

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Nursing Unit Abbeyleix
Centre ID:	OSV-0000527
Centre address:	Ballinakill Road, Abbeyleix, Laois.
Telephone number:	057 873 1204
Email address:	marym.lawlor@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	4

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 September 2016 09:30	06 September 2016 18:00
07 September 2016 09:30	07 September 2016 16:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

The person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's and the inspector's rating for each outcome.

The inspector met with residents and staff members during the inspection. She

tracked the journey of a number of residents with dementia within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed.

The Community Nursing Unit, Abbeyleix provides long and short term care for 20 people. Approximately 30% of residents have dementia. The overall atmosphere was homely, comfortable and in keeping with the assessed needs of the residents who lived there.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. 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. The dining experience was pleasant, and residents were treated with respect and dignity by staff.

Safe and appropriate levels of supervision were in place to maintain residents' safety. There were policies and procedures in place around safeguarding residents from abuse. Arrangements were in place to support the civil, religious and political rights of residents with dementia.

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. Staff were offered a range of training opportunities, including a range of specific dementia training courses.

The person in charge discussed plans already afoot to further improve the quality of life and care for the residents with dementia, including additional changes to the premises.

Improvement required related to medication to be administered as and when required. In order to ensure the design and layout of the premises will promote the dignity, well being and independence of residents with a dementia the provider needs to complete the planned action in relation to the premises.

These are discussed further in the report and included in the Action Plan at the end of this report

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: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. Some improvement was required to one aspect of medication management.

The inspector reviewed a sample of administration and prescription records and noted that medication to be given as and when required (PRN) did not consistently state the maximum dose that could safely be administered in a 24 hour period in line with national guidelines. Otherwise the inspector found evidence of safe practices.

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 inspector checked a sample of balances and found them to be correct. End of shift checks were carried out by two nurses.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia.

Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls, level of cognitive impairment and their skin integrity. There was also an appropriate pain assessment tool. A care plan was developed within 48 hours of admission based on the resident's assessed needs. The inspector noted that the system in use had been adjusted to meet the needs of residents attending for respite care.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Should admission to the acute services be required a detailed transfer form was completed to ease the transition for the resident.

Residents' nutritional needs were met. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required.

Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately. The inspector saw that residents had been reviewed by a speech and language therapist when required. The inspector observed practices and saw that staff were using appropriate feeding techniques as recommended.

The menu provided a varied choice of meals to residents. Residents who required support at mealtimes were provided with timely assistance from staff. The inspector saw that residents' likes, dislikes and special diets were all recorded. These were known by both care and catering staff.

Residents spoke very highly of the meals with one resident telling the inspector it was better than she ever had in her life whilst another described it as hotel quality. 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. The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them.

There were several examples of good practice in relation to end of life care. The inspector saw that in most cases residents were afforded the opportunity to outline their wishes regarding end of life. These wishes and preferred priorities of care could then direct the care provided. The person in charge and clinical nurse manager discussed plans underway to develop additional documentation to assist residents to identify their priorities for care. Previous initiatives relating to end of life care continued. The person in charge stated that the centre received support and advice from the local palliative care team.

Staff discussed with the inspector other initiatives that were underway within the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. A family handover bag was also available for the return of possessions. Staff confirmed that they had undertaken specific training for end of life care.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT), physiotherapy, dietetic services and occupational therapy. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found

that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

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

Staff had received training on identifying and responding to elder abuse. There was a policy in place 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.

The inspector saw that restraint use was minimal. One resident was using bedrails and this was following a comprehensive assessment. Regular safety checks were completed when in use. Additional equipment was available to reduce the need for restraint including as low low beds and crash mats.

Some residents had episodes of behaviour that challenged related to their medical conditions. Staff spoken with were very familiar with appropriate interventions to use. Residents benefitted from the psychiatry of later life services who provided ongoing reviews, support and advice. The care plans identified the possible triggers and possible interventions. This had been identified as an area for improvement at the last inspection.

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.

Administration staff managed monies on behalf of some residents. The inspector reviewed this process and found that it was sufficiently robust. External auditors had also recently completed an audit.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected.

Adequate screening was available in shared rooms. There were no restrictions to visiting in the centre. During the day residents were observed to move around the centre freely. Staff were observed to interact with residents in a warm and personal manner.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The observations took place in the day room and the dining room at lunch time. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 45% of interactions demonstrated positive connective care, 38% reflected task orientated care while 17% indicated neutral care. The inspector saw that a large number of staff of different grades interacted in a positive way with residents during the observation periods. The results were discussed with staff at the end of inspection.

The communication needs of residents were assessed and care plans put in place to address them. The inspector also observed that the staff knew the residents well and connected with each resident on a personal level. For example, the inspector saw a staff member having a conversation in Irish with a resident. Newspapers and magazines were available.

There was a residents' committee in operation. The inspector viewed the minutes of the previous meetings. Agenda items included menus and activities. The inspector saw that discussion had taken place and consensus reached regarding additional furniture for the day room. This was now in place.

Advocacy services were available.

There was evidence that feedback was sought from residents with dementia on an ongoing basis on the services provided. Satisfaction surveys had recently been completed which indicated overall satisfaction with service provided.

There was an activity coordinator employed three days per week and care staff took over the role of activities on the remaining days and were also involved in assisting the activity staff during the day. The inspector found there was a varied activities programme with arts and crafts, exercises, bingo and music. One to one activities were available for residents who did not wish to attend the group sessions.

Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were offered the opportunity to vote at recent elections.

The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

Community involvement was encouraged and there was a very active community group involved with the centre.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in the front hall met the regulatory requirements.

Residents spoken with were clear about who they would bring a complaint to. A minimal number of complaints were received. Records reviewed showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
The inspector was satisfied that at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents and having regard for

the size and layout of the centre.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The inspector reviewed a sample of staff files and saw that they met the requirements of the regulations. A policy was in place to guide recruitment practices.

There were no volunteers in the centre at this time.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty. Systems were in place to provide relief cover for planned and unplanned leave. Up to date registration numbers were in place for nursing staff.

The inspector saw that a robust induction programme was in place for new staff. The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in dementia care, the use of restraint, hand hygiene and medication management.

Residents spoken with were very complimentary about the staff. One resident said that she had been very unwell at home and staff 'gave me my life back'. Another resident told the inspector that she had found her own little heaven there.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Once the plans in progress were completed, the design and layout will promote the dignity, well being and independence of residents with a dementia.

The Community Nursing Unit, Abbeyleix, is now a 20 bedded facility set in mature grounds. It is a two storey building but all resident accommodation is on the ground floor. It provides long and short stay care and consists of 8 twin and 4 single rooms.

The bedrooms were spacious and comfortable and had bright, fresh curtains and bed linen. Because many of the residents were in for respite care only, and therefore had limited opportunity to personalise their rooms, the staff had made deliberate efforts to make all rooms homely and comfortable with the use of pot plants and pictures and memorabilia.

The inspector found the premises visibly clean and well maintained. Adequate provision was made for the safe storage of equipment; chemicals and cleaning products were securely stored in locked cupboards. The necessary sluicing facilities were provided and access to high risk areas such as the sluice room and the laundry was restricted. Adequate toilet and shower facilities were available.

Circulation areas, toilet facilities and shower rooms were adequately equipped with hand-rails and grab-rails. Call bells were in place.

Some appropriate signage in word and picture format was available at eye level height throughout the centre. Clocks had also been provided in each room. Plans were in place to develop this further including additional murals to aid orientation. The person in charge discussed plans afoot to further enhance the environment including providing contrasting colours on toilet doors.

Other plans included plans to have the front doors which are heavy wooden doors, opened during daylight hours while securing the internal doors. This will enable residents to look at the front gardens while also making the centre more welcoming and providing shelter for visitors. Plans were also in place to put a fireplace with mantle in the day room.

Adequate arrangements were in place for the disposal of general and clinical waste. Maintenance contracts were in place for equipment in use. There is a secure internal garden with a water feature and seating areas. In addition there are extensive garden areas around the front and side of the building. Parking is available at the front of the building.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila Doyle
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:	Community Nursing Unit Abbeyleix
Centre ID:	OSV-0000527
Date of inspection:	06/09/2016
Date of response:	21/09/2016

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

For medications to be administered as and when required (PRN) the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

A maximum dose to be administered in a 24 hour period is now recorded for all PRN medications.

Proposed Timescale: 21/09/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

2. 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:

A schedule is in place to further develop the Unit in order to enhance the environment.

Proposed Timescale:

Murals in place 10th October 2016.

Upgrade of the front door should be completed by 31st October 2016.

Painting of toilet doors by 30th November 2016.

Fireplace and mantle in the Day room by November 2016.

Proposed Timescale: 30/11/2016