

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Plunkett Community Nursing Unit
Centre ID:	OSV-0000653
Centre address:	Elphin Street, Boyle, Roscommon.
Telephone number:	071 966 2026
Email address:	gerard.mccormack@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Cunningham
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
02 March 2015 13:00	02 March 2015 17:30
05 March 2015 09:00	05 March 2015 15:00

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

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

Summary of findings from this inspection

This announced monitoring inspection was the eighth inspection of this centre and took place over two days. The purpose of the inspection was to inform a registration renewal decision. The provider was originally granted registration in October 2012 for bed occupancy of 41 residents and has now applied for registration to accommodate 38 residents.

The inspector reviewed the actions taken by the provider following the inspection of 2 October 2014. Of the 6 actions identified on that inspection, three were satisfactorily completed, two were partially completed and one with regard to the premises was receiving attention but required further work. A definitive plan in relation to the use and suitability of the multi occupancy rooms was in place but no

date of commencement or completion had been agreed. Three relatives and one resident completed a pre-inspection questionnaire and the inspector spoke with residents during the inspection. The inspector found that residents and in the relative questionnaire were positive in their feedback and expressed satisfaction about the facilities, services and care provided.

The inspector reviewed documentation submitted by the provider and person in charge since the last inspection, met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector found that overall resident health care needs were well supported with good access to medical services. Medication management practices were found to be compliant and mandatory training for staff was current. A policy on the prevention and detection and reporting of abuse was in place and complaints were managed appropriately. Some improvements were identified to further enhance the service provided. These mainly related to review of the Statement of Purpose, consultation with residents and relative with regard to annual review of the quality and safety of care delivered to residents in the designated centre and compliance with the national standards and regulations with regard to premises post July 2015. The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and welfare of residents in Designated Centres for Older People) Regulations 2013.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A statement of purpose dated 6 November 2014 was submitted as part of the application to register. This statement of purpose accurately describes the services provided but requires minor changes to reflect all of the information contained in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The current qualifications of the Person in Charge, the total number of residents to be accommodated and the up to date staffing compliment requires review.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector found there were sufficient resources to ensure effective delivery of care

in accordance with the statement of purpose. Three new staff nurses had been recently appointed. There is a clearly defined management structure that identifies the lines of authority and accountability. Effective management systems were in place to ensure the delivery of safe, quality care services. Fitness of the provider, person in charge and the clinical nurse manager (person participating in the management of the centre) was determined by interview on previous inspections and will continue to be determined by ongoing regulatory work, including further inspections of the centre and level of compliance with actions arising from all inspections.

The quality of care and experience of the residents was monitored on an ongoing basis and improvements were brought about as a result of the learning from the monitoring reviews for example with regard to display of the menu in larger print. Under regulation 23(d) the registered provider shall ensure that that an annual review of the quality and safety of care delivered to residents in the designated centre is carried out and this review must be carried out in consultation with residents and their families to ensure that such care was in accordance with relevant standards set by the Authority under Section 8 of the Health Act. A copy of this review is required to be made available to residents. An overall report of the annual review of the quality and safety of care delivered to residents was available but this there was no evidence of consultation with residents and their families throughout this report. Additionally this report did not reflect all quality and safety aspects of the delivery of care to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Health Act.

Judgment:
Substantially Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
A resident's guide detailing a summary of the service provided was available. The complaints procedure was displayed in the entrance foyer for visitors and residents to view. This detailed the procedural steps and relevant personnel to making a complaint. The inspector viewed a sample of residents' contracts of care and found that there was an agreed written contract in place which included details of the services to be provided to the resident and the fee payable by the resident.
No additional fees were payable for social care, physiotherapy or occupational therapy.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge has not changed since the last inspection in 2013. He is a registered nurse and holds a full-time post. He was well known by residents and had good knowledge of residents assessed needs and could describe in an informed way where residents' had specific needs and how staff ensured that these needs were met. There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. He had engaged in continuous professional development in the previous 12 months and had completed courses in 'Cardio pulmonary resuscitation, nutritional care and final journeys'. His mandatory training in adult protection, safe moving and handling and fire safety and her registration with an Bord Altranais agus Cnámhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

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:

The nutritional care policy had been reviewed. The inspector reviewed a range of documents, including residents' and staff records and the directory of residents.

The inspector found that generally records were maintained in a manner so as to ensure completeness accuracy and ease of retrieval however, some improvements were required as follows - Schedule 2 records – documents to be held in respect of each member of staff were not complete. Omissions included evidence of the person's identity, including a recent photograph and details of documentary evidence of any relevant qualifications.

Schedule 3 records were incomplete - Nursing care plans, did not demonstrate that an evaluation of interventions and a review of decisions had taken place at intervals not exceeding four months and a record of consultation with the resident and their significant other if appropriate.

A daily nursing record was recorded each day but this mainly detailed the physical care and did not convey evidence of social participation and an overview of resident's psychological and social wellbeing.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. Adequate insurance cover was in place. All information requested by the inspector was readily available

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Appropriate arrangements were in place for the management of the centre in the absence of the PIC. An experienced clinical nurse manager who had completed the diploma in gerontology and worked 30 hours per week deputised in the absence of the person in charge. She had engaged in continuous professional development and had completed the following courses in 2014, 'Cardio pulmonary resuscitation and care planning for nurses'.

She was familiar with the legal responsibilities of the person in charge including requirements in relation to the submission of notifications to the Chief Inspector.

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):

No actions were required from the previous inspection.

Findings:

The person in charge had measures in place to protect residents from being harmed or suffering abuse. Restraints in use included bed rails and lap belts. The inspector saw that a risk assessment for the use of restraint was completed prior to the enactment of the restraint measure to ensure it was safe to use.

There was a policy on the protection of vulnerable adults which had recently been updated. It detailed the procedures in place for the prevention and detection of abuse and included the investigation process to be followed in the event of an allegation of abuse. The person in charge and staff interviewed had received training on adult protection and staff spoken with had a clear understanding of the action to take if an allegation of abuse was reported. While all staff had attended training refresher training was organised for the 25 and 28 April 2015.

The inspector reviewed the procedures in place for responding to behaviours that challenge. There was a strong emphasis on supporting residents with dementia to maintain their skills and independence. Training had been provided to staff and additional training was planned. A policy was in place which provided guidance to staff in management of behaviour that challenged.

Small amounts of money were managed for some residents. The inspector was satisfied that this was managed in a safe and transparent way, guided by policy. Records were kept and these were independently audited each year.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the health and safety of residents, visitors and staff was promoted and protected. A risk management policy was in place which met the requirements of the Regulations. An emergency plan was in place which identified what to do in the event that evacuation of the premises was required. Alternative accommodation for residents had been sourced and was available if a total evacuation was necessary. A health and safety statement was in place. Risk assessments were completed for example a risk assessment was in place with regard to the drinking water. Water coolers were fitted with appropriate filters to ensure residents were protected.

Procedures for fire detection and prevention were in place. Service records showed that the emergency lighting and fire equipment were serviced on a yearly basis and the fire alarm system on a three-monthly basis. A fire safety inspection of escape routes, exit doors and the fire panel was completed daily. The inspector noted that fire exits were unobstructed. Fire drills were carried out. Three staff had not completed fire training in the last year. Fire training for these staff was booked for the 5 March 2015. Staff spoken with were clear on the procedure they would follow in the event of a fire. The local fire officer was available in the centre on the day of inspection. He confirmed that the local fire station would be swift to respond to an emergency call from the centre and confirmed that he had no concerns with regard to the current fire safety arrangements. He stated that he would be returning to the centre once refurbishment had been completed to ensure that the fire services were aware of the plan of the revised layout of the centre.

An environment health officer report as available dated 2 October 2014. Actions in this report related to food safety training for food workers, this had been completed and to ensure that all food was labelled. The person in charge stated that had been actioned. All staff had attended the mandatory training in moving and handling and the use of hoists and slings and the inspector saw staff using this equipment appropriately. Policies were available on infection control and details on the local public health personnel. Staff had attended training on hand hygiene. A policy on the use of CCTV which was in use on the external surrounds of the building to include entrances and exits and the car park.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place.

MDA drugs were checked twice daily by two nurses and a record of same maintained. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and most charts reviewed had a photo of the resident to assist with safe administration. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum does of PRN (as required medication) was recorded in most cases. The inspector noted on two prescription charts that buccal midazolam and stesolid were both prescribed but there was no indication as to how they were to be administered safely. Additionally, stemetil was prescribed orally and by intra-muscular injection on another chart and there was no guideline as to which was to be administered and in what circumstances.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A log of accidents and incidents that took place in the centre was documented. Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were reported in accordance with the requirements of the legislation.

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 were deficits with reviewing care plans at the time of the last inspection. This had been partially completed. The inspector found that nursing care plans, did not demonstrate that an evaluation of interventions and a review of decisions had taken place at intervals not exceeding four months and a record of consultation with the resident and their significant other if appropriate, however residents who could communicate with the inspector stated they were happy with the care delivered to them and staff were caring and prompt to attend to their needs. Relatives also indicated via the questionnaires that they were kept fully informed of the care delivered to their relative. A daily nursing record was recorded each day but this mainly detailed the physical care and did not convey evidence of social participation and an overview of resident's psychological and social well being.

Residents had access to appropriate medical and allied health care professionals. Residents had good access to general practitioner (GP) services and out-of-hours cover was also available. Residents and staff informed the inspector they were satisfied with the current health care arrangements and service provision.

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

There were no residents with pressure ulcers on the days of inspection. Specialist pressure relieving aids such as mattresses and cushions were in place.

Judgment:

Substantially Compliant

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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:
This centre has multi occupancy rooms; however plans are in place to ensure that this centre will be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. A final plan with costing attached is required to be submitted to the Authority with regard to compliance in this area post July 2015.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
A complaint's policy was in place which met the requirements of the Regulations. The complaint's procedure was on display in the centre. Residents, relatives and staff who spoke with the inspector or completed questionnaires knew the procedure if they wished to make a complaint. Complaints and feedback from residents were viewed positively by 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 complaint. However,

there was poor recording of the investigative process. The outcome of the complaint and the complainants' level of satisfaction with the outcome were recorded.

Residents spoken with by the inspector and from completed residents questionnaires identified who they would speak to if they had any issues or wished to make a complaint.

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):

No actions were required from the previous inspection.

Findings:

There were written operational policies and protocols in place for end-of-life care in the centre. The inspector viewed the training records for the centre and found that staff had attended training in this area. A sitting room with shower and toilet facilities was available for family and friends as an overnight facility or alternatively they could stay in the room with their relative. Refreshments were provided for relatives/friends who were staying in the centre with residents. Open visiting was facilitated. The option of a single room was available for residents who were nearing end of life to ensure greater privacy and dignity for all involved.

End of life care had been reviewed on the last inspection and the centre was found to be compliant in this area the inspector reviewed one care in this area on this inspection. The file reviewed was the file of the most recent death. The inspector found end of life care wishes were recorded and there was evidence that medications, symptom control and pain relief were regularly reviewed and closely monitored by medical staff and the palliative care services. From review of the relative questionnaires evidence was available that the next of kin had been kept informed of any changes that occurred. Resident's religion and cultural preferences were recorded on admission. Spiritual needs had been attended to regularly and on individual request.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities

adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

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

Findings:

This outcome was the subject of a thematic inspection in October 2014. All aspects of food and nutrition were examined in detail during this inspection. There was one action arising from this inspection. This related to a satisfaction survey of the meal time experience. This had been completed.

A nutritional care policy was available to provide guidance to staff. Processes were in place to ensure residents assessed nutritional and hydration needs were met. On admission each resident was assessed using a validated nutritional assessment tool. This was updated regularly according to the changing needs of the resident. There was evidence that staff completed a daily record of residents' nutritional and fluid intake/output when the resident's condition warranted. Guidelines were in place to guide staff in the monitoring of residents weights. Residents' weights were recorded monthly or more often if indicated.

On the day of inspection the inspector noted that there were two choices on the menu. Jugs of water were available in residents' bedrooms. Drinks and snacks were offered regularly throughout the day. The menu was displayed in the dining room. The catering staff assisted the care staff with the serving of the food. The inspector noted that staffing levels were adequate to meet the needs of the residents during meal times. Residents spoken with and from analysis of the completed questionnaires relatives and residents were complimentary of the food served.

Staff had attended training on nutrition and hydration in the elderly. Nursing staff completed food and fluid diaries to assist the dietician with the assessment of the resident. The inspector reviewed care plans with regard to nutritional care and found that the all care plans were up to date and reflected the care to be delivered to meet the needs of the resident. Residents with diabetes or other special requirements were provided with the appropriate diet and had a care plan in place to support their care.

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):

No actions were required from the previous inspection.

Findings:

The inspector observed that staff communicated appropriately with residents and were pleasant and gave time to residents. Curtain screening was available in all shared rooms and the inspector noted that curtains were closed when carrying out personal care. However, as the premises included shared rooms this impacts on residents' privacy and dignity and ability to maintain their independence. The centre provided day care three days per week and this facilitated interaction between residents and members of the local community. Residents told the inspector they looked forward to day care days to meet people and get the local news. Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Many of the residents stated they enjoyed the day programme which they participate in three days per week and enjoyed the fact that the day care attendees "brought in the local news". A specific activity co-ordinator was not in place, care staff were sometimes allocated to this role in the absence of day service staff but this required review to ensure activities do occur on the days there were no day care.

Residents who could communicate with the inspector were able to articulate their medical and care needs. There was evidence that they had choice in regard to their daily routines such as getting up or participating in activities. Residents had access to religious services, Mass was celebrated weekly and voting arrangements were made when required.

A residents meeting was held monthly. The inspector reviewed the minutes of the last meeting and found that nine residents attended. These meetings were chaired by an ex staff member. Catering staff also attend. The records available demonstrated that these were managed in a manner so as to elicit feedback or suggestions from the residents. Items discussed included dining arrangements and social activities. A plan for enactment was completed at the end of the minutes. Visiting times were flexible and visitors could avail of a private facility if they so wished.

Judgment:

Substantially Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy on residents' personal property and possessions and resident's property lists were completed on admission and regularly updated. Residents clothing was laundered on the premises and residents expressed satisfaction with the service provided and the safe return of their clothes to them. Residents reported that clothes generally did not go missing.

Each resident who wished to have a secure area where they could store personal valuables had one.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. Residents, staff spoken with expressed no concerns with regard to staffing levels. The inspector observed that call-bells were answered in a timely fashion, staff was available to assist residents and residents were supervised in the dining room throughout meal times and at all times during the inspection in the sitting room. Day care activities took place in the sitting room and day care staff provided supervision to both day and residential residents.

At the time of inspection there were 36 residents in the centre. 35 were long stay and

one was availing of respite care. 31 residents were assessed as maximum dependency, four as medium dependency and one as low dependency. The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. The centre had recently been allocated an additional three nurses. In the morning there are generally two nurses plus the clinical nurse manager and eight care staff in addition to the person in charge. In the evenings there is generally there are two nurses and plans are in place to increase care staff to five in the evening carers. From 20:00hrs to 08:00 there is two nurses and two carers on duty. Those residents who could use the call-bell system stated that staff responded quickly to their call-bells at night. There was sufficient catering and household staff available at all times.

A recruitment policy was in place. New staff recruited undertook an induction programme which included supernumerary time. Recruitment procedures were in place and samples of staff files were reviewed. The inspector found staff files were substantially compliant in the sample of staff files examined against the requirements of schedule 2 records, however, an improvement required is referenced in outcome 5 and the associated action plan.

Review of the training matrix indicated that mandatory training in manual handling was up to date for all staff (new staff had completed prior to working in the centre and the person in charge stated that refresher training would be organised). Adult protection had been undertaken by all staff as documented under Outcome 7. Three staff did not have up to date fire safety training but this was scheduled for the 5 March 2015. Additional training in food hygiene, end of life care and nutritional care, had been undertaken by staff throughout 2014.

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:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Plunkett Community Nursing Unit
Centre ID:	OSV-0000653
Date of inspection:	02/03/2015
Date of response:	08/06/2015

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not contain all of the information contained in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The current qualifications of the Person in Charge, the total number of residents to be accommodated and the up to date staffing compliment required review.

Action Required:

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

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

This has now been updated.

Proposed Timescale: 30/04/2015

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

An overall report of the annual review of the quality and safety of care delivered to residents was available but this there was no evidence of consultation with residents and their families throughout this report. Additionally this report did not reflect all quality and safety aspects of the delivery of care to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Health Act.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The 2015 Annual review will be rewritten to reflect the changes requested above.

Proposed Timescale: 28/02/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Schedule 2 records – documents to be held in respect of each member of staff were incomplete.

Schedule 3 records were incomplete - Nursing care plans, did not demonstrate that an evaluation of interventions and a review of decisions had taken place at intervals not exceeding four months and a record of consultation with the resident and their

significant other if appropriate.

A daily nursing record was recorded each day but this mainly detailed the physical care and did not convey evidence of social participation and an overview of resident's psychological and social well being.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Human Resources to be informed of the need to comply with the Schedule 2 records on staff as they are the point of contact for recruitment.

With regard to Schedule 3 records, a Nursing documentation Audit will take place in July 2015.

Nursing staff will be asked to ensure that Care plans are reviewed and interventions are evaluated at least 4 monthly.

Nursing Staff will be asked to document social participation and the residents schological well being as appropriate.

Proposed Timescale: 31/07/2015

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:

Three staff had not completed fire training in the last year.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Fire training will take place on the 27th May 2015 and further training will take place in Quarter 4 of this year

Proposed Timescale: 31/05/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

This centre is not in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland with regard to premises.

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:

Refurbishment work has gone out to tender and tenders have to be returned by June 2nd 2015 with a view to commencing works following this.

Proposed Timescale: 31/12/2015

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:

Care staff are sometimes allocated to activity provision.

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:

Residents to be surveyed again regarding their interests and which activities they would like to take part in.

Proposed Timescale: 30/06/2015

