

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cluain Lir Community Nursing Unit
<b>Centre ID:</b>	OSV-0000739
<b>Centre address:</b>	Old Longford Road, Mullingar, Westmeath.
<b>Telephone number:</b>	044 939 4931
<b>Email address:</b>	mairead.campbell@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joseph Ruane
<b>Lead inspector:</b>	Catherine Rose Connolly Gargan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	46
<b>Number of vacancies on the date of inspection:</b>	2

## **About Dementia Care Thematic Inspections**

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

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

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
25 October 2016 10:15	25 October 2016 15:30
26 October 2016 08:00	26 October 2016 14:45

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

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

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspection also considered the details of statutory notifications submitted and followed up on the progress with completion of the action plan from the last inspection in April 2015. Findings confirmed that all all actions were satisfactorily completed with the exception of an action requiring provision of sufficient communal space to meet the needs and circumstances of residents in Brosna unit. This action is restated in the action plan at the end of this inspection report.

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

inspection process. Prior to the inspection, the nominee for the provider completed the self-assessment document by comparing the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Residents with dementia integrated with the other residents in two units, Brosna and Inny. The inspectors found that the management team and staff were committed to providing a quality service for residents with dementia in both units. This commitment was well demonstrated in work ongoing and completed to date in Inny unit to create a comfortable and therapeutic environment for residents with dementia.

The inspector met with residents, relatives and staff members during this inspection. The journey of residents with dementia was tracked within the service. Practices and interactions between staff and residents with dementia were observed using a validated observation tool. The inspectors also reviewed documentation such as care plans, residents' medical and nursing records and staff training and employment files. The inspector examined relevant policies and procedures including those submitted prior to this inspection.

The inspector found that there were policies and procedures available to inform safeguarding of residents from abuse. All staff had completed or were scheduled to complete refresher training in this area. Staff spoken with were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and use of restrictive procedures as part of some residents' care. The inspector found that some improvements were necessary to ensure all interventions used to support residents with behavioural and psychological symptoms of dementia were documented to support their quality of life and independence.

Residents' healthcare needs were met to a good standard. Residents had access to a wide variety of interesting and meaningful activities. However, activity provision required review in one unit to ensure the facilities were sufficient and the activities available met the interests and capabilities of all residents.

Staffing levels and skill-mix were appropriate to meet the needs of residents. A staff training programme was in place.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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

### ***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

This outcome sets out inspection findings relating to healthcare, nursing assessments and care planning. The findings in relation to social care of residents with dementia in the centre are comprehensively covered in Outcome 3 in this report.

The centre catered for residents with a range of complex and high dependency needs. On the days of this inspection, there were a total of 46 residents in the centre. 24 residents had dementia and 14 residents had symptoms of dementia. The inspector focused on the experience of residents with dementia on this inspection. The journey of a sample of residents with dementia were tracked and specific aspects of care for other residents with dementia was reviewed, such as safeguarding, nutrition, wound care and end-of-life care.

All residents were admitted to the centre following assessment of their needs by the local placement multidisciplinary team. This process is followed by a pre-admission assessment by the person in charge of the centre or their deputy. A copy of the Common Summary Assessment Records (CSARs), which details pre-admission assessments undertaken by the multidisciplinary team for residents admitted under the nursing home support scheme and pre-admission assessment documentation completed by the person in charge was available for each resident. Prospective residents and their families were also welcomed into the centre to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also ensured them that the service could adequately meet their needs.

The inspector found that there were systems in place to optimise communications between residents/families, the acute hospital and the centre. The inspector examined the documentation that accompanied residents who were transferred to hospital from the centre. This summary documentation detailed the needs of residents transferring to hospital including information about their physical, mental and psychological health, medications and nursing needs. The files of residents' admitted to the centre from hospital held their hospital discharge documentation. This record included a medical

summary letter, multidisciplinary assessment details and a nursing assessment record. Residents were protected by safe medicine management policies and procedures but improvement was required to ensure the maximum dosage permissible over a 24 hour period for 'as required' (p.r.n.) medicines was stated on residents' prescriptions.

There was evidence that residents received timely access to health care services. Residents also attended out-patient appointments and were referred as necessary to the acute hospital services. Residents in the centre had access to a medical officer. This arrangement did not provide residents with a choice of general practitioner (GP) as required by the regulations. Residents had access to GP medical care out-of-hours. Residents had access to allied healthcare professionals. Physiotherapy occupational therapy and speech and language therapy services were based on-site. Residents were referred for consultation for review by these services as necessary. Dietician, dental, ophthalmology and chiropody services were also accessible for residents. Community psychiatry of older age specialist services attended residents in the centre with dementia. They supported the medical officer and staff with care of residents experiencing behavioural and psychological symptoms of dementia as needed. Palliative care services were available to provide support with management of residents' pain and for symptom management of their symptoms during 'end of life' care if required. Residents' positive health and wellbeing was promoted with regular exercise as part of their activation programme, an annual influenza vaccination programme, monthly review of residents' vital signs, regular blood profiling and medication reviews.

There were systems in place to meet the health and nursing needs of residents with dementia. Assessments of residents' needs were carried out within 48 hours of their admission. Care plans were developed based on assessments of need and thereafter in line with residents' changing needs. The assessment process involved the use of validated tools to determine each resident's risk of malnutrition, falls, their level of cognitive function and skin integrity among others. Care plans were updated routinely on a four-monthly basis or to reflect changes in residents' care needs. The inspector found that all staff spoken with were knowledgeable regarding residents' likes, dislikes and needs. While a good standard of care for residents with behavioural and psychological symptoms of dementia and residents with end of life care needs was provided, care plans were not consistently documented to inform these care needs for a small number of residents. The inspector also found that the care interventions in some care plans were generic and did not inform person-centred care. These areas for improvement were identified by the person in charge in a recent audit of residents' care documentation and an action plan to address them was underway. There was evidence of involvement of residents and their families in residents' care plan development and reviews thereafter.

Staff provided end-of-life care to residents with the support of the centre's medical officer and the community palliative care services as necessary. One resident was in receipt of palliative care services at the time of this inspection. A pain assessment tool was available for residents who could not verbalise their pain needs. Residents' wishes regarding their 'end of life' care were not consistently recorded in their care plans. Advanced directives were in place for some residents regarding resuscitation procedures. A multidisciplinary 'end of life' care pathway was at an advanced stage of development. Single rooms were available for 'end of life' care and a visitors room with

a kitchenette and toilet facilities was provided to facilitate relatives to stay overnight with residents at the 'end of life' stage of their lives. Staff outlined how residents' religious and cultural practices were facilitated. A small church was available on-site and was available to residents for funeral services. Members of the local clergy from the various religious faiths provided pastoral and spiritual support to residents.

There were care procedures in place to prevent residents developing pressure related skin injuries. Each resident had their risk of developing pressure wounds assessed. Pressure relieving mattresses, cushions and repositioning schedules were in use to mitigate risk of ulcers developing. There were no residents with a pressure related skin ulcer in the centre on the days of inspection. If necessary, tissue viability specialist services were available to support staff with management of any residents' wounds that were deteriorating or slow to heal. A policy document was available to inform wound management in line with evidence based practice procedures.

The nutrition and hydration needs of residents with dementia were met. A policy document was in place. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently when residents experienced unintentional weight loss. Nutritional assessment and care plans were in place that outlined the recommendations of the dietician and the speech and language therapist where appropriate. During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace with minimal assistance to improve and maintain their functional capacity. Positive connective care was evidenced in the dining room. This included joking and laughter between staff and residents while assisting with the meal. Residents were given choice regarding addition of condiments and sauces to their food. All residents were provided with napkins to protect their clothes. 'Able-tables' which enabled residents in assistive wheelchairs to sit comfortably at a table were in use instead of traditional dining tables. These tables also enabled staff to sit with ease by residents needing assistance with eating.

Residents were offered a choice of hot meals for lunch and tea by staff. Food was transported in a bain maire trolley and plated in the dining room. This gave residents opportunity to see and smell the food in addition to selecting their portion size. Residents said they enjoyed the food provided to them. The dietician was involved in regular menu review. Modified consistency meals were presented in an appetising way. A wide variety of fluid options were available to suit residents' preferences including a iced water dispenser in the communal sitting/dining room. Residents on the first floor were provided with two communal dining areas. This arrangement was observed to enhance the dining experience for residents on the first floor. There were arrangements in place for communication with catering staff to support residents with special dietary requirements. The inspector observed that residents on diabetic and fortified diets, and residents who required modified consistency diets and thickened fluids, received the correct diets. Residents could have alternatives to the menu provided if they wished. The kitchen was staffed up to 18:00hrs each day to ensure a freshly cooked alternative meal was available to residents who did not wish to eat the prepared tea menu on offer.

This arrangement was in place to ensure all residents' dietary needs and preferences were met. The menu was displayed in a written format. The centre had recognised the barriers this arrangement presented for some residents and were in the process of presenting menus in an accessible format. Three residents were receiving their nutrition and hydration by means of a percutaneous endoscopic gastrostomy (PEG) tube.

There were written operational policies informing ordering, prescribing, storing and administration of medicines to residents. The inspector found that practices in relation to prescribing, administration and medication reviews met with regulatory requirements with the exception of documentation of maximum dosage of 'as required' (p.r.n.) medicines permissible over a 24 hour period on prescription records. Staff in the centre were trained to administer subcutaneous fluids to treat dehydration and replace gastrostomy tubes in order to avoid unnecessary hospital admissions. An arrangement where a pharmacist attended the centre was recently withdrawn by the provider. This arrangement did not ensure the pharmacist who supplied residents' medications was facilitated to meet their obligations to residents. There were procedures in place for the return of out of date or unused medications. Systems were also in place for recording and managing any medication errors.

There were arrangements in place to review accidents and incidents within the centre. Residents were assessed on admission and regularly thereafter for risk of falls. There was a low incidence of resident falls resulting in injury. There was evidence of identification and implementation of learning from monthly accident/incident reviews. Procedures were put in place to mitigate risk of further falls and residents at risk of falling were appropriately risk assessed with controls such as hip protection and sensor alarm equipment put in place. All residents were appropriately supervised by staff as observed by the inspector on the day of inspection.

**Judgment:**

Substantially Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There were procedures in place for the prevention, detection and management of suspicions, allegations and incidents of abuse. Residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia however, improvement was required to ensure person-centred behavioural support care plans were consistently developed.



Staff were facilitated to attend training in the prevention, detection and management of abuse. A small number of staff who had not attended this training were scheduled to attend in the weeks following this inspection. Staff spoken with by the inspector were knowledgeable regarding types of abuse and recognition. They were familiar with the reporting structures and their reporting obligations. There were systems in place to ensure allegations of abuse were fully investigated and pending such investigations, measures were in place to ensure the safety of residents. An allegation of abuse was reported to HIQA and following a preliminary investigation was not substantiated. Staff confirmed that there were no barriers to raising issues of concern. Residents spoken with during the inspection were satisfied with the level of care being provided they received and confirmed that they felt safe in the centre. Interactions between staff and residents were observed to be respectful, supportive and patient. Residents confirmed they were happy living in the centre.

There were systems in place to safeguard residents' money. The centre kept money on behalf of some residents, and this was securely stored. A sample of residents' money was checked by the inspector and was found to be correct. All transactions were recorded appropriately and dual-signed. Residents had access to their money as they wished. Residents were provided with a lockable space in their bedrooms for to facilitate them to independently store personal possessions securely if they wished.

Bed rails were used by eleven residents and two residents used lap-belts to support their safe seating in assistive wheelchairs. Some of the bedrails in use were for safety purposes or as an enabler to support residents to independently change their position while resting in bed. Bedrail and lap-belt use was closely monitored to ensure their use was appropriate in line with the national restraint policy guidelines. Use of bedrails or lap-belts was informed by completion of appropriate risk assessments and trialling of alternatives. Additional equipment such as low level beds, floor mats and sensor alarms were in use to reduce need for bed rails where possible. Two hourly checks were completed when bedrails and lap-belts were in use. The use of this equipment was recorded in the restraint register and notified to HIQA accordingly.

There was a policy in place to advise staff on managing responsive behaviours related to dementia. Some staff had received training on understanding and managing responsive behaviours and further training was scheduled for others. Staff spoken with by the inspector could also describe person-centred de-escalation techniques that they would use to manage individual resident's responsive behaviours. The inspector observed that the needs of residents with behavioural and psychological symptoms of dementia were well managed. However, some residents with responsive behaviours did not have a person centred care plan in place to inform the individual triggers to their physical and psychological symptoms and the most effective strategies for de-escalation including redirection, distraction and engagement. This finding is actioned in outcome 3. Residents with responsive behaviours were regularly reviewed by their GP and psychiatry of older age services for further specialist input.

**Judgment:**  
Compliant

### ***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents with dementia were consulted with and supported to participate in the organisation of the centre and to make informed choices about their day-to-day lives. Residents' with dementia were supported to attend and participate in resident forum meetings which were minuted. A residents' and a relatives' satisfaction survey was completed earlier this year. The inspector observed that the feedback provided was positive in all areas of service provision surveyed. While, there were opportunities for residents to participate in a variety of interesting and varied activities facilitated by care assistants, the group activities did not meet the interests of some residents. Residents' privacy and dignity needs were met. Residents had access to independent advocacy services. The centre's advocate had recently changed and the person in charge had organised their introduction to residents at the next residents' forum meeting.

There was evidence of a culture of good communication between the staff team and residents. Inspectors observed staff interacting with residents in a courteous and respectful manner. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. Many residents chose to eat their breakfast in the dining/sitting room. Residents were supported to move around the centre freely. However, signage and colour were not used effectively to support residents to find their way to toilets and communal rooms. Residents had adequate personal and storage space for personal items and clothing.

Residents were facilitated to exercise their civil, political and religious rights. Weekly Mass was held in the centre's chapel and residents in one unit liked to recite a daily rosary prayer together. Residents could access clergy of various religious faiths. Staff sought the permission of residents with dementia in the centre before undertaking any care task. They also consulted with them about how they wished to spend their day and about care issues. Staff worked to ensure that residents received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and toilet doors before entering. They closed bedroom doors and bed screens when delivering personal care. Privacy locks were available on all bedroom and toilet doors. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. 'My Day - My Way' documentation was completed for all residents which gave them the opportunity to make their preferences, likes and dislikes known. Family members also supported some residents with dementia with communicating this information. Residents were encouraged to choose how they spent their day, where they took their meals and what clothes they wore. All residents were addressed by their preferred name by staff. 'Able-tables' were used instead of traditional tables to ensure all residents with dementia resting in assistive wheelchairs or

otherwise could be comfortably seated at a table for their meals and activities. The style of these specialised tables promoted residents comfort and facilitated staff with ease of access to support and assist dependant residents as necessary.

Each resident had a 'named' nurse with responsibility for assessing and identifying suitable activities to meet their interests and capabilities. Organised activities were provided seven days each week and were facilitated by the designated care assistants. The activity programme consisted of a variety of meaningful and interesting activities to meet residents' interests and capabilities. However, improvement was observed to be required to ensure residents who choose not to participate in the group activities in the communal room on Brosna unit had their activation needs met. This was especially evident for residents with needs that were better met in a 1:1 or in a small group. A small number of residents attended day-services provided in the centre and which enabled them to meet people from the local community there. The communal facilities available to residents in Brosna unit were limited to one room. The inspector observed that approximately 50% of residents accommodated in the Brosna unit chose to remain in their bedrooms while activities were taking place. One resident told the inspector that the activities taking place did not interest him. The person in charge and staff were working to address this finding with a volunteer programme and were awaiting completion of An Garda Siochana vetting of candidates to progress implementation. The activity schedule was displayed in the communal rooms in both units in the centre but required clarity in its format to ensure it was accessible to residents with dementia. Inspectors saw that staff informed residents about each activity prior to commencement.

The inspector spent a period of time observing staff interactions with residents on both floors using a validated observational tool. The tool, the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents in two communal sitting/dining room areas. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the effect of the interactions on the majority of residents. The inspector observed that staff knew the residents well. The inspector's observations concluded that there was good evidence of positive connective care by staff with individual residents in group activities and during 1:1 interactions. Opportunities were also taken by staff when completing tasks of care to positively engage with residents.

There were no restrictions on visitors and there was a visitor's room available where residents could meet their visitors in private. Visitors were observed visiting throughout the day. Residents had access to national and local newspapers, televisions, radios and telephones.

Residents had a section in their care plan that addressed their communication needs. However, care interventions therein did not reflect the individual communication needs of a number of residents with medical conditions that negatively impacted on their ability to communicate effectively. The communication policy document available required improvement to include strategies to inform residents' communication needs including residents with dementia. There was some reference to information to support residents with physical and psychological symptoms of dementia (BPSD) or responsive

behaviours on their transfer document. However, this information required greater detail to improve the information provided for residents with BPSB. A communication passport was not currently in use for residents with communication needs going to hospital. This communication tool is of value in supporting the communication needs of residents with dementia accessing services outside the centre to outline their individual preferences, dislikes and strategies to avoid or to support those with physical and psychological symptoms of dementia.

**Judgment:**

Non Compliant - Moderate

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a policy and procedure in place for the management of complaints. The person in charge was the nominated complaints officer. A summary of the complaints' procedure was displayed at the entrance to the centre and was also included in the residents' guide for the centre. The complaints' policy included details of the person nominated to deal with complaints, and the person nominated to ensure that complaints were appropriately recorded and responded to. The policy also included details of the appeals process.

Most expressions of dissatisfaction were satisfactorily addressed locally. Complaints that could not be resolved locally were referred to the designated complaints officer for further investigation.

A complaints log was maintained in the centre, and this was reviewed by the inspector on the day of the inspection. Complaint records included the outcome of the complaint, the actions taken in response to complaint investigation and whether complainants were satisfied with the outcome. Records indicated that all complaints were closed out within the timeframe outlined in the centre's policy.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> The inspector found that the levels and skill-mix of staff on the day of the inspection were sufficient to meet the assessed needs of residents, including residents with dementia. An actual and planned rota was maintained in the centre, with all changes indicated clearly. The staff rota reflected staff working in the centre on the day of inspection. The staff roster also indicated that a registered nurse was on duty at all times in the centre.</p> <p>A clinical nurse manager co-ordinated and supervised the staff team on each floor on a day-to-day basis. Staff performance appraisals were not completed for 2016. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge and the management team. The inspectors found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations. Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.</p> <p>Staff were observed to be supportive towards residents and responsive to their needs. The inspector was satisfied that education and training was available to staff to enable them to provide care that reflected up-to-date, evidence-based practice. Staff spoken with were knowledgeable regarding residents' needs. Staff attended mandatory and professional development training including care of residents with dementia. The inspectors viewed records of regular meetings in which all levels of staff were involved.</p> <p>There was a comprehensive policy in place for the recruitment, selection and vetting of staff. The inspectors examined a sample of staff files and found that all contained the documents as required by Schedule 2 of the regulations, including up-to-date An Bord Altranais professional identification numbers (PIN) for all nursing staff. All staff and volunteers had completed An Garda Siochana vetting.</p>
<p><b>Judgment:</b> Substantially Compliant</p>

<b><i>Outcome 06: Safe and Suitable Premises</i></b>
<p><b>Theme:</b> Effective care and support</p>
<b>Outstanding requirement(s) from previous inspection(s):</b>

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

**Findings:**

The centre has accommodation for 48 residents over two floors arranged into two specific residential units named after local rivers, Brosna on the ground floor and Inny on the first floor. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable environment with the exception of communal space provided in Brosna unit. The inspector observed that the design of this unit required improvement to provide residents with sufficient communal space to meet their sitting, dining and recreational needs. The communal room was observed to be busy at most times during the day with group activities and dining. The quality of life for residents with dementia would be improved by provision of a area with less noise for relaxation and 1:1 or small group activities. There was one communal room available to meet residents' seating, dining and recreational needs of 24 residents on Brosna unit. 75% of these residents had a diagnosis or symptoms of dementia. 66% of residents on this unit were ambulant or semi-ambulant. This finding was identified as a non-compliance with the regulations on the last inspection in April 2015. The inspector's findings did not support evidence that the actions proposed by the provider to be completed by September 2015 adequately addressed residents' collective needs and circumstances on this inspection. In contrast, residents accommodated on Inny unit had access to a number of communal areas. Residents could rest in a comfortable quiet room as an alternative to the noisier large communal room. The inspector observed that some residents choose to dine together in an additional small room. The availability of a variety of communal areas facilitated residents with dementia to have their needs met on a 1:1 or small group basis outside of the main communal room and their bedrooms.

The inspector found the centre to be visibly clean, warm and well-ventilated. Residents on both floors had access to safe and secure outdoor areas. Due to cooler weather conditions at the time of this inspection, residents did not choose to access these areas. The inspector was told that residents enjoyed the outdoor areas in warmer weather conditions. The external grounds were well maintained. There was good natural lighting throughout the centre and floor coverings were bright and did not have any bold designs. Both units were furnished with familiar pieces of domestic furniture and traditional memorabilia. There was evidence that staff on Inny unit had made exceptional efforts to make the environment therapeutic and dementia-friendly for residents. One staff member regularly provided fresh flowers for the unit from her garden that were familiar to residents. Staff took opportunity to decorate the communal areas in an older style with lamps/fabric lampshades, bookcases, ornaments including a foot-operated sewing machine. There was a seated area and a visitor's room for residents' use or to meet with visitors in private located on the ground floor outside of the units. There is a spacious lift available to assist people and residents with assistance by staff to navigate between floors. There is a chapel on site which is used regularly by residents.

Bedrooms were personalised to suit individual residents. Each bedroom had a shelved display unit fixed to the wall, which were fully used by residents to display their family photographs and favourite ornaments. Corridors and door entrances used by residents

were wide and spacious to facilitate residents' safe mobility and assistive equipment. Handrails and grab rails were provided where required in circulating areas and in en-suite and communal shower/toilets. The safety and accessibility of residents with dementia would be enhanced by application of a contrasting colour to hand and grab rails, doors to key areas and residents' bedroom doorframes to that of surrounding walls.

Bedroom accommodation was provided with mostly single room accommodation. The size and layout of bedrooms met the needs of the residents including accommodation of their personal equipment and devices. Privacy screening was available in two twin rooms and was designed to close fully around each resident's bed.

Furniture and equipment including high support wheelchairs used by residents was in good working condition. Mobility aids that included remote control beds and hoists were available to promote safe moving and handling practices.

**Judgment:**

Non Compliant - Moderate

## **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:***

Catherine Rose Connolly Gargan  
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>	Cluain Lir Community Nursing Unit
<b>Centre ID:</b>	OSV-0000739
<b>Date of inspection:</b>	25/10/2016
<b>Date of response:</b>	21/11/2016

#### Requirements

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

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

#### Outcome 01: Health and Social Care Needs

##### Theme:

Safe care and support

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

Care plans were not consistently documented to inform the care needs for a small number of residents with behavioural and psychological symptoms of dementia and 'end of life' care needs .

Care interventions in some care plans were generic and did not inform person-centred care.

<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 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All care plans will be reviewed to ensure that they are person centred and inform staff of resident care needs.

An End of Life MDT Care pathway is currently being discussed/reviewed as part of "A Journey of Change" programme which is in progress in the Centre.

**Proposed Timescale:** 28/02/2017

**Theme:**

Safe care and support

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

Residents did not have a choice of general practitioner (GP) as required.

**2. 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:**

At pre-assessment stage, potential residents are informed that a Medical Officer is employed by the Centre to provide medical care. If the person wishes they can contact their own GP to discuss retaining his/her service. To date no other GP has agreed to visit the Centre as required.

Resident is not admitted if they are not satisfied with this arrangement.

**Proposed Timescale:** 21/11/2016

**Theme:**

Safe care and support

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

Maximum dosage of 'as required' (p.r.n.) medicines permissible over a 24 hour period was not recorded on residents' prescription records.

**3. 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.
<p><b>Please state the actions you have taken or are planning to take:</b></p> <p>The Medical Officer has been informed in writing of this requirement and has been provided with a copy of the Medicines Management Guidance document (Oct 2015).</p>
<b>Proposed Timescale:</b> 21/11/2016
<p><b>Theme:</b></p> <p>Safe care and support</p> <p><b>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The pharmacist who supplied residents' medications was not facilitated to meet their obligations to residents.</p> <p><b>4. Action Required:</b></p> <p>Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.</p> <p><b>Please state the actions you have taken or are planning to take:</b></p> <p>The person in charge is liaising with the Provider/Pharmacy Dept to put arrangements in place whereby a Pharmacist is contracted to the Centre. The person in charge will assist any pharmacist contracted to the Centre to meet their obligations to residents.</p>
<b>Proposed Timescale:</b> 31/01/2017

<b>Outcome 03: Residents' Rights, Dignity and Consultation</b>
<p><b>Theme:</b></p> <p>Person-centred care and support</p> <p><b>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The communication policy document available did not include strategies to inform residents' communication needs including residents with dementia.</p> <p><b>5. Action Required:</b></p> <p>Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.</p> <p><b>Please state the actions you have taken or are planning to take:</b></p> <p>The Centre's communication policy is being updated to include strategies to inform residents' communication needs.</p>
<b>Proposed Timescale:</b> 30/11/2016
<b>Theme:</b>

Person-centred care and support

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

The communal facilities available to residents in Brosna unit was limited to one room and did not meet the needs of residents with dementia who had 1:1 or small group activity needs.

**6. Action Required:**

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

The HSE are currently reviewing options to provide an additional room to the Brosna Unit residents for occupation and recreation to address the issue identified. The HSE will procure a feasibility study this year to assess the potential options available. The HSE will make a capital application to the HSE's National Capital Steering Group to seek capital funding for the provision of this additional Space. The Target delivery date, subject to capital availability, for the additional accommodation would be Q1 2018 with the target operational date in Q2 2018.

**Proposed Timescale:** 30/06/2018

**Theme:**

Person-centred care and support

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

Improvement was observed to be required to ensure residents who choose not to participate in the group activities in the communal room on Brosna unit had their activation needs met.

**7. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

The Centre has applied for Garda Clearance for Volunteers who are interested in participating in small group and 1:1 activities for residents.

Care plans for activities will be further developed to ensure that the needs of residents who do not wish to participate in group activities are met.

**Proposed Timescale:** 28/02/2017

**Theme:**

Person-centred care and support

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

Signage and colour were not used effectively to support residents with dementia to find their way to toilets and communal rooms.

The activity schedule displayed required clarity in its format to ensure it was accessible to residents with dementia.

**8. Action Required:**

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

Pictorial signage for toilets and communal areas are currently in process of completion.

The Speech & Language Therapist is liaising with unit staff on improvements to display of activity schedule to ensure it is accessible for residents with dementia.

**Proposed Timescale:** 31/12/2016

**Theme:**

Person-centred care and support

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

Residents' hospital transfer information required greater detail to improve the information provided for residents with behaviours and psychological symptoms of dementia.

**9. Action Required:**

Under Regulation 10(3) you are required to: Inform staff of any specialist needs referred to in Regulation 10(2).

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

The Centre will amend its transfer letter to provide greater detail for hospital transfers to inform care for residents with behaviours and psychological symptoms of dementia.

**Proposed Timescale:** 31/12/2016

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**

**in the following respect:**

Staff performance appraisals were not completed for 2016.

**10. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Staff appraisals will be completed for all staff.

**Proposed Timescale:** 31/12/2016

**Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The design of Brosna unit required improvement to provide residents with sufficient communal space to meet their sitting, dining and recreational needs and circumstances.

**11. 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:**

The HSE are currently reviewing options to provide an additional room to the Brosna Unit residents for occupation and recreation to address the issue identified. The HSE will procure a feasibility study this year to assess the potential options available. The HSE will make a capital application to the HSE's National Capital Steering Group to seek capital funding for the provision of this additional Space. The Target delivery date, subject to capital availability, for the additional accommodation would be Q1 2018 with the target operational date in Q2 2018.

**Proposed Timescale:** 30/06/2018

**Theme:**

Effective care and support

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

The safety and accessibility of residents with dementia could be enhanced by application of a contrasting colour to hand and grab rails, doors to key areas and residents' bedroom doorframes to that of surrounding walls.

**12. 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:**

The corridor and circulation areas are scheduled for painting/redecoration in 2017. At this time the issues relating to contrasting colours to aid recognition and improve safety and accessibility of residents will be addressed.

**Proposed Timescale:** 30/06/2017