

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tralee Community Nursing Unit
Centre ID:	OSV-0000566
Centre address:	Teile Carraig, Killerisk Road, Tralee, Kerry.
Telephone number:	066 719 9250
Email address:	maire.flynn@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Ber Power
Lead inspector:	Aoife Fleming
Support inspector(s):	Mary O'Mahony
Type of inspection	Announced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	0

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:
13 May 2015 09:30	13 May 2015 18:30
14 May 2015 09:30	14 May 2015 18:00

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

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

Summary of findings from this inspection

The inspection was an announced renewal of registration inspection, conducted over two days and was the eighth inspection of the centre by the Authority. As part of the inspection process, the inspectors met with the providers, person in charge, residents, relatives, visitors and staff members. The inspectors observed practices such as care plans, medical records, incident logs, policies and procedures, risk

management documentation and staff records. The documentation reviewed also included questionnaires completed by residents and relatives and the feedback was positive overall.

The findings of the inspection are set out under 18 outcome statements. These outcomes are based on the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The person in charge was newly appointed ten weeks prior to the inspection. The inspectors conducted an interview with her which established that she was capable and fit to manage the day to day running of the centre. She was easily accessible to staff, residents and visitors. There was evidence of the residents medical and social needs being met and residents were supported by staff to maintain their independence where possible. The premises, fittings and equipment were found to be in good repair overall. However, there were issues of non-compliance in relation to the design and layout of areas of the premises as regards the legislative requirement to provide adequate space for residents' personal belongings and to protect their privacy and dignity.

Improvements were required in the areas of documentation, safeguarding and safety, medication management, notification of incidents, safe and suitable premises, residents clothing and personal property, health and social care needs and staffing.

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:

The statement of purpose had been updated in March 2015. It outlined the aims, objectives, services and facilities in the centre. An update was required to the statement of purpose to clarify the dining room listed under Lohar ward, which is actually the ward day room where meals are served.

The complaints procedure needed to be updated to name the current complaints officer who is now the person in charge.

The organisational structure required names to be added to the flow chart to clarify the management structure and also to name the person participating in management who covers the person in charge in her absence.

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):

No actions were required from the previous inspection.

Findings:

The centre had a clearly defined management structure. The centre was managed by a

full time person in charge who was supported by a full time clinical nurse manager who was the nominated person participating in management. Audits were conducted on many areas such as;

- Skin integrity audit
- Falls audit
- End of life care audit
- Audits of incidents and trend identification
- Usage and legibility of prescriptions

Residents were consulted about the dining experience and about the activities provided in the centre. Residents meetings were held on a regular basis and they were consulted on the running of the centre.

However, there was no annual review of the quality and safety of care in the centre available in the centre.

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 residents' guide was available in the centre and was displayed prominently in central library area accessible to all residents and visitors.

Signed contracts of care were viewed by inspectors. The contracts set out the services provided in the centre and fees for the services provided and additional fees for items, such as hairdressing and chiropody, were set out in the contract.

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:

A new person in charge had recently been appointed in the centre. This nurse had worked in the centre for 14 years at staff nurse, and more recently, at clinical nurse manager level. The person in charge demonstrated sufficient clinical knowledge and was fully aware of her statutory responsibilities. The person in charge was employed on a full time basis at the centre and was well known to residents and visitors. She had engaged in continuous professional training development and had recently completed training on risk management; swallow screening tests, preceptorship and influenza season preparation for the centre.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that documentation in the centre was well organised and made very accessible during the course of the inspection. Samples of staff files were reviewed and all of the requirements of Schedule 2 of the Regulations were in place. All of the policies required by Schedule 5 of the Regulations were in place, up to date and available to staff in the centre.

A copy of the statement of purpose, the residents' guide and recent Health Information and Quality Authority (HIQA) inspection reports were available to staff, residents and visitors in the central hallway of the centre. The person in charge had copies of all notifications submitted to the Authority as required under Regulation 31. There were some incidents identified on inspection which were not notified to the Authority and this is addressed under Outcome 10 Notification of Incidents. A directory of visitors to the centre was maintained, and all fire safety records were available. However, a Directory of Residents, containing the information required under Regulation 19 was not in place in the centre.

The inspectors viewed a number of residents nursing notes and care plans. Residents had a detailed assessment of their medical, social needs and history on admission to the centre. An on-going record of all medical, nursing and allied healthcare professional

assessments and treatments were maintained in the residents' file. A record of all medications administered in the centre was maintained for each resident and medication errors were recorded in the centres incident record book. A restraint register was in place. The inspectors saw documentary evidence of occasions when residents may have refused treatment and appropriate action and follow up was taken by nurses. Detailed care plans were in place for residents to meet their active clinical needs. However, there were some gaps in the documentation of care plans. For example, where detailed recommendations had been made by the dietician regarding a resident who was losing weight, this information had not been updated on the current food and nutrition care plan. The daily flow chart, which was being used to record this resident's food intake, had daily entries indicating good food and hydration intake however; this was not in line with the dietician and nurses records of on-going poor oral intake. A detailed record of this resident's food and fluid intake was not being maintained. This system of recording was not in line with best practice as set out in An Bord Altranais agus Cnaimhseachais na hEireann "Recording Clinical Practice Guidance for Nurses and Midwives". In another case a relative was attending to one element of a resident's care needs, however, it was not always clear in the resident's notes when this was conducted and whether or not the general practitioner was fully informed. In addition, inspectors noted that this practice had not been risk assessed. By the close of inspection the general practitioner had documented their knowledge of this practice.

Judgment:

Non Compliant - Moderate

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:

The person in charge was supported by a clinical nurse manager. She worked full time at the centre was familiar with the Regulations and standards, including the requirement to notify the authority if the person in charge was absent for more than 28 days.

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):

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

Findings:

The policy on elder abuse was up to date and referenced the most recent Health Service Executive policy 'Safeguarding vulnerable persons at risk of abuse'. Residents with whom inspectors spoke said that they felt safe in the centre. Relatives spoken with had no concerns regarding the care in the centre. Staff spoken with were familiar with the policy, with different types of abuse and with what action to take in the event of an allegation or incident of abuse. However, two incidents of alleged verbal abuse and one incident of alleged financial abuse had not been notified to the Authority. This was addressed under Outcome 10 Notifications. These incidents were investigated by the person in charge and resolved locally. However, not all staff had up to date training in the detection and management of elder abuse. The person in charge had evidence to show inspectors that training sessions organised for June 2015 would bring staff up to date.

The centre had a policy on behaviour that challenges. Inspectors reviewed the care plan of resident who presented with challenging behaviour and saw that efforts to identify and alleviate the cause of behaviour were in place and that medical and psychiatric support was sought appropriately. However, not all staff had attended training on responding to and managing challenging behaviour.

Inspectors reviewed the records in place to safeguard residents' money. There was documentation in place outlining residents' financial accounts. However, there was no robust system or documentation trail in place to safeguard finances that residents kept in their bedroom, leaving them at risk of financial abuse.

Detailed risk assessments were conducted for residents using bed rails and consent forms, signed by the resident or a relative and the nurse, were in place. There was a detailed care plan in place for residents using bed rails and/or lap-belts. The assessment for the use of bed-rails contained a detailed initial assessment and subsequent risk assessment form if required. However, a detailed risk assessment regarding the use of lap-belts was not in place. This had also been identified on a previous inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

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

Theme:

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

No actions were required from the previous inspection.

Findings:

The centre had an up to date health and safety statement and policies on health and safety in the centre. The risk management policy addressed the identification and management of the risks required by Regulation 26(1). The centre had a detailed infection prevention and control policy in place. There were hand washing basins and hand sanitising agents available in all rooms. However, in many bedrooms there were orange bags containing residents clothes stored either on top of or within wardrobes or on the floor; the nurse informed inspectors that these were bags of clothes to be taken home by relatives for laundry. This posed a potential for cross-contamination, and also compromised residents' dignity, as many bags were lying around for many days.

There was an emergency plan policy in place, however, it did not name one of the evacuation locations.

The inspectors viewed the incident and accident log and found that appropriate action was taken to learn from these incidents in order to improve safety in the centre. The centre had an up to date and detailed risk register and had identified many risks present in the centre. The centre had an outside smoking area which had been risk assessed and the residents who were smokers had individual smoking risk assessments and care plans in place.

However, not all risks in the centre had been identified and risk assessed:

- not all windows had been risk assessed and there were residents at risk of unexplained absence
- 4 store rooms storing latex gloves, plastic bags, bathroom cleaners, bleaching agents, were open posing a risk of accidental injury to residents
- the physiotherapy room on Lohar ward was open and there were acupuncture needles, heavy equipment and scissors inside
- the clinical rooms where oxygen cylinders were stored were not signed appropriately to identify the presence of a combustible gas (this was addressed during the course of the inspection)
- there were cardboard boxes containing residents spare clothes stored on top of wardrobes, posing a risk of injury to residents and staff
- there was an open kitchenette unit on Lohar ward which contained a kettle and this was not risk assessed
- in several multi-occupancy bedrooms there were residents shaving razors and mouthwashes left unsecured.

The centre's fire alarms, fire equipment and emergency lighting service records were all up to date. Fire training was provided to staff on regular occasions and evidence of recent and regular fire drills were in place. Daily checks of the fire equipment and fire exits were conducted and the centres fire evacuation policy was displayed prominently throughout the centre.

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 centre had an up to date medication management policy. Medications were stored securely in the centre. The inspectors viewed the controlled drug storage records and a twice daily check of controlled drug balance was conducted by two nurses at the change of shift. The inspectors randomly checked controlled drug balances and found that the balances matched the controlled drug register.

The medication prescription and administration sheets were viewed by the inspectors and the signature of the nurse administering the medication, residents' photograph, allergy status and weight were in place. Where medications were to be crushed this was prescribed by the general practitioner. Where medications were withheld, as appropriate, or refused by residents, this was appropriately documented on the administration sheet. There was an on-going record of medication errors maintained in the centre and medication audits were conducted on a regular basis. However, the system for administering medications did not ensure that medications were administered in accordance with the directions of the prescriber as the medications were not labelled per resident. This posed an increased risk of medication error during the medication administration round.

In addition, one resident receiving a nutritional supplement did not have a daily documented record of administration which was important as the regimen alternated every day.

Residents were not made aware whether or not they had a choice of pharmacist.

Judgment:

Non Compliant - Moderate

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 record of all notifications submitted by the centre to the Authority was maintained in the centre. However, several incidents regarding allegations of abuse were identified on inspection which had not been notified to the Authority. The inspectors wish to add that these incidences were investigated and managed in the centre.

The Authority had not received two of the four quarterly notifications from the centre in 2014 as required by Regulation 31(3).

The person in charge submitted these notifications to the Authority following the inspection.

Judgment:

Non Compliant - Major

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):

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

Findings:

The centre had regular and timely services provided by a local general practice. Residents received a full review of their medical care and their medications every three months. Residents and relatives spoken with were satisfied with the medical care in the centre. However, it was not made clear to residents on admission that they were entitled to a choice of general practitioner as required by Regulation 6 (2)(a).

The residents received timely access to speech and language therapy, occupational therapy and physiotherapy in the centre. Detailed seating and mobility assessments were in place for all residents. Since the last inspection the centre had contracted the services of a dietician to come to the centre every two weeks to review residents and follow up on individual cases. Staff were trained in caring for residents with impaired swallow and on modified diets. However, the recommendations of the dietician had not been updated into a residents food and nutrition care plan. These issues are addressed under Outcome 5 Documentation.

Inspectors viewed a sample of residents care plans. A detailed assessment of residents' needs was completed on admission. There was evidence to show that residents and their families were involved in the development of care plans. Detailed clinical

assessments were in place and updated every three months. The centre had detailed care plan templates which inspectors discussed with nurses who showed inspectors the implementation of the plans in practice (e.g. skin integrity care plan, smoking care plan, mobility and handling care plan). Where residents refused treatment, this was documented in their nursing notes or medication administration sheet, as appropriate. However, there were some gaps in care planning documentation. A relative was attending to one element of a resident's care needs, however, it was not always clear in the resident's notes when this was conducted and whether or not the general practitioner was fully informed. In addition, inspectors noted that this practice had not been risk assessed. By the close of inspection the general practitioner had documented their knowledge of this practice.

Residents were facilitated to make healthy living choices. A wholesome and varied diet was available. The social care needs of the residents were well met in the centre. An activities coordinator was employed in a full time capacity five days a week and a varied activities schedule was available to the residents every day. The activities coordinator, who works under the auspices of Kerry General Hospital Occupational Therapy department, works on individual activities of daily living assessment with residents in conjunction with the occupational therapist and physiotherapist. Group activities and one to one activities were provided (e.g. baking, music, film sessions, choir practice, gardening, knitting, hand massage, nail care, reminiscence). Inspectors spoke with residents, relatives and visitors who were praiseworthy of the overall care in the centre.

Judgment:
Substantially Compliant

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):
No actions were required from the previous inspection.

Findings:
Tralee Community Nursing Unit consisted of a single storey; purpose built building and its total capacity was 43 residents. There was ample parking for staff and visitors. The centre was clean and well decorated throughout in a homely manner.

Residents' accommodation was provided in two wards, Lohar and Dinish. In total the centre has 19 single bedrooms, 2 twin bedrooms and 5 four-bedded rooms. On Dinish

ward there is a spacious dining room and a separate day-room. On Lohar ward there is a day-room which is also used as the residents' dining room. This day-room was not adequately laid out or spacious enough to provide dining space for the twenty-one residents on the ward.

In the multi-occupancy bedrooms there were significant constraints in providing adequate storage space for resident's belongings and for ensuring the privacy and dignity of residents. In many of these bedrooms, bedside lockers were placed in front of wardrobes, restricting residents' access to the wardrobes. The wardrobes were often too small to store all of the residents' belongings and clothes were often stored in boxes placed on top of the wardrobe or in a storage room located off the ward. Due to the poor placement of the wardrobes, lockers and the wash-hand sink in the multi-occupancy bedrooms, there was often inadequate space between residents' beds to place a chair.

There were ample numbers of toilets and showers in the centre and three single bedrooms had an en-suite shower room and toilet. The toilets and showers had grab rails for safety. There was one assisted bath available in the centre and staff informed inspectors that this was used on a regular basis. However, one toilet had a strong, unpleasant odour which inspectors were informed was caused by an on-going problem with the drainage system.

Screens were in place to protect residents' dignity when care was being given. There were wash-hand basins and call bells in all rooms. There was a large communal areas off the corridor between the two wards and this space was used frequently for group activities or for visitors to spend time with residents. There were two, secure, gardens in the centre which were well planted and provided a safe space for residents to walk or sit out in the fresh air. On the days of inspection residents were seen using the garden and many residents and relatives reported that the garden areas enhanced the quality of life in the centre. A smoking shelter was located in one of the gardens and it had appropriate seating and a bin for the safe disposal of cigarettes.

The sluice rooms were inspected and were found to be secured and clean and contained appropriate equipment and storage room. However, there were several storage rooms in the centre which were found to be unsecured and contained cleaning agents and latex gloves. This was addressed under Outcome 8 Health and safety and risk management. Staff had a separate kitchen area and changing areas.

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:

The centre had an up to date complaints policy and the complaints procedure was displayed in prominent positions throughout the centre. The policy and procedure required minor updating to name the person in charge as the present complaints officer. There were independent, named persons listed on the policy and procedure who were available to review complaints in the centre. The inspectors reviewed the log of complaints in the centre which indicated that complaints were responded to in a timely manner and the actions taken and satisfaction of the complainant was documented in the log. Residents, visitors and staff with whom inspectors spoke were all aware that they could contact the person in charge if they had 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):

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

Findings:

The centre had an up to policy addressing end of life care. The inspectors saw evidence in residents' files that advance care planning discussions had been conducted with some residents and/or relatives, as appropriate, and this was documented in the residents' files. The spiritual wishes and wishes for preferred place of care at end of life were documented for residents where this had been discussed. A detailed end of life care plan template was available in the centre and addressed multidisciplinary and nursing interventions required to ensure that the residents' medical and spiritual needs were met at end of life. Religious and cultural practices were facilitated and there was a private room which was available to visitors at this time. Management had also conducted an end of life care audit to review their practices in recent months and actions were identified from this audit in order to continue to improve end of life care. Palliative care services and the use of a syringe driver were available in the centre. Some staff had training in end of life care.

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):

No actions were required from the previous inspection.

Findings:

The centre had an up to date policy for monitoring and documenting nutritional intake in the centre. Staff had received training on nutrition for older people and kitchen staff had received food hygiene training as appropriate. Fresh drinking water was available to residents in their bedrooms and in the communal areas. The inspectors viewed the menu plan for the centre and found that there was an adequate choice of meals. An up to date record of residents' dietary requirements was maintained in the kitchen so that meals were served appropriately to residents. This record also noted residents' personal preferences in terms of their food likes and dislikes. Safety notices were displayed to highlight to visitors the risk of choking from certain foods. The inspectors observed mealtimes in the centre. Where residents required assistance this was given. However, the dinner time, which began at 12.15, was finished by 12.45 on one ward for twenty-one residents. Many residents did not have one to one assistance or encouragement with their meals and many had not fully eaten. Also, the system to monitor and document residents' food intake at this time was not robust as most plates were cleared away very quickly without staff noting the amount food eaten by residents.

Inspectors saw that the malnutrition universal screening tool (MUST) was used on all residents and the services of the dietician were available to all residents. A daily food intake chart was implemented and completed for a resident who was unwell and whose appetite had reduced. However, as addressed in Outcome 5 Documentation, one resident's food intake chart was not completed on a daily basis despite recent, chronic weight loss and reduced appetite.

Judgment:

Substantially 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:

There was evidence that residents were consulted about how the centre was run. Records of residents meetings were viewed by inspectors and actions following from these meetings were implemented. The services of an independent advocate were available to residents and this was advertised prominently in the centre. Residents were facilitated to vote in the centre and independent information about elections and referendums was provided. Religious and cultural needs were met in the centre. Mass was said every two weeks for those residents who wished to attend. A quiet prayer room was available in the centre.

The centre was involved in the local community and transition year students from a local school visited the residents in the centre on a regular basis and assisted in activities. A resident's newsletter was produced twice a year and provided an update on events of note in the centre and activities that were underway. Contestants from the Rose of Tralee festival and members of the Kerry county football team had visited the centre. Information on local events and news was provided by the activities coordinator, staff and volunteers in the centre. Local musicians and drama groups also visited the centre to provide entertainment on a regular basis. A varied activities programme was in place in the centre to meet the needs of the residents. The activities coordinator showed the inspectors plans in place to document residents' life stories in a book, as an exercise which relatives could partake in with the resident. Televisions were located in all bedrooms and communal rooms. Residents had access to a portable telephone in the centre.

Inspectors observed visitors coming to the centre regularly throughout the days of inspection. However, the visiting policy on display in the centre suggested that visitors were not allowed during mealtimes. The person in charge was asked to amend this policy to reflect practice, whilst protecting the privacy and dignity of all residents during mealtimes. There were ample facilities for residents to receive visitors in private.

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 in place on residents' personal property and possessions. A record is kept in each residents' file of their personal belongings which is kept up to date.

However, residents did not have adequate storage space in their wardrobe and bedside locker to store all of their clothes. Several wardrobes were inaccessible to residents as the bedside locker was placed in front of it or else the wardrobe door opened into the wall. Several residents had temporary wardrobes and plastic boxes in their rooms to store their clothes. Other residents had spare clothes stored in cardboard boxes or shelving units in the storage rooms which were located off the ward. Residents' clothes were not labelled to identify who they belonged to which posed a risk of clothes being mixed up or going missing.

The residents' laundry is contracted to an external laundry company. For some residents, relatives collect and so their laundry at home. The residents' toiletry units were often not big enough to store all of their toiletries discreetly in the multi-occupancy rooms.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

There was a clear management structure in place in the centre and lines of accountability were clear to all staff. Inspectors observed staff interacting warmly with residents and treating them with respect and dignity. Staff demonstrated a clear understanding of their roles and responsibilities with schedules in place to outline the daily duties for cleaning staff and kitchen staff. Inspectors viewed staffing rosters and skill mix. Nursing staff were available on duty at all times to meet the needs of the residents. While complaints had been documented by staff members in 2014 regarding

staff shortages, the person in charge explained that this situation had been resolved with the recruitment of extra staff in the centre.

However, inspectors found that there were some gaps in the training provided to staff in elder abuse, fire training and moving and handling. Volunteers had not completed these training courses either. The person in charge showed inspectors evidence that these staff members would be trained in June 2015. A substantial number of health care assistants had completed Further Education Training Awards Council (FETAC) level 5 courses in older adult care. There were many other training courses available to staff such in areas such as quality, dementia care, risk management, obtaining consent, end of life and dysphagia.

The centre had a policy on the induction and orientation of new staff.

Three volunteers came to the centre on a regular basis to assist with the activities programme and were always supervised by nursing staff or the activities coordinator. Garda vetting was in place for all volunteers, however, the duties and responsibilities were not documented for all three volunteers as required by Regulation 30.

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:

Aoife Fleming
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:	Tralee Community Nursing Unit
Centre ID:	OSV-0000566
Date of inspection:	13/05/2015
Date of response:	17/07/2015

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:

Updates were required to the statement of purpose to clarify the dining room listed under Lohar ward, which is actually the ward day room where meals are served.

The complaints procedure needed to be updated to name the current complaints officer who is now the person in charge.

The organisational structure required names to be added to the flow chart to clarify the management structure and also to name the person participating in management who

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

covers the person in charge in her absence.

1. Action Required:

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:

Statement of Purpose updated in accordance with schedule 1.

Proposed Timescale: 17/07/2015

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:

There was no annual review of the quality and safety of care in the centre available in the centre.

2. 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:

We will liaise with the Clinical development Co-ordinator and will conduct an annual review of the quality and safety of care delivered to residents.

Proposed Timescale: 31/08/2015

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:

A Directory of Residents, containing the information required under Regulation 19 was not in place in the centre.

3. Action Required:

Under Regulation 19(1) you are required to: Establish and maintain a Directory of Residents in the designated centre.

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

We have consulted with the IT and administration department and are currently in the process of updating our directory of residents.

Proposed Timescale: 30/09/2015

Theme:

Governance, Leadership and Management

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

Where detailed recommendations had been made by the dietician regarding a resident who was losing weight, this information had not been updated on his current food and nutrition care plan. The daily flow chart, which was being used to record this resident's food intake, had daily entries indicating good food and hydration intake which was not in line with the dietician and nurses records of on-going poor oral intake. This system of recording is not in line with best practice as set out in An Bord Altranais agus Cnaimhseachais na hEireann "Recording Clinical Practice Guidance for Nurses and Midwives".

4. 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:

We have implemented a daily meal record for staff to complete after each meal to ensure an accurate record of resident's intake. Care plans also have been updated.

Proposed Timescale: 17/07/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

A detailed risk assessment regarding the use of lap-belts was not in place.

5. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

We have consulted with the occupational therapist and clinical development co-ordinator and are in the process of devising a detailed risk assessment for the use of lap belts.

Proposed Timescale: 30/09/2015

Theme:
Safe care and support

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

Not all staff had up to date training in the detection and management of elder abuse. The person in charge had evidence to show inspectors that training sessions organised for June 2015 would bring staff up to date.

6. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

All staff will be trained in the detection and prevention of and responses to elder abuse.

Proposed Timescale: 30/06/2015

Theme:
Safe care and support

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

There was no robust system or documentation trail in place to safeguard finances that residents kept in their bedroom, leaving them at risk of financial abuse.

7. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Currently there is a locked compartment within each wardrobe. Residents who may be unable to easily access this are offered a locked money box.

Proposed Timescale: 17/07/2015

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:

There was an emergency plan policy in place, however, it did not name one of the evacuation locations.

8. Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

Nearby evacuation location identified in emergency plan policy

Proposed Timescale: 17/07/2015

Theme:

Safe care and support

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

Not all risks in the centre had been identified and risk assessed.

- Not all windows had been risk assessed and there were residents at risk of unexplained absence,
- Four store rooms storing latex gloves, plastic bags, bathroom cleaners, bleaching agents, were open posing a risk of accidental injury to residents,
- The physiotherapy room on Lohar ward was open and there were acupuncture needles, heavy equipment and scissors inside,
- The clinical rooms where oxygen cylinders were stored were not signed appropriately to identify the presence of a combustible gas (this was addressed during the course of the inspection),
- There were cardboard boxes containing residents spare clothes stored on top of wardrobes, posing a risk of injury to residents and staff.
- There was a open kitchenette unit on Lohar ward which had a kettle and this was not risk assessed,
- In several multi-occupancy bedrooms there were residents shaving razors and mouthwashes left unsecured.

9. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Identification of hazards and risk assessments outlined are currently being reviewed. Controls are now in place as appropriate and actions taken on other risks as

appropriate.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

In many bedrooms there were orange bags containing residents clothes stored either on top of or within wardrobes or on the floor; the nurse informed inspectors that these were bags of clothes to be taken home by relatives for laundry. This posed a risk of infection.

10. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Laundry bags will be provided for residents clothing to be stored while awaiting collection to be laundered

Proposed Timescale: 30/09/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

Residents were not made aware whether or not they had a choice of pharmacist.

11. Action Required:

Under Regulation 29(1) you are required to: Make available to the resident a pharmacist of the resident's choice or who is acceptable to the resident.

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

We are in the process of informing residents and family members that they have a choice of pharmacist.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

The system for administering medications did not ensure that medications were administered in accordance with the directions of the prescriber as the medications were not labelled per resident. This posed an increased risk of medication error during the medication administration round.

12. 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 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:

We are currently in consultation with pharmacist in relation to this issue, we will amend pharmacy protocols in line with regulations

Proposed Timescale: 30/10/2015

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Several incidents were identified on inspection which had not been notified to the Authority:

- Two allegations of verbal abuse had not been notified
- An allegation of financial abuse, where a small amount of resident's money had gone missing, had not been notified
- An incident of unexplained absence of a resident from the centre had not been notified.

13. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

NF05 and NF06 have been submitted to HIQA.

Proposed Timescale: 17/07/2015

Theme:

Safe care and support

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

The Authority had not received four quarterly notifications from the centre in 2014 as required.

14. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

Q1 and Q3 2014 notifications have been submitted.

Proposed Timescale: 17/07/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

It was not made clear to residents on admission that they were entitled to a choice of general practitioner as required by Regulation 6 (2)(a).

15. Action Required:

Under Regulation 06(2)(a) you are required to: Make available to a resident a medical practitioner chosen by or acceptable to that resident.

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

We are currently in the process of informing residents and family members about choice of medical practitioner.

Proposed Timescale: 30/09/2015

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:

On Lohar ward there is a day-room which is also used as the residents' dining room. This day-room is not adequately laid out or spacious enough to provide dining space for the twenty-one residents on the ward.

In the multi-occupancy bedrooms there were significant constraints in providing adequate storage space for resident's belongings and for ensuring the privacy and dignity of residents. In many of these bedrooms bedside lockers were placed in front of wardrobes, restricting residents' access to the wardrobes. The wardrobes were often too small to store all of the residents' belongings and clothes were often stored in boxes placed on top of the wardrobe or in a storage room located off the ward. Due to the poor placement of wardrobes, lockers and the wash-hand sink in the multi-occupancy bedrooms, there was often inadequate space between residents beds to place a chair.

One toilet had a strong, unpleasant odour which inspectors were informed was caused by an on-going problem with the drain.

16. 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:

Storage is currently being reviewed. Enhanced facilities will be provided by end of 2015

Drain issue is being addressed by maintenance.

New dining room should be available for Lohar Ward at end of 2015 when out-patient physiotherapy department has been relocated to another premises.

Proposed Timescale: 30/12/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

The dinner time, which began at 12.15 was finished by 12.45 on one ward for twenty-one residents. Many residents did not have one to one assistance or encouragement with their meals and many were not fully eaten. Also, the system to monitor and document residents' food intake at this time was not robust as most plates were cleared away very quickly without staff noting the amount food eaten by the resident

17. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Mealtimes have been reviewed dinner time is 12pm to 1pm. We have protected

mealtimes. Staff are aware of the needs of each resident and are now completing a meal chart after each meal this ensures that all staff are fully aware of the intake of each resident for each meal time. Residents received one to one assistance and encouragement in accordance with their needs. Residents noted to have a poor intake are offered or given alternative food and drink at other periods throughout the day.

Proposed Timescale: 17/07/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Inspectors observed visitors coming to the centre regularly throughout the days of inspection. However, the visiting policy on display in the centre suggested that visitors were not allowed during mealtimes. The person in charge was asked to amend this policy to reflect practice, whilst protecting the privacy and dignity of all residents during mealtimes.

18. Action Required:

Under Regulation 11(2)(a) you are required to: Ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident, or the resident concerned has requested the restriction of visits.

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

We have liaised with the clinical development co-ordinator and amended our visiting policy.

The residents and staff of Tralee Community Nursing Unit welcome family and friends to visit. Family members who wish to assist their relative with their meal are welcome to do so and are advised to refer to nurse on duty for advice and guidance. Visitors are also advised if visiting during mealtimes and are not assisting their relative/friend that we would appreciate if they would take a seat in the sitting room to allow residents to enjoy their food uninterrupted and maintain their privacy and dignity.

Proposed Timescale: 17/07/2015

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Several wardrobes were inaccessible to residents as the bedside locker was placed in

front of it or else the wardrobe door opened into the wall.
Other residents had spare clothes stored in cardboard boxes or shelving units in the storage rooms which were located off the ward. Residents' clothes were not labelled to identify who they belonged to which posed a risk of clothes being mixed up or going missing.
The residents' toiletry units were often not big enough to store all of their toiletries discreetly in the multi-occupancy rooms.

19. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

Storage within rooms currently being reviewed. Residents spare clothes returned to resident from offsite storage room.

Proposed Timescale: 30/12/2015

Theme:

Person-centred care and support

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

Residents did not have adequate storage space in their wardrobe and bedside locker to store all of their clothes. Several residents had temporary wardrobes and plastic boxes in their rooms to store their clothes. Other residents had spare clothes stored in cardboard boxes or shelving units in the storage rooms which were located off the ward.

20. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

Storage requirements are currently being reviewed for each resident.

Proposed Timescale: 30/01/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The duties and responsibilities were not documented for all three volunteers as required by Regulation 30.

21. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

Roles and responsibilities will be documented for all volunteers.

Proposed Timescale: 30/06/2015