Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Phoenix Park Community Nursing Units
Centre ID:	OSV-0000476
Centre address:	St Mary's Hospital, Phoenix Park, Dublin 20.
Telephone number:	01 6250300
Email address:	rosemary.reynolds@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Deirdre Murphy
Lead inspector:	Nuala Rafferty
Support inspector(s):	Sheila McKevitt
Type of inspection	Unannounced
Number of residents on the date of inspection:	173
Number of vacancies on the date of inspection:	13

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

The inspection took place over the following dates and times

From:	To:
23 February 2016 09:30	23 February 2016 19:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Non Compliant - Major
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to follow up on matters arising from a registration inspection carried out on 9 March 2015 and to monitor progress on the actions required. This inspection also considered information received by the Authority in the form of notifications forwarded by the provider.

As part of the inspection, the inspectors met with residents and staff members observed practices and reviewed documentation such as policies and procedures care plans, medical records and risk management processes.

Overall a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality, although the care needs of residents at end of life were compromised in the Chapel View unit due to issues related to the premises.

Staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low key unobtrusive manner. Residents healthcare needs were met to a good standard with timely referral to and speedy review by medical and allied health professionals.
Overall, there was evidence of continued progress in many areas by the provider in implementing the required improvements identified by previous inspections. Evidence of improved governance processes resulting in changes to culture and practice with positive outcomes for residents was found.

While much improvement was noted, further development was required in the area of care planning and assessment. Considerable deterioration to the fabric of the Chapel View unit due to a lack of any action to maintain these premises was found. This posed potential risks to the health and safety of residents' staff and visitors using this building. This unit is not fit for purpose and evidence is detailed under Outcome 12 Premises in this report.

The Action Plan at the end of this report identifies a number of areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Findings:
Governance systems were found to have improved on this inspection. The management team had commenced and implemented a system of regular, consistent monitoring with transfer of learning to drive improvements in the quality of care delivered.
The provider and persons' in charge (PIC) along with the members of the Audit Governance committee and clinical quality and safety committee had commenced implementing many of the actions contained in their response to the actions arising from the previous inspection.
Two monthly management meetings had commenced in July 2015, minutes of five meetings reviewed showed audits and actions taken on medication management, falls management; staff training on fire, dementia care and restraint practices, incident analysis, clinical practice and development. An audit schedule for 2016 was in place and included follow up on other actions required including; end of life care; privacy & dignity practices, meals and mealtimes and care planning.
The newly implemented audit processes nursing metrics showed that improvements to resident outcomes had been achieved in areas such as; falls; pressure ulcer management; reduction of restrictive practices; medication prescribing and administration. These findings were also replicated on inspection.
Improvements to documentation and recording of care, care planning and assessment were also reported by the nursing metric system, but these findings were not fully reflected by this inspection. Findings on this are included under Outcome11 Healthcare.
Potential risks in respect of premises are reported under Outcome 12. A copy of the HSE National Capital Plan to refurbish/replace all HSE centres that require same nationally was viewed. The plan indicated the intention is to relocate the current bed capacity of Chapel View to an off-site location. The funding will not be made available for this until 2021.

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

Findings:
Actions which were addressed included;
All of the policies and procedures listed in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Older Persons) Regulation 2013 were being maintained in the centre. All were regularly reviewed and at a minimum within the three years as required by the regulations.
The Directory of Residents was also viewed and found to contain all information required by the regulations.
Medication records as detailed in Schedule 3 of the regulations were found to be appropriately maintained and medication prescription and administration sheets were found to conform with appropriate medication management practice.

Although improved, the documentation of care was not sufficiently complete to determine that a high standard of evidence based nursing care was being delivered to all residents to fully meet their personal care needs. Records available and reviewed indicated that a small number of residents did not receive showers in line with their preferences. This is referenced under Outcome 11 Healthcare.

Judgment:
Compliant

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

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

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

Findings:
Issues arising from the last inspection were found to be addressed. A review of the use of restraint found that there was a reduction in the use of bed rails throughout the centre although bed rails were still in place for some residents. The use of bed rails and lap belts had reduced considerably from levels previously found. It was found that revised assessments were now in place for this type of restraint and were in the process of being completed. These assessments gave a clear rationale for their use with evidence of alternatives considered or trialled and future measures to be trialled identified. A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as bed alarms, roll out mats and low low beds continued to be a priority for the management team.

Evidence that positive behaviour support plans to appropriately and consistently manage behaviours that challenge, were being developed was found. Although those in place required to be improved and these plans were not in place for all residents, it was noted that plans were prioritised for those residents identified as having responsive behaviours that negatively impacted on others.
Improvements in the appropriateness and safety of care practices and the protection of residents' rights during care delivery were also found. Staff had received training on the prevention of elder abuse and on providing person centred care to the person with dementia. The policy was updated to reflect the most recent HSE guidance on safeguarding vulnerable adults and all staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse.

Judgment:
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 ongoing training on fire safety and evacuation processes was being delivered. A nominated person was identified daily with responsibility for fire safety checks. It was also found that fire drills which simulated both day and night time staffing levels and conditions had also taken place and were ongoing.
Improved systems were in place in relation to random checks on water and radiator temperatures. Evidence of weekly checks was provided and showed that water temperatures were regulated at recommended safety levels. However, checks on

radiator temperatures were not regularly in place although radiators in some buildings could not be individually adjusted to ensure surface temperature did not pose a risk to residents.
All lines of enquiry under this outcome were reviewed in full on the last inspection in relation to health and safety, fire safety and risk management systems and were found to be compliant.

Judgment:
Compliant

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:
Appropriate medication management practice, including the documentation of administration of medicines to residents, the times of administration, prescribing issues and storage conditions for certain medicines was found to be in place.
Issues addressed included;
- all medication was stored appropriately
- all opened oral nutritional supplements were dated and timed
- the administration of medications by nursing staff was observed to fully compliant with guidance from the Irish Nursing and Midwifery board
-medicine administration was completed within the acceptable prescribed timeframe for residents to receive their medicines.
- evidence of detailed and regular medication audits were available .It was noted that learning identified from these audits were actioned and measures implemented and regularly reviewed.
-prescription practices had improved and issues previously found in relation to; frequency of administration; individual signature for each medicine; authorisation for crushing of each individual medicine and maximum daily dosage for PRN medicines indication was now in place.

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

Findings:
There was onsite access to medical and allied health professionals. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services. Access to palliative care specialists, dietician physiotherapy and speech and language were also available. Residents healthcare needs were met to a good standard with timely referral to and speedy review by medical and allied health professionals.

Although some improvement to the recording of care given was noted, further improvements were found to be required to some aspects of documentation. Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for every identified need.

A number of care plans referred to family involvement in the care planning process, where family were consulted for decision making or to seek and give information relating to the resident.
A healthcare plan for every identified health or social care problem is required to be put in place by the nursing team to maintain residents' health and well being and monitor improvements or deterioration. However, it was found that care plans were not in place for all identified needs. Examples of healthcare needs, where care plans were not in place included management of vomiting or nutrition.
A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was in place. Although in general care plans reflected the care delivered, further improvements were found to be required. The checks in place, although regular, did not consider the effectiveness of the plans to make sure they were detailed enough to maintain or improve a resident's health. The daily nursing progress notes did not always refer to changes in health care plans or changes to treatments or recommendations made by clinicians to give a clear and accurate picture of residents' overall health. It was also found that some care plans were generic in nature and were not person centred.
Where care plans were in place they were not specific enough to guide staff and manage the needs identified examples included; Positive behaviour support plans were not in place to manage behaviours associated with refusal of medication and occasional aggression. The care plan in place to manage these needs did not fully guide staff on the signs to look for as potential triggers to the responsive behaviour. The plans also did

not guide staff on the type of distraction techniques which could be employed to reduce escalation or of all measures which were known to manage the behaviour and prevent or reduce recurrence.
Although long term regular staff were familiar with their residents needs and could potentially recognise changes to their demeanour, for new, inexperienced or replacement staff care assessment and planning documentation was not sufficiently explicit to direct care. Care plans in place for hydration did not guide staff on decision making rationales for commencement of subcutaneous fluids and/or referral to the medical team for assessment of same.
Findings in relation to end of life care plans are referenced under outcome 14.
It was also found that care plans in place to manage the personal care of residents did not contain enough detail to fully guide staff on resident's preferences for washing and dressing and in a number of cases there was limited evidence that these plans were being fully implemented.
Although overall, inspectors found that residents were neatly presented and warmly and appropriately dressed, for a small number of residents inspectors noted that their personal hygiene needs were not being fully or appropriately met and some were observed to be unkempt and dishevelled with poor attention to hair and nails which were long and unclean.
For some residents, despite their stated preference for showers, it was found that they had not received a shower for up to four weeks at any one time. This was noted to have occurred between the months of November and February. Inspectors learned this was linked to the unsuitability of the environment of one unit and is further referenced under Outcome 12 premises.

Judgment:
Non Compliant - Moderate

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

Findings:
Limited progress or action was found on many actions required from the registration inspection.
The centre consists of three separate units. Two units Teach Iosa and Teach Cara were previously found to meet residents' needs although some improvements to aspects of

the environments were required.
Actions addressed in these units included;
- Limitations to dining room space were found to be addressed through the establishment of additional meal sittings and many residents were found to prefer to have their meal in their own room.
- Call bells were in place in communal areas.
- Evidence of repairs carried out to the en-suite rooms affected was provided and heating temperatures were improved.
- Evidence of ongoing repair and maintenance to assistive equipment was available.

Some actions were partially addressed although further actions were required.
A wall which was in a poor state of repair on the last inspection was not yet addressed. This wall was identified as a protected structure and the provider had communicated extensively with the Office of Public Works (OPW) to resolve the issue and have the wall repaired. But despite these efforts, the provider was unable to get agreement with the OPW and had now secured some funding to have the wall repaired.
Inspectors acknowledge the extensive efforts of the provider to address this issue and evidence was available to show that the repairs to the wall would be commencing in the near future.
But it was observed that the wall remains in an unsafe condition and remains propped up by bricks and planks of wood.
Safety issues for persons passing in the vicinity of the wall which is located in close proximity to the Chapel View Unit were noted. Health and Safety measures such as; signage to give notice that the wall is unsafe and care should be taken whilst passing; protective meshing or improved containment measures to prevent collapse or falling masonry were not in place.
These issues were raised with the provider and the health and safety officer during and at the end of the visit.

Inspectors found that actions relating to the environment of the Chapel View unit were not progressed since the registration inspection and that the premises had deteriorated considerably in the intervening year.
Findings on the registration inspection in March 2015 found that the physical design and layout of the premises did not meet the needs of residents and the unit was neither accessible, hygienic spacious or well maintained. These findings were replicated again on this visit and inspectors found that conditions within the unit had deteriorated and posed potential risks to residents' health and safety. Findings include;
-Externally it was noted that the grounds at the front entrance were not appropriately maintained or clean. A large waste bin was overflowing and rubbish was blowing around the grounds including, paper leaves and cigarette ends. Pots containing plants on the grass verge were broken.
- In 2015 inspectors found little effort to improve or maintain the fabric of the building since the initial registration inspection in 2011. Since the 2015 inspection inspectors found no refurbishments or repairs were made to the fabric of the building.
Repairs to paintwork, skirting, architrave, doorways, windows and window frames, radiators, flooring and wall tiles or paintwork in all rooms, corridors, sluice areas and showers identified at that time were not made.
- A toilet which was not in working order on the last inspection and which inspectors were told was regularly blocked, was in the process of being repaired. The toilet was still

being used by male residents despite an opening knocked through the wall to the outside by workmen who could be seen through the opening at the back of the toilet bowl. A cover was available to obscure the view but the room was very cold due to the draught coming from the opening.
-The number of residents in Chapel View was reduced on this inspection from 36 to 24. The current resident profile were frail elderly persons with a high level of complex needs. 60% of all residents were assessed as being at high/ maximum dependency, meaning that they required the assistance of two staff with most or all of the activities of daily living. All were also long stay residents with an age profile of; 1 over 100 years; 5 between 90-100; 11 between 80-90; 7 between 70-80 years. Over 75% had a formal diagnosis of dementia or cognitive impairment.
Inspectors learned that the reduction in resident numbers was due to the refusal of applicants and/or their relatives to be placed in the unit due to the poor environment and not as part of any formal decision by the provider to reduce the capacity. The reduction in resident numbers had enabled staff to remove one bed from all of the four bed cubicles with the exception of one. The function of one cubicle was in the process of being changed from a bedroom to an activities room. But despite the reduced number of beds in all other multi occupancy rooms, these rooms remained cluttered. Space freed up by removal of beds was now occupied with equipment such as linen trolleys, hoists, wheelchairs and other assistive equipment. This equipment had previously been stored on corridors. Staff lockers, filing cabinets wardrobes and cardboard boxes were still stored on the corridors. Additional or improved storage space for residents' personal possessions was not provided. Storage space for all residents in the multi occupancy cubicles consisted of a small locker and narrow wardrobe. Inspectors found that resident's did not have sufficient space to store their clothing which was crammed onto the shelves and spilled out when the door was opened. Most of the wardrobe doors did not close properly and were held closed using chairs or other items. Suitcases were wedged between the wardrobes and the wall. The top of the wardrobes were used to store toiletries such as toothbrushes, razors and hair combs.
Sluice rooms, shower and bath rooms were also used as storage areas. The unit has one separate shower and bath room.
The shower room contained, transit wheelchairs, specialised wheelchair and portable hairdressing sink. It also contained a shower chair and shower trolley. Three bags of dirty laundry were stored on the shower trolley waiting collection in the afternoon.
The room did not have mechanical extraction ventilation or any form of heating. This meant staff had to keep the window open during and after use thereby the room was generally found to be cold when used by residents particularly during the winter months.
The shower although functioning had reduced water pressure in recent weeks as the shower hose was leaking and had not been repaired despite requests since the first week in January. As previously referenced under Outcome 11, some residents' preference for showers were not being met on a regular basis as the condition of the shower facility did not meet their needs.
The bath room contained several bags of personal care products such as pre soaped sponges. The sluice contained four bags of soiled linen on the floor and several linen skips. The sluice like the shower room did not have mechanical extraction ventilation and the window was left open on an ongoing basis by staff to clear malodours.
Evidence of further deterioration to the fabric of the building and the increased level of risk this posed to residents' healthcare and the health and safety of all people who work in or visit the building on an ongoing or regular basis was found.

These included;
- In some multi occupancy rooms, trailing wires from extension cables extending from a TV situated on one wall to the socket on the other were noted.
- Safe and appropriate levels of infection prevention and control were not evident throughout the building. Dirt and dust had accumulated on old electrical junction boxes where the covers were missing. A build up of dirt and mould was observed on the window ledges and frame. The age and construction of these windows made them difficult to clean effectively. Large pieces of crumbling plaster were hanging from walls in many rooms including multi occupancy rooms and pieces were lying on the floor.
- The door between the small entrance lobby at the front of the building and the internal corridor was in a very bad state of repair. All the wood was exposed and large pieces of door panelling were missing on one side and had been patched with metal on the other. The door did not close properly with gaps evident at top bottom and middle.
- The locks on sluice doors consisted of a sliding bar on the external aspect of the door at the top. This did not ensure the safety of residents at risk of wandering or absconsion as the windows in both were consistently open and the building is single storey.
- The linoleum on the floor of the main corridors was observed to be uneven, lumpy and torn in several areas posing a risk of slips, trips and falls for residents with poor mobility or balance issues. The flooring was also torn in the nurses' office and in one of the single bedrooms.
- The corridor at the rear of the unit was draughty. This corridor had large windows extending the length of the building, all of which were single glazed. Gaps and cracks were evident in the seals within and between the window frames and the wall plaster. In the centre of this corridor there was a small glassed porch area. This porch was the designated smoking area for residents. Entrance from the porch to the corridor was via an automatic glass sliding door. Inspectors noted a gap existed between the frame of the door and the wall of the unit. This gap was large enough to slide a pen through. Several residents were observed smoking in the porch around midday and the smell of cigarette smoke could be detected in the corridor and in the single bedrooms and dining room in close proximity to the porch.
- All fire doors on the corridors in the Chapel View unit were found to be considerably warped and not fully closing. Large gaps were noted at the top and bottom of the doors. Although staff and residents were dependent on these doors to provide up to 60 minutes fire protection when implementing the horizontal fire evacuation process in use in the centre. These doors were currently not fit for purpose and require replacement. Given the location of the smoking area adjoining the unit and the inappropriate storage of combustible material on the corridors in addition to the poor condition of the fire doors, this presents a potential fire hazard.
- Extensive corrosion was found on radiators throughout the Chapel View unit. This corrosion was particularly evident on the radiator pipes. Some radiators were situated at walls in close proximity to residents' beds or beside wash hand basins, the pipes were on the outside aspect of the radiator where residents would have to pass to reach their bed or chair. There was a high risk of potential injury and infection from the build up of rust on the pipes. Some radiators were hot to touch although not excessively so, but it was noted that the heat could not be adjusted on individual radiators but was controlled centrally. Checks were not maintained on radiator temperatures at the time of this inspection.

Judgment:

Non Compliant - Major

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

Findings:
The complaints policy was displayed in all units in the centre and a record of complaints made was available and one was reviewed.
This record showed that all complaints had been appropriately responded to, followed up on and investigated where required. Evidence that the complainant had been informed of the outcome of any investigation was also noted. Verbal complaints were being documented and responded to in an appropriate manner

Judgment:
Compliant

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

Findings:
Findings on this inspection replicated those on the thematic inspection conducted in June 2014. Arrangements were in place for capturing residents' end-of-life preferences in relation to issues such as; preferences for place of death or funeral arrangements. Equipment and facilities for both residents and relatives were available to a good standard in two of the units within the centre and religious and spiritual needs were all met.

However, It was found that there were residents in the Chapel View unit who were receiving end of life care and had expressed a preference for a single room. But their

needs could not be met as a single room was not available. Inspectors found that this mitigated against their wishes and expressed choice. It was found that the deterioration and poor state of repair of the physical environment did not enable staff to provide a high standard of personal care and hygiene. Suitable facilities were not available to the family or friends of the resident. The care provided at the end of life did not meet the assessed needs of all residents and did not take account of their expressed wishes.

Judgment:
Non Compliant - Major

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

Findings:
All lines of enquiry were reviewed in full under this outcome on a thematic inspection in June 2014 and overall it was found that residents' nutritional status were assessed and reviewed as necessary and there was appropriate access to allied health professional and associated services such as dental, dietician, speech and language and diagnostic services.
Improvements were required on the registration inspection in relation to;
- provision of choice to residents on both normal and modified diets on daily menu. This was addressed and there was a choice of either minced/pureed fish or a poultry/beef option.
-the provision of assistance in a dignified manner to those residents who required same with their meals was improved. Assistance was provided in a dignified manner and staff were observed to give residents time to enjoy their meal in a respectful and unhurried manner.

Judgment:
Compliant

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

Findings:
Improvements were found in relation to resident's right's to confidentiality, in that, guidelines relating to aspects of care provided to manage identified needs were no longer displayed above their beds.
Resident's right to vote was also upheld and many had voted in the recent general election.
However inspectors observed that there was a lack of meaningful or varied activities for residents in some units of the centre.
Although there was an activities programme in place. The activities coordinator for these units had left at Christmas and had not been replaced by a trained person. Instead care staff that were not trained were filling the role to the best of their ability. The programme in place was found to be generic and repetitive. It consisted of arts& crafts; watching old movies; listening to music; gentle exercise; balloons and butterfly moments (meaning individual time between activities person and one resident).
The programme ran over five days- Monday to Friday. There were no scheduled activities at weekends. On review of the activities diary on one unit which records activities delivered, there was nothing recorded for the Monday or Thursday of the week preceding the inspection.
On the day of inspection it was observed that staff played old classic movie DVD's and background music CD's for residents who came to the sitting rooms. But for the majority it was observed that many spent long periods of time in their bedrooms, for some it was found they remained in their rooms all the time. For others who were more mobile and appeared to be seeking stimulation, they were observed walking up and down the corridor, others were seated and some appeared to be sleeping in chairs. Although in general staff seemed to be aware of the benefit and importance of stimulation for residents, the task orientated approach to care delivery took precedence over this aspect of social care needs. Some staff did turn on TV's, radio's or CD's for residents who remained in their room. But inspectors observed there were still a high number of people for whom there was no stimulation or human interaction except when staff were providing assistance with an activity of daily living. In conversation with some residents they confirmed there was little to do during the day.
In conversation with staff they acknowledged that although a programme was available it was not fully delivered and did not meet the needs of all residents, particularly those who did not or could not participate in group activities. Staff recognised that residents were bored.
In conversation with persons' in charge inspectors were told that a new activities programme was being devised and a staff training programme was being developed. However this is still some weeks away from being ready for delivery.

Judgment:

Non Compliant - Moderate

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:
Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.
Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place in all units. Agency staff were used although cover was also provided from within the existing staff compliment.
Appropriate and sufficient supervision and guidance, auditing of care delivery, assessments and implementation of care interventions by the senior management team were in place.
A daily communication system was established to ensure timely exchange of information between shifts which included updates on residents' condition.
Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and prevention of elder abuse. Additional training in restrictive practice assessment and care planning; documentation and recording of care and dementia care and malnutrition screening was also provided.

Judgment:
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:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Phoenix Park Community Nursing Units
Centre ID:	OSV-0000476
Date of inspection:	23/02/2016
Date of response:	30/03/2016

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:
Evidence of deterioration to the fabric of the Chapel View building with increased level of risk was found.
All fire doors on the corridors in the Chapel View unit were found to be considerably warped and not fully closing.
These doors were currently not fit for purpose and require replacement.

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

1. Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
Fire risk assessment was completed on 14/03/16. Actions are being taken to address risks. Replacement fire doors are currently being tendered for and have been prioritised.

In relation to the overall plan for Chapel View, local management have discussed all available options with National Social Care. Please refer to accompanying email which states that the HSE is now developing a revised schedule of plans with regards to the improvements required to centres across CHO 9 which will be forwarded to HIQA when complete.

Proposed Timescale:

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:
Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need

2. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
- All residents are pre –assessed prior to admission and following admission a care plan is initiated and completed within 48 hrs of admission.
- All care plans are person centred and individualised. Care plans are updated every 3-4 months and or when the residents condition changes. The Nursing interventions once reassessed reflect any changes made in the plan of care for the resident so that staff can deliver the appropriate care.

Proposed Timescale: 24/03/2016

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

3. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
- All care plans are reviewed and reassessed every 3-4 months
- Health and Social Care Professionals will place a sticker in the nursing narrative notes indicating that they have seen the resident, prompting nursing staff to refer to record of intervention in medical notes. This will ensure all plans to manage identified need are up to date.
- Audit tool will be reassessed to ensure that the PIC's and Nurse Tutor capture all inappropriate interventions.

Proposed Timescale: 24/03/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Evidence that a high standard of personal care was provided to all residents in line with their care plans was not available.

4. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
- Resident's preferences for personal hygiene as documented in their plan of care will be adhered to by staff.
- Staff shall document clearly when personal care is given and if refused, alternative arrangements decided upon in collaboration with resident if possible and this will then be documented in narrative notes.

Proposed Timescale: 24/03/2016

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 design and layout of the Chapelview unit in the centre is not currently suitable for the purpose of achieving the aims and objectives set out in the statement of purpose.

5. 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:
- There are now 18 residents in the unit. Since the inspection 6 residents have been transferred to available beds in the other units.
- In relation to the overall plan for Chapelview, local management have discussed all available options with National Social Care. Please refer to accompanying email which states that the HSE is now developing a revised schedule of plans with regards to the improvements required to centres across CHO 9 which will be forwarded to HIQA when complete.

Proposed Timescale:

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Chapelview unit in the centre currently does not meet the requirements of Regulation 17 or Standard 25 (Physical Environment) of the National Quality Standards for Residential Care Settings for Older People in that; the physical design and layout of the premises does not meet the full needs of the current resident profile and all aspects of the premises are not accessible, hygienic, spacious or well maintained, as detailed in the body of the report.
The premises do not fully conform with all the requirements of schedule 6 of the Regulations.

Due to the level of deterioration, aspects of the premises were found to pose potential risks to the health and safety of residents staff and visitors such as ; Extensive corrosion on radiators; Warped fire doors; uneven, lumpy and torn flooring in several areas posing a risk of slips,trips and falls; safe and appropriate levels of infection prevention and control was not evident.

6. 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:

- Immediate actions have been taken to address the points raised regarding the front entrance. The area has been cleaned, broken pots removed and bin emptied.
- The toilet referred to is now in operation.
- Items stored in corridor have been removed.
- Shower hose is being replaced.
- Items stored in bathrooms have been relocated.
- The gap in the automatic doors to the smoking area has been sealed to minimise the impact of cigarette smoke from the smoking area on other residents.
- Boiler temperature in the unit has been reduced which has reduced heat in radiators and will be monitored thereafter.

Proposed Timescale: All of the first 7 actions listed above have been actioned.
In relation to the overall plan for Chapelview, local management have discussed all available options with National Social Care. Please refer to accompanying email which states that the HSE is now developing a revised schedule of plans with regards to the improvements required to centres across CHO 9 which will be forwarded to HIQA when complete.

Proposed Timescale: 24/03/2016

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The care provided at the end of life did not meet the assessed needs of all residents and did not take account of their expressed wishes.

7. Action Required:
Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

- A single room in Chapel View has been set aside which may be used for any resident requiring end of life care.
- Residents families are welcome to stay on the unit, they may also avail of the family rooms in Teach Iosa or Teach Cara.

Proposed Timescale: 24/03/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All residents were not supported to participate in activities in accordance with their capacities. Group and individual activities that are meaningful and reflect residents past interests or lifestyles and activities specific to residents with cognitive impairments and/or with limited or no mobility were not evident.

8. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
- Activities training day to be held for all staff on 22/04/2016, training will be centred on meaningful activities, appropriate group activities and one to one activities.
- A specific room has been set aside in Teach Cara for use for activities
- All staff are encouraged to see meaningful engagement as a normal part of everyday care, they are encouraged to spend a little extra time with each resident while delivering daily care and to move away from task orientated care. Integration of activities/social programme into the role of the ward staff works well on a dementia focused unit. By incorporating the social element into the routine physical care of the resident, relationships are enhanced, communication improves, barriers are broken down and the whole environment becomes normalised and more person centred.

Proposed Timescale: 24/03/2016