

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Birr Community Nursing Unit
Centre ID:	ORG-0000522
Centre address:	Sandymount, Birr, Offaly.
Telephone number:	057 912 3244
Email address:	dorrie.mangan@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Dorothy (Dorrie) Mangan
Person in charge:	Paula Phelan
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	65
Number of vacancies on the date of inspection:	11

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
27 May 2014 10:30	27 May 2014 18:00
28 May 2014 09:30	28 May 2014 16:30

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

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

Summary of findings from this inspection

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate prior to inspection. As part of the registration renewal process, interviews were carried out with person in charge, the Assistant Directors of Nursing (ADONs), the person authorised to act on behalf of the provider and the area administrator.

Overall, the inspector found that the person in charge met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The safety of residents was promoted. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons.

The dining experience was pleasant, and residents were treated with respect and dignity by staff. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. However, some medication practices required improvement. Further work was also required to ensure that each resident's assessed needs were set out in individual care plans. In addition there was limited evidenced that residents were involved in either the development or review of their care plans.

The premises were well maintained but action was required to ensure that the size and layout of the bedrooms is suitable to meet the needs of all residents.

There was evidence of safe recruitment practices but further documentation needed to be completed relating to volunteers. These are discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulation's. It accurately described the service that was provided in the centre and was kept under review by the person in charge and the provider and was available to residents. It was recently updated to reflect the changes in occupancy levels.

Outcome 02: Contract for the Provision of Services

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector read a sample of completed contracts and saw that it was unclear if services such as hairdressing or dry cleaning were included in the fee. This was discussed with staff and amended immediately. The inspector was satisfied that it met the requirements of the Regulations.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

As part of the registration renewal inspection, an interview was conducted during which she demonstrated her knowledge of the Regulations and the Standards and her statutory responsibilities. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to continuously monitoring the service provided. All documentation requested by the inspector was readily available.

The person in charge had maintained her continuous professional development. She had undertaken a certificate course in care of older persons and a certificate course in healthcare management. She had completed all mandatory training and further clinical training in infection control, nutrition and wound care. She is supported in her role by two ADONs and a team of CNMs and senior nurses.

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

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Adequate insurance was in place. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider was aware of her responsibility to notify the Authority should the person in charge be absent for more than 28 days. To date this had not been necessary. The person in charge is supported in her role by two ADONs who deputise for her in her absence. The inspector interviewed both and found that they were aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards. There was ample evidence of continuous professional development.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents' monies continued to be managed in a safe and transparent way, guided by a robust policy. Internal and external audits were carried out to provide additional safeguards.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents, visitors and staff.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. A risk management policy was in place and met the requirements of the Regulations. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panels which had daily visual inspections, were in order and fire exits, which also had daily checks, were unobstructed. The fire alarm system was in working order. There was evidence of frequent fire drills taking place and all staff had attended training. The inspector read the emergency plan and saw it provided sufficient detail to sufficiently guide staff in the procedure to follow in the event of an emergency. In addition possible alternative accommodation for residents was specified should evacuation be required.

Previous action relating to the design of some bedrails in use had been completed. All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Although there was evidence of safe medication practices, additional improvements were required to ensure that each resident was protected by the designated centres' policies and procedures for medication management.

The inspector read a sample of prescription and administration records and saw that for medications to be administered as and when required, the maximum doses were not consistently stated. The inspector reviewed the policy and saw that it did not contain sufficient guidance for staff in relation to this practice. In addition, medication that required crushing was not consistently prescribed that way.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

A medication fridge was available in a locked room in each unit and the inspector noted that the temperatures were within accepted limits. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

The inspector saw where ongoing developments had occurred in relation to medication reconciliation for residents to minimise the risk of medication errors on transfer to or from the acute services. The inspector also saw that the centre was part of the national survey of healthcare associated infections and antimicrobial use in long stay facilities. A recent report indicated on going improvements in this area.

Outcome 09: 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis.

Audits were being completed on several areas such as medication management, falls and infection control and health and safety issues. The inspector saw that the results of these audits were shared with all staff at team meetings. There was evidence of improvements being identified following these audits and interventions put in place to

address them. For example additional staff training was provided following a hand hygiene audit. Strategies implemented following a falls audit included a medication audit and review by the physiotherapist. Each fall was analysed by members of the multidisciplinary team to explore causes and possible trends. The overall incidence of falls within the centre had decreased.

Data was also collected each week on the number of key quality indicators such as the use of psychotropic medication, the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

A survey on residents' satisfaction with meals was recently carried out and this is discussed in more detail under Outcome 15.

Outcome 11: Health and Social Care Needs

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

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. However additional work was required to ensure that residents' assessed needs were set out in individual care plans. In addition there was limited evidence that residents were involved in either the development or review.

The inspector read a sample of care plans and saw that in some cases the interventions section had not been updated to reflect the changing condition of the residents. For example, a resident had been reviewed by the Speech and Language Therapist and a particular consistency meal was recommended. The inspector spoke to staff who were aware of the recommended diet and the inspector saw that this was provided at meal times. However this was not recorded in the relevant care plan. The inspector also noted that there was limited evidence that residents or relatives were involved in the development or review of their care plans as required by the Regulations.

The inspector reviewed the management of clinical issues such as wound care, nutritional care, falls management and the use of restraint and found they were well managed and guided by robust policies. The inspector reviewed the procedures in place for responding to behaviours that challenged. Training had been provided to all staff and there was a policy in place which provided guidance to staff. The inspector reviewed residents' files and noted that a comprehensive assessment had been undertaken. Possible triggers had been identified and staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the psychiatry services.

Weight management is discussed in more detail under outcome 15.

Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed using 'A key to me' documentation. This information was used to plan the activity programme along with additional suggestions from the residents' action group. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. A programme of events was displayed and included religious ceremonies, music, art, baking and many more. The inspector saw that residents had been very involved in the recent nutrition week which was held in the centre.

Residents also told the inspector about the gardening activities that had taken place. Students undertaking horticultural training had provided additional help with the digging. Vegetable and flowers were planted. One resident told the inspector how he had suggested a scarecrow and the inspector saw where staff had assisted in making one.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The centre is a purpose-built, single-storey premises and the provider had applied to reduce the occupancy from 90 to 76. The design and layout of the premises was

suitable for its stated purpose and provides a good standard of private and communal space and facilities. The environment was bright, spacious and well maintained throughout. Residents described the centre as being comfortable, welcoming and homely. The centre was well decorated and communal areas such as the day-rooms had a variety of pleasant furnishings and comfortable seating.

There were a number of multi occupancy bedrooms and the person in charge was able to show the inspector the plans in place to address this issue within the timeframe. Adequate screening was provided in all shared rooms.

The centre had four secure landscaped courtyard areas which were well used. The inspector saw staff residents and relatives working together sowing flowers vegetables and watering the plants.

There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. The wide corridors enabled easy accessibility for residents in wheelchairs or those with mobility aids. Hand rails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-date.

Sufficient sluicing and laundry facilities and equipment were provided. Storage for equipment was sufficient and the inspector noted that the equipment was safely stored without impeding any walk ways.

Close circuit television cameras were in use. However, they did not intrude on the privacy of residents and a policy was in place to guide its usage. There was ample parking for visitors and staff at the front of the building.

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The complaint's policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display throughout the centre. Residents, relatives and staff who spoke with the inspector knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. A complaints log was maintained and the inspector saw that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome. The number of complaints received was minimal.

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in centre. This practice was informed by the centre's policy on end of life care.

A specific bedroom and facilities for relatives were set aside for use. This was an area where notable improvements had taken place. Additional documentation had recently been introduced which documented residents' preferences regarding their care. An integrated care pathway was available for use if appropriate. In addition information leaflets had been developed for bereaved relatives providing information on issues such as contacting the undertaker and obtaining the death certificate. The local palliative care team continued to provide support and advice when required.

The inspector saw that training had been provided on palliative care and end of life care and additional training was already scheduled.

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

Residents' dietary requirements were met to a high standard. The chef on duty discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff and from speaking directly to residents. Residents confirmed that they enjoyed the food. The inspector saw where following an audit of the mealtime experience, additional choices that residents had suggested had been added to the menu. For example, roast chicken had been requested and the inspector saw that this was now on the menu.

Staff were seen to assist residents who required assistance discreetly and respectfully. The inspector saw that adequate choices were available for residents who required a modified consistency diet. The inspector saw residents being offered a variety of snacks and staff regularly offered drinks to residents. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them. Relatives also confirmed that they were frequently offered refreshments.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used for residents at risk. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident's privacy and dignity was respected. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available. Mass took place weekly. The provider and person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' action group (RAG) had been established. All residents were invited to attend. The inspector read the minutes of some of these meetings and noted that suggestions made by residents had been addressed by the person in charge. For example, residents had made suggestions about the range of activities available. There was a request for more outings to the theatre and the inspector saw that this was now included. Residents had also made suggestions regarding the menu choices. For example they had asked that more home baking be included in the menu options and residents confirmed that home made cakes and scones were now available. Residents said how much they enjoyed this.

Resident's and staff told the inspector about plans afoot to make a quilt to celebrate the 10th Anniversary of the centre.

Outcome 17: Residents clothing and personal property and possessions

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents could have their laundry processed in the centre. Residents and relatives expressed satisfaction with the service provided and the safe return of their clothes to them. The inspector visited the laundry and saw that it was well equipped, clean and organised. The inspector spoke to a staff member working there and found that she was knowledgeable about the different processes for different categories of laundry.

Adequate wardrobe space had been provided to all residents and the inspector saw that residents' clothes were neatly stored.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. The inspector examined a sample of staff files and found that all were complete.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector was satisfied that there was sufficient staff on duty to adequately provide care to the residents. The bed numbers had been reduced in order to ensure the delivery of a safe acceptable standard of care.

The person in charge promoted professional development for staff. Training was tailored to meet residents' needs. Staff told the inspector they had received a broad range of training which included continence promotion, falls prevention and infection control. The inspector saw that a training plan was in place outlining an extensive range of upcoming training. Yearly staff appraisals had been introduced and the inspector saw that staff identified future training requirements which were then provided.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the Regulations.

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Birr Community Nursing Unit
Centre ID:	ORG-0000522
Date of inspection:	27/05/2014
Date of response:	17/06/2014

Requirements

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

Outcome 08: Medication Management

Theme: Safe Care and Support

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

The maximum doses were not consistently stated for medications to be administered as and when required.

Medication that required crushing was not consistently prescribed that way.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Medication charts reviewed by the pharmacist on the 4th June 2014. Letter sent to all GPs on the 4th of June 2014. All nursing staff informed following inspection.

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

Proposed Timescale: 01/07/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

Residents' assessed needs were not consistently set out in individual care plans.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Immediate corrective action took place in regards to care plan.

Proposed Timescale: 29/05/2014

Theme: Effective Care and Support

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

There was limited evidenced that residents were involved in either the development or review of their care plan.

Action Required:

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

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

Audit of documented resident's involvement in care planning taking place. All nursing staff informed following inspection.

Proposed Timescale: 01/07/2014