

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cluain Lir Community Nursing Unit
Centre ID:	OSV-0000739
Centre address:	Old Longford Road, Mullingar, Westmeath.
Telephone number:	044 939 4931
Email address:	mairead.campbell@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Sonia McCague
Support inspector(s):	Jillian Connolly;
Type of inspection	Announced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	1

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 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 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 renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 April 2015 09:00 To: 23 April 2015 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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

The purpose of this inspection was to inform a registration renewal decision following an application by the registered provider to the Authority.

The person in charge and the staff team were available in the centre to facilitate the inspection process and attend feedback at the end of the inspection.

The centre is registered for 48 residents and was seeking to renew the registration for 48 residents. On the day of the inspection there were 46 residents, one resident was in hospital and there was one female vacancy.

As part of the inspection the inspectors met and spoke with residents, relatives/visitors, and staff members. Inspectors observed practices and reviewed

documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care and staff files.

Notifications of incidents and information received and monitored by the Authority since the last inspection was followed up on at this inspection. This inspection was announced and took place over one day.

Overall, inspectors were satisfied that reasonable systems and appropriate measures were in place to manage and govern this centre. The person in charge, deputy and clinical nurse managers responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

Systems were in place to manage risk and safeguard residents while promoting their well being, independence and autonomy. However, improvements were required and are outlined in the body of the report and in the action plan for response.

Training and facilitation of staff was provided relevant to staff roles and responsibilities, improvements in relation to refresher training was planned and to be carried out.

The environment was modern, tastefully decorated, clean, warm and well maintained. The atmosphere was calm while residents were assisted, supervised and supported by the staff team.

Staff were knowledgeable regarding resident's needs, likes and dislikes, and residents were complimentary of staff and expressed satisfaction with the care and services provided.

Overall, substantial compliance was found in the most outcomes; however, improvements were required in relation to risk management and safe and suitable Premises, particularly a lack of ventilation in parts, and arrangements for occupation, dining and recreation.

These matters are discussed in the body of the report and outlined in the action plan at the end of this report for the provider and person in charges' response.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Staff were familiar with the statement of purpose and function, and reviews and changes in relation to the designated centre were updated and communicated to the Authority accordingly.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The overall quality of care and experience of the residents was monitored and developed on an ongoing basis and sufficient resources were in place.

Management systems were in place to ensure the effective delivery and governance of safe and appropriate care services in a timely manner.

There was a clearly defined management structure that identified the lines of authority and accountability.

There was evidence of consultation with residents and their representatives.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was an information booklet as a guide to the centre and services available to residents.

An agreed written contract which included details of the services to be provided for residents' and the overall fees to be charged, signed by the resident/representative and person nominated on behalf of the provider was available to reflect arrangements in place.

Services provided for residents were outlined including those in receipt of financial support under the Nursing Homes Support Scheme and any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident may not be entitled to under any other arrangement or entitlement.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

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

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge worked on a full time basis and had a deputy to assume responsibility of the designated centre in her absence.

The person in charge was supported by regional managers and by the person nominated on behalf of the provider.

The person in charge demonstrated sufficient knowledge and implementation of the legislation requirements and was aware of her statutory responsibilities.

Inspectors found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated that she was committed to improving outcomes for the resident group.

Residents and relatives were familiar with the person in charge and were complimentary of her and the staff team.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Records listed in schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) were available, easily retrievable and maintained securely.

Records including the statement of purpose, residents guide, previous inspection reports, and directory of residents, emergency procedures, and clinical documents along with records related to all residents and staff were available for inspection.

The designated centre had written operational policies referenced in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Schedule 5 policies and procedures were made available and the inspectors reviewed a number of policies which included health and safety, responding to emergencies and risk management policies and procedures, management of complaints, the prevention, detection and response to abuse, communication and end of life care and found that they guided and demonstrated practice within this centre.

A review of staff files found systems in place for recruitment, selection and appraisal of staff, and the files reviewed were completed in accordance with schedule 2.

General and clinical records were found to be reasonably well maintained and updated. Residents could access their records on request and were satisfied with the arrangements in place.

Monetary transactions undertaken between and on behalf of residents was examined and found to be well maintained and audited on a monthly basis. A system was in place to record residents' property and detail items on admission when completing the admission process and the contract of care.

A copy of a current and written declaration of insurance cover was made available in accordance with regulatory requirements.

Judgment:

Compliant

***Outcome 06: 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:

Governance, Leadership and Management

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The provider and person in charge were aware of their responsibility to notify the Chief inspector of a proposed or unplanned absence of the Person in Charge and have demonstrated this previously.</p> <p>There were suitable arrangements in place for the management of the designated centre in the absence of the Person in Charge and an absence for more than 28 days was not expected.</p>
<p>Judgment: Compliant</p>

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Measures to protect residents being harmed or suffering abuse were in place.</p> <p>A policy on, and procedures for the prevention, detection and response to abuse was in place.</p> <p>Staff had received training in adult protection and safeguarding residents to protect them from harm and abuse, however, some staff members had not received refresher training in accordance with the centre’s policy which is reported in action plan 18.</p> <p>Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. There were no active incidents, allegations, or suspicions of abuse under investigation.</p> <p>The deputy to the person in charge provided training on adult protection and prevention of elder abuse training and assumed responsibility to monitor the systems in place to protect residents. Staff were confident that residents and relatives would disclose abuse</p>

or concerns.

Residents who communicated to and with the inspectors said they felt safe and able to report any concerns. Relatives who participated in the inspection process also shared this view.

There were adequate systems in place to safeguard residents' money and personal property.

Efforts were being made to identify and alleviate the underlying causes of some residents' behaviour that was challenging and arrangements were in place to inform and support staff practice.

Where restraint was used attempts were made to ensure practice and measures in use were in line with the national policy on restraint. There was evidence that alternative measures had been used or tested prior to measures in use at the time of the inspection.

Judgment:

Substantially Compliant

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

Theme:

Safe care and support

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

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

Findings:

Inspectors found that the health and safety of residents, visitors and staff was promoted in this centre.

The centre had policies and procedures relating to health and safety.

A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property.

Suitable procedures and arrangements were found in relation to the prevention and control of healthcare associated infections.

Arrangements were in place for investigating and learning from serious

incidents/adverse events involving residents. Audits of resident dependency, incidents, falls, wounds, pressure ulcers, behaviour, weight loss and restraint use were maintained which demonstrated a strategic approach to monitoring resident changing needs, and to mitigate identified risk and an overall reduction of likely incidents and events.

Reasonable measures were in place to prevent accidents in the centre and within the grounds. Health and safety audits were maintained and recorded. However, inspectors found that the significant lack of ventilation in the dishwasher rooms on each floor that adjoined the resident dining/day rooms was a high risk to staff working in this area. Inspectors also confirmed that the lack of ventilation had been previously reported to management and escalated as a risk by staff working in the centre. This is further discussed in outcome 12 (Premises).

The ventilation and carbon monoxide risk identified within the risk register related to the underground car park required follow up by the provider to mitigate any potential or actual health and safety risk.

Staff were trained in moving and handling of residents, infection control and fire safety. Further dates for mandatory training were scheduled to include recently employed staff and as refresher courses.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis. Means of escape and fire exits were unobstructed and emergency exits were clearly identified. Each resident had a personal emergency evacuation plan, and staff were knowledgeable regarding emergency procedures to be adopted in the event of a fire alarm.

Written confirmation from the provider nominee and a competent person that the requirements of the statutory fire authority were substantially complied with was provided with the application to renew the registration for this centre.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

There were written operational policies relating to Medication management in relation to practices and procedures associated with the ordering, prescribing, and administration of medicines to residents.

The storage and handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Medication errors were monitored, recorded and dealt with in accordance with the policy to inform learning and improvement.

A system was in place for reviewing and monitoring medication management and practices. Medication prescriptions and stock audits were carried out by a pharmacist and management team, and medication reviews undertaken included communication to, with and from the GP.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

Residents' health care needs were met through timely access to GP services and appropriate treatment and therapies. Arrangements were in place to facilitate residents with appropriate access to medical and healthcare services when required. Improved arrangements and regular access to a dietician services was confirmed by the person in charge following the inspection.

Residents and staff were complimentary of the current healthcare arrangements, service provision and changes made since the last inspection.

Residents had reasonable access to allied health care services. The care and services delivered encouraged health promotion and early detection of ill health facilitating residents to make healthy living choices.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

In the main, assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. Each resident had care plans in place.

The use of restraint was in line with the national policy guidelines. Consultation with residents and representatives was evident, to demonstrate/acknowledge understanding that measures were used that may impinge freedom of residents movement such as bedrails.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Activity and care staff interacted well with residents while facilitating engagement in meaningful activities within the centre and externally. Residents and relatives were in the main satisfied with activities provided.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The premises and grounds were well maintained, bright and clean, with suitable furniture, fittings and heating.

The design and layout of the centre was suitable for its stated purpose and in the main met residents' individual and collective needs in a comfortable and homely way.

Residents in the centre are accommodated on two floors (ground and first). There are 44 bedrooms, of which 40 were single occupancy with full en-suite facilities. Four bedrooms were twin and also had full en-suite facilities. Equipment, aids and appliances including hand rails were in place to support and promote the full capabilities of residents. Support equipment such as call bells, lighting, remote control and adjustable height beds and ceiling/tracking hoists with slings were available within residents' bedrooms. Safe and suitable flooring, furnishing and fittings were found throughout.

Inspectors found that the combined and open planned day/dining room was the focus of many residents daily routine/location. While acknowledging the high and maximum dependency needs of residents, inspectors recommended that an alternative dining experience, day space or activity room should be provided or offered to residents on occasions to make each activity or event a social occasion afford opportunities to integrate and meet others within the centre and move from having all activities provided within the same area daily. The person in charge agreed to follow up on this and had identified a number of room options that may be available within the building.

As reported in outcome 8, inspectors found that the significant lack of ventilation in the dishwasher rooms on each floor that adjoined the resident dining/day rooms was a high risk to staff working in this area which may negatively impact on residents' welfare. As a result of poor ventilation, an unsuitable control measure adopted by staff working in the dishwasher rooms was to hold the room door open to aid ventilation. However, this arrangement was inadequate and unsuitable, and caused a high level of noise from the cleaning of cutlery and crockery activity which migrated into areas occupied by residents.

Residents had access to a safe and enclosed outdoor courtyard. A smoking room/area

was available to residents within the centre and on the first floor.

There was appropriate equipment for use by residents or staff which was maintained in good working order. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use equipment and equipment was observed to be used appropriately, and stored safely and securely.

A maintenance system was in place and a maintenance staff member was seen working in the centre during this inspection. Staff told inspectors that maintenance support was available as required. Residents bedrooms were personalised, and could accommodate furniture and equipment to support their preferences and needs/choices.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Policies and procedures were in place for the management of complaints. A record of all complaints, investigations, responses and outcomes was maintained. The inspector was informed by the person in charge that the complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon.

There were no active complaints being investigated at the time of inspection. The person in charge was the nominated complaints officer and an appeals procedure was in place.

The complaints procedure was displayed in the entrance to the centre.

Residents and relatives who completed questionnaires and spoken with during the inspection were aware of how to make a complaint and were satisfied with arrangements in place and felt supported in raising issues.

A system to monitor complaints was in place which provides an opportunity for learning and improvement.

Judgment:

Compliant

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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

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

Findings:
At the time of inspection the inspectors were informed that there were no residents receiving end of life care.

A policy and operational procedures for end of life were in place and available to guide staff and inform care practices. Decisions regarding care and treatment decisions at the end of life were recorded and the inspectors found evidence that residents and relatives' wishes were discussed with staff and the GP, and were recorded and reviewed accordingly regarding arrangement that included preferred religious, spiritual and cultural practices.

Engagement with residents and their family members, medical and palliative care providers was facilitated and evident in the sample of care records reviewed.

The person in charge and deputy informed the inspector that residents and their family were supported with overnight facilities and refreshments provided as required.

Judgment:
Compliant

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

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

Findings:

The inspectors found that residents were provided with a nutritious and varied diet that offered choice.

Mealtimes observed on one floor were unhurried social occasions that provided opportunities for residents to interact with each other and staff, unlike the mealtime observed on the other floor. While in the main staff were seen assisting and supporting residents appropriately, improvement was required to afford residents opportunities to experience mealtimes as a social occasion with less emphasis on operational tasks being undertaken. For example, the hot deserts were uncovered on trolleys and dispensed to residents at the same time as dinners and were likely to be cold when the residents had an opportunity to experience it. As reported in outcome 12 means to improve the dining experience and activity location requires review and improvement.

Staff preparing, serving and assisting residents with meals and drinks were familiar with their dietary requirements, needs and preference. Choices were available during meals and an arrangement was in place to ascertain residents' views and preferences from a varied menu on a daily basis. Environmental health inspections were carried out to monitor compliance.

There was a policy in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, recommended food/fluid consistency and arrangements for intake recording and reporting findings to nurses.

Access to dental, dietician, tissue viability services and speech and language therapists was available and provided on a referral basis based on an assessment of need or change in condition.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

Adequate arrangements were in place for consultation with residents on the running of the service.

A resident's forum met on a regular basis and minutes of meetings were available to demonstrate this.

Residents confirmed that their rights were supported. Family and friends visiting, religious ceremonies and visits to family formed an important part of residents' lives.

The inspectors found that residents' rights and privacy was respected. Staff were observed engaging, communicating and announcing themselves to residents appropriately.

Forty of the 44 bedrooms were of single occupancy with full en-suite facilities and opportunity to meet relatives/visitors in private. Additional rooms were available to eight residents external to or within the privacy of their twin bedrooms.

Residents had a personal television and/or radio in their room, access to daily newspapers and could receive or make telephone calls in private. Communication and notice boards were provided with information regarding forthcoming events and local news items.

Staff described how they promoted links with the local community through outings, family involvement and arrangement for integration with community groups to visit the centre.

Judgment:

Compliant

***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

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

No actions were required from the previous inspection.

Findings:

A policy was in place and procedure described on management of residents' personal property and possessions, which inspectors found to comply with the regulations.

The space provided for residents' personal possessions and storage of their own clothes was suitable and sufficient, and well maintained. There were arrangements in place for

regular laundering of linen and clothing, and the safe return of clothes to residents.

There were adequate laundry facilities with systems in place to ensure that residents' own clothes were returned to them. While residents could retain control over their own possessions and clothing, they could make alternative arrangements for their own laundry if they wished to.

Judgment:

Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

Staff actual and planned rosters were available reflecting the staffing provision and arrangements in place. Staff were seen supporting, assisting or supervising residents in an appropriate manner according to their role and responsibilities.

Residents told the inspectors they felt supported by staff who were available to them as required.

The inspectors were satisfied that the number and skill mix of staff on duty and available to residents during the inspection was sufficient to resident numbers and dependency levels/needs.

A record of staff training was maintained to demonstrate the provision and facilitation of mandatory and relevant training of staff. A further training program was planned and available for 2015. While mandatory training, facilitation and education relevant to the resident group had been provided; not all staff had attended refresher training as required and detailed in outcome 7.

Staff policies and recruitment procedures were in place. In the sample of staff files reviewed inspectors found substantial compliance when examined against the requirements of schedule 2 records.

Records on file and maintained in relations a volunteer who was actively engaged in the centre was also reviewed and found to comply with the requirements of the regulations.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Cluain Lir Community Nursing Unit
Centre ID:	OSV-0000739
Date of inspection:	23/04/2015
Date of response:	12/06/2015

Requirements

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

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

Outcome 08: 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 significant lack of ventilation was found in the dishwasher rooms on each floor of the centre that presented as a high risk to staff working in this area.

The lack of ventilation had been reported by staff to management prior to this inspection.

A carbon monoxide risk was identified within the risk register that related to the

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

underground car park which required investigation to mitigate any potential or actual health and safety risk.

Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

Lack of Ventilation to the Dishwasher rooms

The existing rooms are currently operating at 5 air changes per hour. Arrangements are being made to increase the capacity of the extraction system to allow for 10 air changes per hour which is in line with the recommended air changes for such areas.

Carbon Monoxide Risk in underground car park

This system has been fully reviewed by the service agents in Ireland and a number of alterations to the strategy are currently being implemented to reduce the nuisance activations and address the issues with the system not being reset on activation.

The records for activations to date indicate that more than 98% of activations are low level alarms i.e. below 30 ppm with activation by any single sensor/detector.

The system including detectors will be reconfigured in line with normal standards/best practice to include for auto reset on activation of low level alarms when air cleared as the car park is considered an unmonitored location.

Proposed Timescale: 31/07/2015

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 lack of ventilation in the dishwasher rooms on each floor that adjoined the resident dining/day rooms negatively impacted on residents.

A measure adopted by staff working in the dishwasher rooms was inadequate as a high level of noise was created from staff cleaning cutlery and crockery which migrated into areas occupied by residents.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Following completion of outcome 8 - increasing ventilation to dishwasher rooms, it will no longer be necessary for staff to leave door to this room open. This will reduce the high level of noise created by staff affecting the resident area.

Notice in place for attention of staff stating that no dishwashing or clearing of utensils is to take place until all residents have finished eating.

Proposed Timescale: 31/07/2015

Theme:

Effective care and support

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

The dining experience, day space and activity provision within the same room was not always appropriate to the circumstances of residents and did not consistently afford appropriate occupational activity or recreational space as a social occasion that met all residents needs.

Action Required:

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

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

There are 3 small sitting bays located within the unit. There is also a safe outdoor space for use weather permitting. Residents are encouraged to come to this area when possible.

Dependent residents are brought from day area for planned activity / quiet time in the afternoons as frequently as possible.

Residents' individual care plans when being reviewed will reflect on how more social engagement between residents can be achieved in accordance with their wishes/to meet their needs.

A number of Residents regularly attend other day care services. All residents are encouraged to avail of time away from Centre if their general health enables so doing.

How this issue can be addressed will also be on the agenda at all meetings (Governance/Resident forum/ward meetings).

Proposed Timescale: 30/09/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Some residents were not adequately provided with or afforded opportunities to experience mealtimes as a social occasion.

Staff emphasis was on operational tasks being undertaken that took priority over serving resident according to their needs.

This failing is intrinsically linked with outcome 12.

Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

Residents are seated at dining tables at mealtimes. There are always staff present who will encourage interaction with and between residents. Protected mealtime policy in place, all staff engage in assisting residents with meals.

See also outcome 12 actions.

Proposed Timescale: 30/09/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff members had not received refresher training adult protection and prevention of elder abuse in accordance with the centre's policy.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All staff have now completed refresher training.

Proposed Timescale: 11/06/2015