not enjoy them and they preferred to stay in their bedrooms. Residents who stayed in their bedrooms told the inspector that they occupied their time with watching television, reading and one resident liked to write. Residents confirmed their choices were respected by staff.

## Capacity and capability

This inspection followed up on progress with the nine actions required in the action plan from the last inspection in November 2017. The inspector found that four actions were completed and, although not fully completed, three of the remaining actions had been progressed with positive outcomes for residents. However, two actions in relation to insufficient communal space for residents in Brosna unit and the provision of sufficient funding to address this issue had not been progressed within the time frames proposed by the provider. The ongoing absence of appropriate sitting, dining and recreational facilities was negatively impacting on residents' quality of life and choice, and did not support effective delivery of care in accordance with the centre's statement of purpose.

The provider had prepared a statement of purpose describing the service provided to residents in the centre. This document was regularly reviewed but the provider's objective to provide residents with a meaningful quality of life was compromised by insufficient communal dining, sitting and recreational facilities on Brosna unit. The organisational structure of the centre was clearly outlined and the roles and responsibilities of clinical and management staff were defined. Staff spoken with

could describe their roles and reporting relationships. The person in charge reported to the general manager, who reported to the provider representative. While it was evident that residents' welfare was being prioritised, the arrangements to ensure effective oversight by the provider needed improvement to ensure residents' quality of life was optimised. The inspector confirmed that no governance meetings had been held since the last inspection. The person in charge was unaware of any plans to address insufficient communal space. The arrangements for communication, solely by telephone and email, between the person in charge and the general manager did not support proactive and effective governance and management processes. In addition, this arrangement did not ensure that key indicators of the quality and safety of the service and the quality of life of residents in the centre were comprehensively reviewed and proactively managed to inform continuous quality improvement.

The complaints procedure was reviewed and an examination of complaints made since the last inspection confirmed that complaints were investigated and the outcome was communicated to complainants. The satisfaction of the complainant with the outcome of the investigation was also recorded. Residents told the inspector that they were listened to and that any dissatisfaction they experienced regarding the service provided was addressed to their satisfaction.

The inspector's findings confirmed that there were sufficient staff resources provided to meet the healthcare needs of residents. However, the allocation of staff required review to ensure residents had sufficient access to meaningful activities to meet their social care needs. This finding is discussed further in the quality and safety dimension.

There were measures in place to ensure residents were protected and safeguarded from abuse. Residents told the inspector that they felt safe in the centre. All interactions between staff with residents, as observed by the inspector, were respectful, empowering and kind. A restraint-free environment was promoted in the centre. Bedrails were in use for some residents following assessment of need and safety. Although staff told the inspector that alternatives were tried before full-length bedrails were used for residents, there was inconsistent documentation detailing the alternatives tried.

## Regulation 15: Staffing

Allocation of staff required review to ensure residents had sufficient access to meaningful activities to meet their social care needs.

Judgment: Not compliant

### Regulation 21: Records

Although staff told the inspector that alternatives were tried before full-length bedrails were used for residents, there was inconsistent documentation of the alternatives tried.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Resources were not made available to provide sufficient communal space to meet the needs of residents residing in Brosna unit.

Governance arrangements did not provide sufficient assurances that the key indicators of the quality and safety of the service and the quality of life of residents in the centre were comprehensively reviewed and proactively managed by the provider to inform continuous quality improvement.

Judgment: Not compliant

### Regulation 3: Statement of purpose

A statement of purpose was available for the centre and contained the information as required by Schedule 1 of the regulations. It was approved in April 2017 and reviewed in December 2017.

Judgment: Compliant

### Regulation 34: Complaints procedure

The actions from the last inspection were satisfactorily completed.

Judgment: Compliant

## Quality and safety

The overall findings of this inspection were that residents were safe in the centre and their health needs were met to a good standard. However, improvements were required to ensure residents' social care needs were met and that they were provided with sufficient communal sitting, dining and recreational space in Brosna unit. These key areas of non-compliance with the regulations required attention and action to improve the quality and safety of care and quality of life for residents in the centre.

Residents' accommodation was arranged over two floors in two separate units. Inny unit was located on the first floor and Brosna unit was on the ground floor. A variety of communal rooms were available for residents' sitting, dining and recreational needs in the Inny unit on the first floor. The inspector observed that the availability of a variety of alternative rooms to the main sitting and dining room optimised residents' quality of life in this unit. The additional rooms were used to facilitate activities for residents or to enable them to dine and rest in a quieter environment.

However, residents residing in the Brosna unit on the ground floor did not have access to sufficient communal space. Residents on this unit had access to only one communal room. The room was used for sitting, dining and group and one-to-one activities for residents. This arrangement did not encourage or optimise residents' enjoyment of any of these activities. A number of residents chose not to use the communal room and remained in their bedrooms. As a result, the absence of suitable alternative accommodation to residents' bedrooms to meet their recreational, dining and quieter rest and relaxation needs did not optimise their quality of life and placed them at risk of social isolation.

Residents in the centre with increased needs for social interaction in the local community were supported with a personal assistant. This positively impacted on their quality of life and significantly reduced the frequency of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, the social care needs of residents unable to actively engage in activities outside the centre and residents unable to participate in group activities within the centre needed improvement. No member of staff had overall responsibility for coordinating residents' activities to meet their individual interests and capabilities. Staff nurses had responsibility for assessing residents' activation needs and a different member of care staff facilitated activities on a daily basis in each unit of the centre. Care staff facilitating residents' activities in the communal sitting and dining rooms also had responsibility for supervising residents.

The inspector was not assured that most residents' activity needs were met to a standard that optimised their quality of life in the centre. This judgment was informed by the inspector's discussions with individual residents and staff, observations of the activities facilitated, residents' activity records and how residents spent their day. The inspector observed that care staff were frequently

interrupted from facilitating group activities to attend to residents' care needs. Other than a small group of residents doing art on the first floor, many residents slept through activities or did not actively participate. Residents who remained in their bedrooms told the inspector the group activities in the communal sitting and dining rooms on each floor did not interest them. Four staff were trained in delivering a sensory-focused activity. However, there were insufficient assurances that one of these staff members would be on duty each day to ensure that one-to-one or small group needs of residents were met. While records of the activities residents participated in were completed, references to participation in meaningful activities did not reflect the interests of individual residents. There was an activity schedule developed and displayed which could be easily viewed by residents.

Residents' healthcare needs were met to a good standard. Care procedures included measures to optimise their health and mobility. Gentle and regular exercise was built into residents' daily activity programme. Residents were also encouraged and assisted to take short walks in the centre. Although some residents were confined to assisting chairs due to their medical conditions, there was a strong focus on supporting their health and wellbeing with chair-based exercises. Residents benefited from good access to allied health professional support, medical care and psychiatric services with expertise in later life care. Since the last inspection, a pharmacist was recruited to spend one day each week in the centre. This promoted safe medicines management processes and procedures in the centre. The pharmacist was facilitated to meet their obligations to residents and had completed a medicines management audit. The pharmacist had also started to review residents' prescriptions and planned to meet with residents. Medicine prescription and administration documentation was comprehensively reviewed and reformatted since the last inspection to ensure compliance with the legislation and professional guidelines.

The person in charge described how she was working to improve residents' involvement in the centre's organisation and planning activities. The arrangements for residents' meetings were reviewed after the last inspection and were now taking place at unit level to encourage greater participation by residents. There was also evidence of consultation with residents regarding the decor of their bedrooms and with organising events and celebrations in the centre. These measures ensured residents could influence organisation and planning in the centre. A focus on residents' individuality was demonstrated in their care plans and this documentation reflected how they wanted the service to meet their needs.

All areas of the centre were accessible to residents and were in a good state of repair with appropriate assisting equipment provided. The person in charge and staff team had worked with residents to improve access, comfort and homeliness of the environment in both units. From a walkaround of the centre, the inspector observed that there was good use of a variety of bright colours to frame doors and this assisted residents with recognising their bedrooms. Items of memorabilia that were familiar to residents were located throughout the corridors and communal rooms. Residents' bedrooms were mainly single occupancy, with two twin bedrooms on each floor. The layout and design of all bedrooms met residents' needs and they were decorated in different colours. Residents were supported and encouraged to

take ownership of their bedrooms and to personalise them with their possessions, photographs, ornaments and flowers. A safe, external enclosed rooftop area was provided on the first floor and a courtyard was provided on the ground floor. Outdoor seating, garden ornaments and raised flowerbeds provided residents with access to interesting external areas. As there was cold weather on the day of inspection, the inspector did not observe any residents accessing the outdoor areas.

There were measures in place to ensure residents were safeguarded and protected from abuse. Residents told the inspector that all staff caring for them were respectful and kind to them. This was verified by the inspector's observations during the course of the inspection. Staff in the centre and agency staff were facilitated to attend training on the protection of residents. Since the last inspection, use of full-length bedrails, that posed restrictions on some residents getting in and out of bed if they wished, were reviewed every three-to-four months to ensure their appropriate use. In addition, documentation confirmed that the periods when full-length bedrails were in use was minimised and that this equipment was applied safely on each occasion.

#### Regulation 17: Premises

The layout and design of Brosna unit on the ground floor did not provide residents with sufficient communal accommodation to meet their dining, recreational and relaxation needs.

Judgment: Not compliant

#### Regulation 29: Medicines and pharmaceutical services

A pharmacist had been recruited for the centre since the previous inspection, and they were facilitated to meet their obligations, as per the regulations.

Judgment: Compliant

#### Regulation 6: Health care

The format of medicine prescription and administration records had been comprehensively reviewed and reformatted since the last inspection to ensure that the maximum dosage of medicines administered on an 'as necessary basis' over a 24-hour period was stated. Medicines administered in a crushed format were individually prescribed as such, and prescriptions for subcutaneous fluids were complete.

Values of recorded optimal fluid intake were not consistently stated in care plans for residents at risk of dehydration.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Since the last inspection, the use of full-length bedrails that posed restrictions on some residents getting in and out of bed were reviewed every three-to-four months to ensure their appropriate use. In addition, documentation was complete confirming that the periods when full-length bedrails were in use were minimised and that this equipment was applied safely on each occasion.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to ensure residents were safeguarded and protected from abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents in Brosna unit did not have appropriate and sufficient facilities for their occupation and recreation. Residents in the centre did not have sufficient opportunities to participate in activities in accordance with their interests and capabilities.

The arrangements for residents' meetings had been reviewed since the last inspection to encourage their participation. The frequency with which the

hairdresser attended the centre had been increased.

Judgment: Not compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Cluain Lir Community Nursing Unit OSV-0000739

Inspection ID: MON-0021207

Date of inspection: 08/02/2018

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The person allocated to day room activities and supervision each day will have duties clearly divided between supervision and group activity time. During allocated group activity time care duties if required will be re-assigned specifically to other care staff.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• Bed Rail Risk Assessment Documentation will be reviewed to support the documentation of the rationale for the use of bed rails and alternatives tried before bed rails are put in place.</li> <li>• The Audit Tool in place to monitor use of physical restraint will also be reviewed in order to audit (in more detail) the compliance in relation to documenting the rationale for the use of bed rails and ensuring that all alternatives are tried before full-length bed rails are put in place.</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A second communal area will be made available for the residents of the Brosna unit to meet their needs. In order to achieve this refurbishment of the unit is required. Three tenders are required and contractor to be appointed to complete works.</p>	

Revised Governance structures have been established to provide assurances around quality of life of residents and the quality and safety of the service and to inform continuous quality improvement.

These are:

- Monthly performance management meetings with Person in Charge (PIC) / General Manager / Finance & HR.
- PIC Quality Assurance CHO Group meetings – quarterly with all PIC's and General Manager.
- Older Persons Services Governance Group meeting with Community Services Manager – monthly.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

A second communal area will be made available for the residents of the Brosna unit to meet their needs. In order to achieve this refurbishment of the unit is required. Three tenders are required and contractor to be appointed to complete works.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

A checklist for staff prior to the commencement of sub-cutaneous fluids is being developed.

Advice from Dietetics has been received on maintenance of optimal fluid requirements for residents and this is currently being incorporated into the procedure for the placement and administration of sub-cutaneous fluids. This will provide the necessary guidance for staff when completing care plans for residents at risk of dehydration.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

A second communal area will be made available for the residents of the Brosna unit to meet their needs. In order to achieve this refurbishment of the unit is required. Three tenders are required and contractor to be appointed to complete works.

Residents will have sufficient opportunities to participate in activities in accordance with their interests and capabilities. This will be achieved by providing a dedicated person for group activities and by their allocated care person on a one:one basis. Improvements in the recording of these one:one interactions will be made in residents individual care plan.

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31 May 2018
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.	Not Compliant	Orange	30 November 2018
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	30 April 2018

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30 November 2018
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.	Not Compliant	Orange	Completed
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time,	Substantially Compliant	Yellow	30 April 2018

	for a resident.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	30 November 2018
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31 May 2018