

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Plunkett Community Nursing Unit
<b>Centre ID:</b>	OSV-0000653
<b>Centre address:</b>	Elphin Street, Boyle, Roscommon.
<b>Telephone number:</b>	071 966 2026
<b>Email address:</b>	gerard.mccormack@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Siobhan O'Sullivan
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	27
<b>Number of vacancies on the date of inspection:</b>	11

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with 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 National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 16 June 2016 10:00 To: 16 June 2016 13:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an announced inspection and was undertaken to review the refurbishment of the premises that had been undertaken to improve standards of privacy and dignity provided to residents. The centre is located in the town of Boyle, Co. Roscommon and is operated by the Health service Executive. It is registered to provide care to 38 Residents. Two places are allocated to residents who require periods of respite care.

The previous inspection was completed in March 2015 for the purpose of registration renewal. The use of multiple occupancy rooms were highlighted for attention as the space and layout did not promote or protect the privacy and dignity of residents. The work undertaken had addressed this matter. The room layout now comprised of sixteen single rooms, nine double rooms and one room that can accommodate four residents. The number of residents to be accommodated will remain at 38.

The centre was visibly clean and well organised when inspected. The refurbishment had been completed to a high standard. Staff had received fire safety training that took in to account the new layout and further training was planned. The following areas were noted to need attention in that, one communal toilet had no handrails in place to support residents with mobility problems, some bedroom areas did not have a space where residents could secure or lock personal possessions and curtains that fully fitted the windows in some new rooms were required.

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 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Measures to protect residents being harmed or suffering abuse were in place. The Health Service Executive policy and procedures for the prevention, detection and response to allegations of abuse- Safeguarding Vulnerable Persons at Risk of Abuse were in use. Staff had received training in adult protection to safeguard residents and to protect them from harm and abuse.

Two notifications of allegations of abuse had been investigated and addressed according to the procedures in place. Information supplied to Hiqa and to the inspector indicated that residents were appropriately protected and staff were diligent in the observations in relation to residents' care.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

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

**Theme:**

Safe care and support

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

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

**Findings:**

The fire safety arrangements had been revised to take in to account the new layout of the premises. The staff team had completed training in May 2016 and further training was planned to ensure all staff were familiar with the new premises layout before it became fully operational. An action plan in the last report identified that all staff had not completed fire safety training and this was being addressed through the schedule.

There was a designated smoking area and protective clothing was available for residents who required it for their safety when smoking. The inspector saw that the content of the fire training programme included the use of fire blankets and how to extinguish a fire if clothing had caught fire.

The centre was noted to be visibly clean and staff were observed to work safely. Cleaning equipment and products were managed well during cleaning activity and moving and handling manoeuvres were observed to be undertaken safely.

**Judgment:**  
Compliant

***Outcome 11: Health and Social Care Needs***  
***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**  
Effective care and support

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

**Findings:**  
There were twenty seven residents accommodated during the inspection. Two residents had been admitted for periods of respite care. A care plan review conveyed that residents had a comprehensive assessment when admitted and this was used to form the basis of care plans.

There was good access to allied health professionals and doctors visited the centre daily to assess acute problems and undertake routine reviews. A physiotherapist is available for two and half days a week and a speech and language therapist is also available regularly through HSE services. There was evidence that relatives/significant others were consulted about their relatives care and this was particularly evident in care plans for end of life where relatives had contributed to care plans.

**Judgment:**  
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):**

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

**Findings:**

The bedroom accommodation had undergone extensive refurbishment. The communal bedrooms that accommodated more than two residents had been eliminated with the exception of one bedroom that can accommodate four residents. This room was noted to be large enough to enable equipment such as specialist chairs to be moved in and around beds. It had three large windows, screens around beds and an ensuite toilet and wash hand basin. A shower area is located across the hallway. Many bedrooms have a tracking hoist system which eliminates the need to use mobile hoists and enhances the space available to residents.

The standard of decoration throughout was noted to be good. There was adequate communal space for the number of residents accommodated including residents who attended for day care services. Several dementia friendly design features had been included as part of the premises upgrade. These included good contrasts in the colours used for floors and walls, good use of natural light and fixtures such as wash hand basins set against a distinct background colour to improve visibility. Shower areas had appropriate accessible aids and residents had a choice of having a bath or shower.

Bedrooms had in most cases, sufficient storage with a double wardrobe and additional cupboard space available to store residents' belongings, however, some did not have a space where residents could secure or lock personal possessions. There was over bed lighting to enable residents to use lights independently if accommodated in shared bedrooms. A range of specialist pressure relieving equipment was available when residents required such equipment. The following areas were noted to require attention. One communal toilet had no handrails in place to support residents with mobility problems and curtains that fully fitted the windows in some new rooms were required.

**Judgment:**

Substantially Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have***

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

**Theme:**  
Workforce

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

**Findings:**

The inspector reviewed staffing levels and discussed the staff allocation with the person in charge and the staff team. All staff rotated between day and night duty. The person in charge said that admissions had been limited during the refurbishment but now that the work was complete the centre would resume the admission of respite care clients.

The inspector found that the day and night staff allocation was appropriate to meet the needs of residents. There were three staff nurses on duty during the day together with nine care staff and catering, cleaning and maintenance staff were also scheduled for duty each day. The day staff allocation included the provision of care to day care clients who were integrated with residents during their time in the centre. At night there were two nurses and two care staff on duty.

Staff were observed to have developed good relationships with residents and several residents told the inspector that staff were approachable and keen to ensure they were well cared for and happy in the centre.

**Judgment:**  
Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Geraldine Jolley  
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 report<sup>1</sup>

<b>Centre name:</b>	Plunkett Community Nursing Unit
<b>Centre ID:</b>	OSV-0000653
<b>Date of inspection:</b>	16/06/2016
<b>Date of response:</b>	01/07/2016

### 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 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:**

The following areas were noted to need attention:

- One communal toilet had no handrails in place to support residents with mobility problems
- Some bedroom areas did not have a space where residents could secure or lock personal possessions
- Curtains that fully fitted the windows in some new rooms were required.

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

**1. 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:**

With regard to the handrails the contractor has been informed and will supply and fit handrails.

Local Maintenance department will be asked to fit locks on areas where residents do not have a lockable area for personal possessions

We have obtained a quote from the approved HSE contractor for fully fitting curtains and this has now been sent for consideration and approval

**Proposed Timescale:** 31/08/2016