



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Community Nursing Unit Abbeyleix
Name of provider:	Community Nursing Unit Abbeyleix
Address of centre:	Ballinakill Road, Abbeyleix, Laois
Type of inspection:	Unannounced
Date of inspection:	15 October 2018
Centre ID:	OSV-0000527
Fieldwork ID:	MON-0025258

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The Community Nursing Unit, Abbeyleix, is 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 eight twin and four 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, pictures and memorabilia. Adequate toilet and shower facilities were available. Other accommodation included a dining room, day room, an oratory, and a kitchen along with staff offices, a sluice room and a treatment room. Adequate provision was made for the safe storage of equipment. Circulation areas, toilet facilities and shower rooms were appropriately equipped with hand-rails and grab-rails. Contrasting colours were now evident in the toilet facilities. Call bells were in place. 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 well maintained garden areas around the front and side of the building. Parking is available at the front and rear of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
15 October 2018	10:30hrs to 17:30hrs	Sheila Doyle	Lead

Views of people who use the service

The inspector spoke with several residents during the inspection.

Residents said they felt safe and well cared for. They spoke of the kindness of individual staff members. Many said they liked being so close to town and meeting other people.

All residents spoken with reported satisfaction with the meals provided. They thanked the catering staff for the choices given to them.

Residents said that they knew how to make a complaint and felt it would be addressed. Residents were also complimentary about the care taken of their clothes.

Residents appreciated the activity programme and several said they loved the music.

Capacity and capability

Overall, a good service was being provided to the residents.

There was a clearly defined management structure, and governance and management arrangements were in place. There were appropriate staff numbers and skill-mix to meet the assessed needs of residents, and the safe delivery of services. Staff had access to a range of mandatory and supplementary training relevant to their role in the centre.

Overall, staff were supervised on an appropriate basis, based on their role and responsibilities. The inspector reviewed a sample of staff files and noted that they held the documents required under Schedule 2 of the regulations. Assurance was given that Garda Síochána (police) vetting was in place for all staff.

The statement of purpose outlined the aims, objectives and ethos of the designated centre, and details of the facilities and services that were to be provided for residents. The inspector found that it accurately described the service that was provided in the centre and met the requirements of the regulations. A copy was available in the front hall area.

Volunteers worked in the centre and added to the residents' quality of life by providing social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that all had been vetted appropriate to their role, and their roles, and responsibilities were set out in writing as required by

the regulations.

Contracts of care were in place. Opportunities for resident feedback were facilitated. A complaints policy was in place in line with the regulations.

Other records reviewed, such as the directory of residents, were up to date.

Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents. There was a minimum of two nursing staff on duty in the centre at all times, and there were sufficient staff to meet the needs of residents including catering and household staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of mandatory and supplementary training relevant to their role in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained electronically, was up to date, and contained the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of staff files and found they were complete.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care in place which set out the services to be provided and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had recently been updated and met the requirements of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

Documentation relating to Garda Síochána (police) vetting and the setting out of roles and responsibilities was complete.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front foyer. Detailed logs were maintained.

Judgment: Compliant

Quality and safety

Overall, the findings showed that, on the day of inspection, the residential centre was providing good quality care and support.

A care planning system was in place and there were adequate details to support staff in effectively managing residents' health and social care needs. These

included suitable assessment, planning, implementation and review of residents' health and social care needs. Based on a random sample of care plans reviewed, the inspector was satisfied that, overall, the care plans reflected each resident's assessed needs. Residents assessments were supported by a number of evidence-based assessment tools and plans of care were in place to meet most identified needs. However, the inspector did note that sufficient assurance was not consistently provided to concerned relatives as some responses to queries seemed off hand. In addition, the inspector did not get sufficient assurance that all staff were made aware of particular requirements of residents.

Robust procedures were in place around medication management practices. Improvements had occurred following a complaint received in the centre.

Residents were protected from abuse and harm, and residents who spoke with the inspector confirmed that they felt safe in the centre. There were organisational policies and staff training in place in relation to the prevention, detection, reporting and investigating allegations or suspicions of abuse.

The provider had clear processes in place to protect residents' finances. The provider did not currently act as a pension agent for any residents. Pocket monies were managed if needed and a robust system was in place for this.

A restraint-free environment was promoted while also endeavouring to respect residents' expressed preferences. While bed rails were in use; suitable arrangements were in place to ensure that restraint was only used as a last resort, monitored and reviewed regularly to ensure residents' safety.

The fire safety register and associated records were maintained and precautions against the risk of fire were in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents to ensure that safe evacuation was possible if needed. All staff had attended training, and fire drills were carried out on a regular basis. However, these did not include night-time scenarios when staffing levels are reduced.

Regulation 12: Personal possessions

Residents could have their laundry processed in the centre. The inspector visited the laundry which was spacious, organised and well equipped. Residents spoken with confirmed that they were happy with the service provided.

There was a reasonable amount of space in the bedrooms for residents' possessions including a lockable space on request.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the centre was homely and provided adequate physical space to meet each resident's assessed needs.

The premises were clean and well maintained. Some refurbishment work was underway such as repainting the day-room.

The small enclosed garden was in need of maintenance as it looked uncared for at the time of inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a varied, wholesome and nutritious diet that was properly prepared, cooked and served. Residents' special dietary requirements and their personal preferences were complied with. Fresh drinking water, snacks and other refreshments were available at all times.

Residents received suitable assistance and support from staff when it was required.

Residents spoken with told the inspector that they were very happy with the meals provided. The inspector visited the kitchen and found that it was clean and organised. Staff spoken with said there were adequate quantities of supplies always available.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dietitians and speech and language therapists where appropriate. When required nutritional and fluid intake records were appropriately maintained.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety register and associated records were maintained and precautions against the risk of fire were in place. All staff had attended training.

Fire drills were carried out on a regular basis. However, these did not include night-time scenarios to take into account the reduced number of staff available at that

time.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that, at the time of inspection, residents were protected by safe medication management practices. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. Robust safety checks were now being carried out to minimise the risk of medication errors.

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. Regular temperature checks were carried out. However the inspector found that the temperature was regularly recorded as being outside of acceptable limits but no action was taken to address this.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall there were adequate arrangements in place to ensure that all residents were appropriately assessed to identify their individual needs and choices. The care planning assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were also assessed on admission and as required thereafter. There was evidence of ongoing review.

The inspector observed positive interactions between staff and residents over the course of the inspection and found staff had a good knowledge of residents' health and support needs, as well as their likes and dislikes. However, the inspector did note that sufficient assurance was not consistently provided to concerned relatives as some responses to queries seemed off hand. In addition, the inspector did not get sufficient assurance that all staff were aware of particular requirements of residents. For example, some residents liked to go back to bed for an hour in the afternoon but it was unclear how this message was passed on amongst staff. Staff informed the inspector that regular handovers were carried out and that all staff were updated on the changing needs of residents.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspector was satisfied that, when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The inspector found that the use of restrictive practices was very low. Bedrails were in use for one resident and this was following a detailed assessment. The relevant care plan detailed the care to be provided when bed-rails were in use. Safety checks were completed in line with the policy in place.

Judgment: Compliant

Regulation 8: Protection

Robust policies were implemented to ensure that residents were protected from all forms of abuse.

The provider had clear processes in place to protect residents' finances. This provider was not currently acting as a person agent for any resident.

Pocket monies were managed for some residents and balances checked on inspection were correct.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Nursing Unit Abbeyleix OSV-0000527

Inspection ID: MON-0025258

Date of inspection: 15/10/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The enclosed garden has been attended to and there is a plan in place to provide additional seating for the residents.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A night time fire drill has taken place since the time of inspection.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The medication fridge has been replaced.	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The pre assessment and the care plan addresses the individual choices / requests of resident's .i.e. choice of clothes, afternoon nap and food and drink. We strive to maintain continuity of care for each resident when they are admitted for respite care. Each resident is given a specific appointment time for to complete the admission process. On completion of the care plan the appropriate information is communicated to all grades of staff. There is a communication meeting each day at 9.15 am and 15.30 hrs. Staff have a responsibility to listen to relatives queries, address same in a dignified manner and seek the support of CNM2/ DON if further support is required. The policy on Privacy and Dignity and Communication has been discussed with all staff members.</p> <p>There is a plan for 2 staff members to attend the following course in 2019. "National Programme to Enable Cultures of Person Centredness" In the interim I am in the process of organizing a workshop for staff which will be facilitated by Margaret Codd, Quality Improvement Facilitator on December 5th 2018.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	18/10/2018
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	12/11/2018
Regulation 29(4)	The person in charge shall	Substantially Compliant	Yellow	23/10/2018

	ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	01/02/2019