

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Edenderry Community Nursing Unit
<b>Centre ID:</b>	ORG-0000525
<b>Centre address:</b>	St. Mary's Road, Edenderry, Offaly.
<b>Telephone number:</b>	046 973 1285
<b>Email address:</b>	ofaliahouse@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Dorothy (Dorrie) Mangan
<b>Person in charge:</b>	Trudie Rowan
<b>Lead inspector:</b>	Nan Savage
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	28
<b>Number of vacancies on the date of inspection:</b>	19

## **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.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
17 December 2013 11:00	17 December 2013 18:00
14 January 2014 10:00	14 January 2014 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This report sets out the findings of a registration inspection, following an application to the Health Information and Quality Authority (the Authority) to renew registration. The inspection took place over two days. The first day in December 2013 was unannounced and the second day in January 2014 was announced.

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies, procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority. As part of the registration renewal process, discussions took place with the provider and person

in charge at various intervals during the inspection.

While the centre was registered to accommodate a maximum of 47 persons in June 2011, the provider and person in charge informed the inspector that due to staffing restrictions 27 long-term beds, 1 respite bed and 1 palliative care bed are currently in operation.

On day one of inspection there were 28 residents living in the centre, 15 of whom were of maximum dependency, 6 high dependency, 5 medium dependency and 2 low dependency.

There was evidence of good practice in all areas of the service. The inspector found that the provider and person in charge provided a high standard of health care to the residents and demonstrated commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The person in charge and staff demonstrated a comprehensive knowledge of residents' needs and preferences. The healthcare needs of residents were well met and residents had good access to medical services and to allied health professionals. The person in charge had put in place safe procedures for medication management and a high standard of evidence-based nursing care was provided. Aspects of the care planning documentation required some improvement to better reflect staff practices and the current needs of some residents.

The provider and person in charge had put in place robust systems to safeguard residents from abuse. Residents were seen to be relaxed and comfortable when conversing with the person in charge and staff. The feedback from residents was highly complimentary of the services and care provided. Residents had the opportunity to participate in recreational opportunities and plans were in progress to ensure appropriate activities were available to suit the capabilities of residents with higher dependency levels.

During the inspection, adequate staffing levels and skill mix were on duty to meet the needs of residents and staff rosters viewed confirmed this to be the norm. The inspector found that the provider had made resources available for staff to attend training relevant to their role and the person in charge had implemented an ongoing training programme. Adequate procedures were in place for the recruitment, selection and vetting of staff.

While the provider and person in charge had systems in place to promote the safety of residents, the inspector identified some potential risks relating to fire safety. The person in charge advised the inspector that the issues had been addressed after the inspection.

The findings are discussed further in the report. The action plan submitted by the provider does not satisfactorily address one failing identified in this report that related to the physical environment. The Authority has taken the decision not to

publish the action plan response to this failing and is considering further regulatory action in relation to this issue.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge updated the statement of purpose during the inspection and the revised version complied with the Regulations and accurately reflected the service provided. The statement of purpose was kept under review and available to residents.

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector reviewed a sample of residents' contracts of care and found that there was an agreed written contract in place which included details of the services to be provided for that resident and the fee to be charged. In response to a required action from the previous inspection, the contracts of care had been amended to include the

fees to be charged for additional services.

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was no change to the role of person in charge since the last inspection.

The person in charge had good clinical knowledge and demonstrated an understanding of her legal responsibilities under the Regulations and Standards. She had engaged in continuous professional development and was well known to residents, relatives and staff. Throughout the inspection process she showed strong commitment to delivering good quality care to residents and to improving the service delivered.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector found that records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval, although, some

improvement was required.

The provider had put in place an up-to-date insurance policy for the centre which included cover for residents' personal property.

The person in charge had ensured that the directory of residents was maintained up to date with information including residents' admission dates and transfer details where required. However, some information required in Schedule 3 of the Regulations was not documented such as the telephone number of the resident's general practitioner (GP). The person in charge confirmed that this was addressed after the inspection.

The inspector viewed a sample of Schedule 5 policies as requested and all were made available during the inspection.

The person in charge updated the Residents' Guide during the inspection and the inspector found that the amended version complied with the Regulations.

### **Outcome 05: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

#### **Theme:**

Leadership, Governance and Management

#### **Judgement:**

Compliant

#### **Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

#### **Findings:**

The provider was aware of her responsibility to notify the Chief Inspector of the absence of the person in charge. To date the person in charge had not been absent from the centre for a period of time that required notification.

In response to the previous action plan the provider and person in charge had put in place adequate arrangements for the management of the centre in the absence of the person in charge. Both confirmed that these arrangements would be kept under review. The person in charge is supported in her role by two clinical nurse managers grade 2 (CNM2) who deputise for her in her absence. The inspector spoke with one of these nurses and found that she was aware of the responsibilities of the person in charge and had maintained her professional development.

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**Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the provider and person in charge had taken sufficient measures to safeguard residents from being harmed and from suffering abuse. Residents spoken with and those who had completed questionnaires commented that they felt safe in the centre due to the care provided and the secure premises.

There were policies and procedures on the prevention, detection and response to abuse. Staff spoken with were familiar with the policies and outlined what they would do if they suspected abuse. The inspector viewed training material which confirmed that an ongoing education programme was implemented in this area.

Systems remained in place to manage residents' finances and provide protection to residents although some improvement was identified on day one of the inspection. An inspector examined the arrangements for the safekeeping of residents' monies and valuables and found that they were maintained in a secure manner. However, on day one of the inspection the system in place to verify that residents had received specific items from an outsourced provider was not fully transparent. The inspector noted that on day 2 of the inspection the person in charge had put measures in place that had adequately addressed this issue.

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The provider and person in charge had measures in place to promote and protect the safety of residents, staff and visitors to the centre and the specific issues raised on the previous inspection had been addressed. However, improvement was required in some areas of fire safety.

Fire safety measures were in place but improvement was required to promote the safety of residents. The inspector noted that doors located at the end of two emergency escape routes were not adequately fire proofed. This could impact on the effectiveness of evacuation procedures in the event of a fire in this area. The inspector also noted that a fire escape route was partially obstructed with furniture and other items in the immediate vicinity. The inspector requested the provider to review fire safety measures and confirmation was received after the inspection that these issues had been addressed on 15 January 2014.

A fire safety and building control declaration had not been submitted to the Authority as required. As part of the renewal of registration process, the provider was required to submit this declaration to confirm that the centre is in substantial compliance with associated legislation and Standards.

The provider had taken other measures to prioritise the safety of residents in the event of fire. The inspector found that there was an effective programme in place for the servicing and checking of fire safety equipment. Staff spoken with were familiar with the centre's procedures on fire evacuation. Training records viewed confirmed that staff had received formal fire safety training and there was an ongoing training plan in place. There was also evidence that staff had attended fire drills during 2013. The inspector read records which demonstrated that internal safety checks were completed.

There was a risk management system in place which included a health and safety statement and risk management policy. Formal arrangements and precautions were established for specific risks identified in the Regulations including resident absent without leave and self harm. There was evidence that clinical and environmental risk assessments had been reviewed since the last inspection. The inspector noted that the person in charge had completed risk assessments for all areas within the centre and external environment. Hazards associated within areas including the dining room and sluice room had been formally assessed and adequate controls put in place to manage associated risks. However, the inspector noted that while control measures were in place in the smoking room, cigarette smoke occasionally drifted into other areas of the centre, during the inspection. This issue was addressed prior to completion of the inspection.

An emergency plan was in place which identified what to do in the event of emergencies. In response to the previous inspection, the plan had been developed to include additional internal and external emergencies that could occur such as gas leak and flooding.

The inspector observed staff using safe practices to assist residents to mobilise. Staff spoken with and training records viewed confirmed that staff had received adequate training in moving and handling. Manual handling assessments had been carried out for

all residents and were maintained up to date.

The inspector observed a high standard of cleanliness in the centre and there were a range of measures and policies in place to control and prevent infection.

A system was in place to monitor visitors to the centre to ensure the safety of residents which included controlled access, use of closed-circuit television (CCTV) and the completion of a visitor's book.

### **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Medication management practices were safe and processes were in place to direct and support practice. Areas that had required some improvement on the last inspection relating to an aspect of the medication management policy, medication reviews and medication records had been addressed.

The inspector reviewed a sample of residents' medical notes and found that residents' health needs were being monitored. Residents' medications were reviewed on a regularly and an out-of-hours GP service was available to residents.

The inspector noted that residents' prescription and administration sheets contained required information and the sample viewed were completed in line with professional guidelines.

Medications that required special control measures were appropriately managed and stored. Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored twice daily. The inspector saw that the medication trolleys were secured and the medication keys were kept by a designated nurse at all times.

The person in charge had implemented systems to review medication management practices. For example, since the last inspection a comprehensive review on the use of night sedation had been completed with input from the pharmacist and GP. This had resulted in positive outcomes for a number of residents and an overall reduction in the use of night sedation.

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<b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
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<b>Theme:</b> Safe Care and Support
<b>Judgement:</b> Compliant

<b>Outstanding requirement(s) from previous inspection:</b> No actions were required from the previous inspection.
<b>Findings:</b> Good practices were noted in relation to the recording and notification of incidents.  The person in charge demonstrated her knowledge of her legal requirement to notify the Chief Inspector of specific incidents. From the sample of records reviewed the inspector was satisfied that a record of all incidents that had occurred were maintained and, where required, notified to the Chief Inspector.  The inspector found that details of the incident were well documented including actions taken. The person in charge had implemented a monitoring system for the purpose of reducing the likelihood of re-occurrence.

<b>Outcome 10: Reviewing and improving the quality and safety of care</b> <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i>
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<b>Theme:</b> Effective Care and Support
<b>Judgement:</b> Compliant

<b>Outstanding requirement(s) from previous inspection:</b> No actions were required from the previous inspection.
<b>Findings:</b> Systems had been implemented to review and develop the quality of care and residents' experience on an ongoing basis.  The person in charge had implemented a system to collect and audit information on clinical matters including restraint management, care planning and medication

management. Data was utilised to improve the quality of service and safety of residents. The inspector read that the person in charge discussed audit findings at governance meetings.

The person in charge also collated monthly data on clinical matters such as numbers of residents receiving night sedation and psychotropic medication, use of bedrails and weight loss.

The quality of life of individual residents was improved through proactive interaction with residents. The inspector read that items raised at residents' meeting had been responded to.

Other areas of the service that had been audited during 2013 included the standard of operational hygiene and hand hygiene in the centre.

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

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

#### **Judgement:**

Non Compliant - Minor

#### **Outstanding requirement(s) from previous inspection:**

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

#### **Findings:**

The health needs of residents were well met and a high standard of evidence-based nursing care and appropriate medical care was provided. Required actions identified in the previous action plan that related to the management of the use of restraint and falls management had been addressed. Residents had good access to a range of allied healthcare services when required and associated documentation was kept on residents' files. There were opportunities for residents to participate in meaningful activities. The person in charge had taken measures to develop the activity programme for residents with higher dependency levels, in response to an action identified on the previous inspection. Although continued improvement had been made in the documenting of residents assessments and care plans, some further improvement was required to accurately reflect staff practice and ensure continuity of care.

The inspector reviewed a selection of residents' files, including the files of residents with nutritional needs, compromised skin integrity, at risk of falling, a form of restraint in use, potential behaviour that challenges and seizure activity. The inspector found that these clinical needs were well managed and guided by evidence based policies.

While comprehensive nursing assessments were completed on admission they were not reviewed to identify changing needs to the residents' activities of daily living. The inspector noted that a range of additional risk assessments had been completed. Overall, these assessments were used to develop informative care plans that were individualised, person centred and described the care to be delivered. Most assessments and care plans were reviewed three monthly or as required by the residents' changing needs. Residents or their representative were involved in the development and review of the residents' care plan although this had not been consistently documented.

Adequate fall prevention measures were in place for residents assessed at high risk of falling. Areas for improvement that were identified on the last inspection had been addressed. The inspector noted that a post fall analysis was now carried out and associated care plans on falls prevention and risk reduction were revised when required with interventions to reduce the likelihood of re-occurrence. The inspector also read that neurological monitoring was now consistently completed when required. Appropriate staffing arrangements had remained in place to provide adequate supervision of residents in both day rooms.

A high standard of care was provided in pressure ulcer prevention and wound care management. While there were no residents with wounds at the time of inspection, previous records showed that wound assessments, associated care plans and progress notes were completed and demonstrated the progression of wound recovery. The person in charge had used tissue viability services when required and assistive devices were used to promote pressure relief.

Arrangements were in place to manage potential behaviour that challenges although, some improvement was required to the associated care planning documentation. Residents with potential behaviour that challenged had been assessed and an associated care plan implemented for the management of this behaviour. However, the formal assessment had not been reviewed regularly and guidance on how to de-escalate an incident had not been documented. There was a policy which gave instructions to staff on how to manage behaviour that challenge and staff clearly described techniques they used in response to this behaviour. The inspector also noted that there was input from psychiatric services, where required.

The provider and person in charge had worked towards achieving a restraint free environment. Since the last inspection the person in charge had reviewed the centre's policies on restraint and had implemented a formalised consultation process. The inspector noted that there were a small number of residents with a form of restraint in use. The inspector saw examples where alternatives to the use of restraint had been successfully used for other residents. Prior to implementing a restraint measure, a risk assessment was completed to determine the suitability of the restraint for the specific resident. The inspector noted that where restraint was used safeguarding controls had been implemented.

Opportunities remained in place for residents to participate in meaningful social care and the inspector saw staff engaging with residents in an appropriate and respectful manner. The inspector noted that the opportunities for residents with sensory or communication difficulties to engage in activities suitable to their individual needs had improved. Since the previous inspection, the person in charge had increased the hours of the activities coordinator as planned and arranged for two staff to attend training on sonas (a programme of therapeutic activity focused on promoting communication, especially for people with dementia). The activities coordinator had also completed refresher training on sonas in October 2013. The inspector spoke with the activities coordinator who described additional activity that had been introduced including pet therapy and one to one sonas therapy.

During the inspection activities including sonas therapy, music, carol singing with local national school children and reminiscence took place. The inspector also viewed documentation which demonstrated that various events and social occasions had taken place continually throughout 2013 including an integrated programme with local schools and celebration of special events. In addition to attending activities in the centre the more independent residents continued to have the choice to attend events in the adjoining day centre which took place four days each week. The inspector noted that residents' social needs had been assessed and associated care plans had completed to inform activity provision.

### **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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

The provider had made some progress in addressing the specific issues identified on the last inspection, however, aspects of the layout and design of the premises will not to comply with Regulations and Standards as required by July 2015.

While the premises was homely and comfortable, some bedrooms were of inadequate size, multiple occupancy bedrooms were in use and there was no bath available should a resident choose to have a bath instead of shower. The provider outlined proposed plans

to address these issues but did not confirm a timeframe by which these works would be completed.

In response to the previous action plan the provider had addressed other required actions. The inspector noted that thermostatically controlled valves had been fitted to wash-hand basins. The provider had also completed a programme for upgrading the wash-hand basins throughout the centre. New sinks and mixer taps had been installed in all areas of the centre.

There was a variety of nicely furnished communal spaces available to residents including day rooms, oratory, dining room, family room and smoking room. There was also a snoozeleen room which is a controlled multi-sensory environment to deliver stimuli to residents especially with a sensory impairment. The inspector noted that residents had access to a safe enclosed sensory garden area and adequate sluicing and laundry facilities were provided.

A full-time maintenance person was employed. Maintenance records viewed demonstrated that there was ongoing maintenance completed in the centre and the inspector saw that most areas of the centre were maintained in a good condition. Some areas required repainting and this had been identified by the provider and maintenance person prior to the inspection. A plan was in place to renew these areas.

The inspector saw that call bells were readily accessible to residents. Appropriate assistive equipment was provided to meet residents' needs including hoists, specialised beds and pressure-relieving mattresses. The inspector read a sample of servicing and maintenance records and found that specialised equipment had been serviced when required and were maintained in good working order. The inspector saw that adequate storage space was available for this equipment when not in use.

The inspector noted a high standard of cleanliness throughout the centre. The inspector spoke with housekeeping staff and found that they were knowledgeable of infection control precautions and clearly outlined their roles and responsibilities. Residents and relatives spoken with and who completed questionnaires issued by the Authority were very satisfied with the level of cleanliness.

### **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

#### **Judgement:**

Non Compliant - Minor

#### **Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The provider had established formal arrangements for responding to complaints including the implementation of a complaints policy and procedure, however, some improvement was required.

The complaints procedure as displayed did not clearly explain the different stages for making a complaint. During the inspection, the person in charge discussed the complaint procedure with residents at a residents' forum meeting. The complaints procedure was amended with residents' input, which complied with the Regulations.

Although a centre-specific complaints policy was in place which gave guidance to staff, the policy did not comply with all the requirements of the Regulations. For example, a second nominated contact person had not been appointed to ensure that complaints were properly responded to and documented.

The inspector noted that the person in charge supported residents to express their views. The inspector reviewed a sample of complaints maintained in the complaints register and found that complaints were dealt with promptly and appropriate actions taken. However, the satisfaction level of the complainant with the outcome of the investigation was not consistently documented and where relevant some staff had not signed the records.

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that caring for a resident at end-of-life was perceived as an integral part of the provision of care. While there was a centre policy on end-of-life this policy did not reflect some of the good practices that took place in the centre and facilities available to residents and families. The person in charge and CNMs had started to review this policy during the inspection.

Residents' end-of-life wishes were discussed but not consistently documented in residents' care plans. The inspector read that multi disciplinary case conferences took place regarding residents approaching end-of-life and were used to develop end-of-life care plans. The inspector reviewed the file of a resident at end-of-life and noted that an

associated care plan had been developed to guide staff practice.

The person in charge and staff confirmed that palliative care support was provided by the local hospice team and advice had been obtained in the past. Some staff spoken with and training records viewed confirmed that key staff had received palliative care education.

The person in charge and staff confirmed that accommodation and refreshments were available to a resident's family members during end-of-life care.

### **Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

#### **Theme:**

Person-centred care and support

#### **Judgement:**

Compliant

#### **Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

#### **Findings:**

Residents were offered a nutritious and varied diet that included choice at mealtimes. The inspector noted that staff provided assistance to residents in a very discreet and appropriate manner. Adequate measures were in place to ensure residents' dietary requirements were met. Information was maintained on residents' special dietary requirements and preferences. Residents spoken with confirmed that there were daily meal choices and that staff asked for their preferences each day.

The person in charge had put in place an effective system to monitor residents' nutritional requirements. A nutritional assessment tool was used to develop informative care plans. Residents' weights were monitored monthly and more regularly when necessary. The inspector read that input had been obtained from residents' general practitioner (GP), dietician and speech and language therapist (SALT) when required and recommendations were maintained in residents' files. Staff spoken with were knowledgeable of residents' special dietary requirements and referred to nutritional and SALT guidelines. The inspector also noted that medication records showed that nutritional supplements were administered as prescribed.

The inspector also noted that nutritional team meetings took place regularly and were attended by residents, the person in charge, dietician and other staff including CNM's, catering staff and dietician. The nutritional content of the menu and any suggestions brought forward were discussed at these meetings and the menu updated accordingly. The inspector also noted that pictorial menus were introduced in response to items

raised at these meetings.

Mealtimes were a very pleasant, unhurried social occasions that provided opportunities for residents to communicate with each other and staff. At meals the chef was also observed positively interacting with residents and checking residents' satisfaction levels. Residents spoken with and who completed questionnaires were very complimentary of the standard of catering provided. The inspector saw residents being offered snacks and a variety of refreshments throughout the inspection.

The inspector visited the kitchen and saw that it was maintained in a very clean and hygienic condition. There were adequate supplies of fresh and frozen food which were stored appropriately.

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

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*

#### **Theme:**

Person-centred care and support

#### **Judgement:**

Compliant

#### **Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

#### **Findings:**

The inspector found that residents and or their representatives were consulted with and participated in the organisation of the centre. The inspector saw examples where residents' choice and their independence was promoted including the times they got up in the morning and what they did during the day. Residents' privacy and dignity was respected and supported by staff including during personal care.

Residents spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. The inspector also read numerous letters from families complimenting the provider and person in charge on the devoted care, support and kindness shown to their loved ones.

A residents' committee met approximately three-monthly. The inspector viewed the minutes of a sample of these meetings and found that a range of topics were discussed and suggestions made by residents had been addressed by the person in charge.

Residents' political, civil and religious rights were promoted. Residents had been offered the opportunity to vote at the most recent referendum. Residents spoken with confirmed that they could attend mass weekly if they wished and watch mass from their local

church via a video link up to the centre. The provider and person in charge informed the inspector that residents from all religious denominations would be supported to practice their religious beliefs and this was documented in the statement of purpose. For example, Church of Ireland services took place monthly in the centre.

**Outcome 17: Residents clothing and personal property and possessions**

*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge had implemented adequate measures to protect residents' personal property and possessions. Adequate laundry facilities were provided and well equipped.

The inspector visited some residents' bedrooms and found that storage facilities were available for residents' personal belongings including lockable storage space. While this space was limited residents spoken with were satisfied with the arrangements. The person in charge informed the inspector that additional storage space had been ordered for some residents that required it.

The inspector noted that staff took care with residents' clothing which was neatly folded and stored in an organised manner. Residents were encouraged to bring photographs and sentimental items to ease their transition into the centre. Bedrooms visited by the inspector were personalised with residents' own property and person effects.

Arrangements were in place for regular laundering and return of clothes to residents including adequate laundry facilities. A system was in use for identifying residents' clothing which assisted in the safe return of clothes to residents. Residents were satisfied with the laundry service provided.

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**Outcome 18: Suitable Staffing**

*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.*

**Theme:**

Workforce

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that there were adequate staffing levels and skill mix to meet the assessed needs of residents and to the size and layout of the designated centre. Staff continued to receive up-to-date mandatory training and access to education and training to meet the needs of residents. Appropriate supervision arrangements were in place and staff and volunteers were recruited, selected and vetted in accordance with best recruitment practice.

The inspector viewed a sample of staff files and found that information required by the Regulations had been obtained including three written references. In response to the previous action plan the provider and person in charge put in place a system for verifying the authenticity of staff references.

The provider had made available resources and the person in charge had facilitated staff to attend both mandatory and additional training since the last inspection. Staff spoken with and records viewed confirmed that staff had attended courses in areas including nutritional assessment, enabling and enhancing the well being of people with dementia, cardiac first response, infection control and hand hygiene.

Volunteers continued to attend the centre and provided a valuable service. A system was in place to vet volunteers appropriate to their role. In response to the previous action plan a written agreement had been put in place outlining the roles and responsibilities of volunteers.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Nan Savage  
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<sup>1</sup>

<b>Centre name:</b>	Edenderry Community Nursing Unit
<b>Centre ID:</b>	ORG-0000525
<b>Date of inspection:</b>	17/12/2013
<b>Date of response:</b>	24/03/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 07: Health and Safety and Risk Management

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A fire safety and building control declaration had not been submitted to the Authority as required.

**Action Required:**

Under Regulation 32 (1) (f) you are required to: Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

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

Fire Safety and Building Control submitted to HIQA 11/03/2014

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Proposed Timescale:** 11/03/2014

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

**Theme:** Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some care planning documentation did not adequately reflect the care provided or needs of residents.

While comprehensive nursing assessments were completed on admission, they were not reviewed to identify changing needs to the residents' activities of daily living.

**Action Required:**

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

Additional nursing assessment pages have been added to the Care Plan in order to include any changes as they occur in residents' condition, or at 3-monthly reviews.

**Proposed Timescale:** 31/01/2014

**Theme:** Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The involvement of residents or their representative in their care plan development and review had not been consistently documented.

**Action Required:**

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

A process has now been drawn up to ensure that the resident or their relative(s) are consulted in the reviewing of the care plans. The resident or family members are notified in advance of the review, so both parties are involved in the care plan revision.

**Proposed Timescale:** 31/01/2014

## Outcome 12: Safe and Suitable Premises

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The premises does not comply with the requirements of the regulations and standards as required by July 2015 in that some bedrooms are of inadequate size, multiple occupancy bedrooms are in use and there is no bath available.

**Action Required:**

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

The action plan submitted by the provider does not satisfactorily address this failing identified in this report. The Authority has taken the decision not to publish the action plan response to this failing and is considering further regulatory action in relation to this issue.

**Proposed Timescale:**

## Outcome 13: Complaints procedures

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A second nominated contact person had not been appointed to ensure that complaints were properly responded to and documented.

**Action Required:**

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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

An independent nominee has been included in our complaints policy.

**Proposed Timescale:** 31/01/2014

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The complaints records did not have the complainant's satisfaction with the outcome of

their complaint recorded.

**Action Required:**

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

Outcome of the investigation and complainant's satisfaction rate has been added to the end of the complaint log.

**Proposed Timescale:** 31/01/2014