Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Birr Community Nursing Unit
Centre ID:	OSV-0000522
Centre address:	Community Nursing Unit, Sandymount, Birr, Offaly.
Telephone number:	057 912 3244
Email address:	michael.bryant@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Donal Fitzsimons
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Leanne Crowe
Type of inspection	Announced
Number of residents on the date of inspection:	67
Number of vacancies on the date of inspection:	9

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.

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 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 1 day(s).

The inspection took place over the following dates and times

From:	To:
20 June 2017 09:05	20 June 2017 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	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	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This announced inspection was completed in response to an application made by the provider for renewal of registration of the centre. The last inspection of the centre by the Health Information and Quality Authority (HIQA) was a thematic inspection completed on 24 March 2017 to assess compliance with the regulations regarding the service provided for residents with dementia living in the centre. Prior to this inspection, the provider submitted an update on progress with completion of the action plan from the last inspection. During this inspection, inspectors confirmed that eight of the 11 actions in the action plan were satisfactorily completed. The remaining three actions were found to be partially completed and are restated in the action plan with this inspection.

Residents spoken with during this inspection and feedback from pre-inspection questionnaires completed by 10 residents and seven residents' relatives referenced high levels of satisfaction with the service provided, care received and the staff in the centre. Residents confirmed that they felt safe and had choice in their daily routine. Inspectors used this feedback during this inspection and findings concurred with this information. A summary of the feedback received from residents and their relatives was also communicated to the person in charge during the course of the inspection. Inspectors found that the person in charge had already identified some of the areas identified by inspectors as requiring improvement and had commenced putting actions in place to satisfactorily address them.

Inspectors met with the person in charge and deputy, members of the staff team, residents and their relatives during the course of the inspection. Documentation records such as the centre's policies, risk management (including fire safety) procedures and records, audits, staff training records and residents' records were reviewed among other documentation.

Inspectors found that residents were appropriately safeguarded and observed that all interactions by staff with residents were courteous, respectful and kind. Procedures were in place to ensure that residents were protected from abuse and were demonstrated in practice. There was evidence that the views of residents were valued and actively sought. Feedback from residents and their relatives and used to improve the service provided to meet residents' needs.

There were appropriate systems in place to manage and govern the service. The provider, person in charge held responsibility for the governance, operational management and administration of services and provision of sufficient resources to meet residents' needs. They demonstrated sufficient knowledge and an ability to meet regulatory requirements. The centre was a single-storey, purpose-built premises and painting and repairs were on-going. While there were efforts made to improve residents' privacy and dignity in multiple occupancy bedrooms, further improvement was required.

Residents' healthcare needs were met to a good standard. While the activities provided for residents were interesting, varied and meaningful, improvement was required in the records of activities some less able residents participated in. Improvement was also required in the documentation providing assurance that they were given opportunity to participate in activities that met their interests and capabilities. Staff were knowledgeable regarding residents needs and were facilitated to attend training to meet mandatory requirements and their professional development needs.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of 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.
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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 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:
There was a written statement of purpose available that accurately described the service provided in the centre and this information was demonstrated in practice.

A copy of the centre's statement of purpose and function was forwarded to the Health Information and Quality Authority (HIQA). This document was reviewed and inspectors found that it contained all of the information as required by schedule 1 of the Regulations.
The statement of purpose and function accurately described the organisational structure, the range of needs that the designated centre meets and the services provided for residents.

Judgment:
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 demonstrated a clearly defined management structure in place and reflected the information outlined in the centre's statement of purpose. Lines of authority and accountability were defined and all members of the team spoken with were aware of their roles, responsibilities and their reporting procedures. Monthly regional and local governance meetings were held and minutes were made available to inspectors. A governance quality and safety meeting was also held every four months. Risk management was a standing agenda item for all meeting. Effective team communication was promoted locally by the person in charge with regular staff meetings at each level.

Management arrangements and monitoring systems were in place to review the quality of care delivered to residents and informed quality improvements. Inspectors found that quality and safety monitoring systems were in place to ensure that the service provided was safe, appropriate to meet residents' needs, consistent and regularly reviewed. There was evidence that key areas of clinical care, the environment and feedback from residents and their relatives was reviewed. Inspectors' found that the information collated in the various clinical audits and in feedback from residents and their relatives was analysed and actioned where necessary. The information informed proactive strategies and to provided assurances that the quality and safety of the service was optimised.

Residents and relatives were familiar with management personnel and arrangements in place. The inspectors found adequate resources were made available to meet residents' needs in terms of staffing, staff training and sufficient assistive equipment to ensure effective delivery of care in accordance with the centre's statement of purpose. While there were 15 bedrooms that accommoded four residents in each, the person in charge demonstrated efforts she and the staff team had made to improve privacy for residents in these bedrooms. This finding is discussed further in Outcomes 12 and 16.

A report on the quality and safety of care delivered to residents in the designated centre for 2016 had been completed and was available for inspection. There was evidence that a number of improvements made were progressed in consultation with residents. The inspector observed where meaningful actions were taken in response to residents' feedback and efforts made by the provider' person in charge and staff team to optimise the comfort of the environment and quality of life in the centre for residents.

Judgment:
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, which was readily available to residents and their relatives, was reviewed by inspectors. It was found to contain all of the information required by the regulations.

A sample of contracts of care was reviewed by inspectors. The contracts set out the services to be provided, fees to be charged, the complaints procedure and visiting arrangements among other information. Each contract in the sample reviewed was signed by the resident or their relative on their behalf.

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:
The centre was managed by a suitably qualified and experienced nurse who had authority and was accountable and responsible for the provision of the service. She was supported in her role by an assistant director of nursing, clinical nurse managers, nursing, care, administration, maintenance, kitchen and housekeeping staff who reported directly to her.

The person in charge is a registered nurse with An Bord Altranais agus Cnáimhseachais Na hÉireann. She has completed a number of postgraduate courses including gerontology, management infection control, nutrition, wound care and other courses and training to maintain her professional knowledge and skills. She had the necessary qualifications and experience working with older people as required by the Regulations and works full time in the centre. She demonstrated that she had a good knowledge of the Regulations and Standards pertaining to the care and welfare of residents in the centre.

The person in charge demonstrated that she is involved in the governance, operational management and administration of the centre. She had a detailed knowledge of residents’ care and conditions. Staff confirmed that there was good inter-team

communications. The person in charge had effective systems in place to ensure the quality and safety of clinical care. Information required was easily accessed and was well organised. Residents spoken with knew the person in charge and were aware of her role in 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 majority of records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained to ensure completeness, accuracy and ease of retrieval. However, staff records as required by Schedule 2 of the Regulations in the sample examined by inspectors were incomplete. An Garda Síochána Vetting disclosures were not available in the centre for inspection. The person in charge confirmed to inspectors that all staff working in the centre had completed An Garda Síochána vetting. Evidence of vetting disclosures for the three staff members was forwarded to HIQA following the inspection.

Records of fire evacuation drills did not comprehensively inform all aspects of the procedure as required in Schedule 4, Paragraph 10 of the Regulations.

Some improvement was required in relation to drug administration records. This finding is actioned under Outcome 11.

The designated centre had all of the written operational policies in place, as required by Schedule 5 of the regulations. The policies were appropriately reviewed and updated to reflect best practice. Staff who spoke with inspectors understood these policies and implemented them in 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 demonstrated that she was aware of the requirement that the Chief Inspector must be notified of any proposed absence by the person in charge greater than 28 days from the designated centre and the arrangements in place for the management of the designated centre during any absence. There were no periods of absence by the person in charge requiring notification.

A registered nurse at assistant director of nursing grade worked alongside the person in charge on a day-to-day basis and deputised in her absence. The assistant director of nursing is a registered nurse and has completed a postgraduate course in management. He has experience in a senior clinical and management role in the centre since 2004. The person in charge had arrangements in place to ensure that she and her deputy were not on leave during the same periods. This arrangement ensured that a senior member of the nursing team was available.

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

Findings:
Inspectors were satisfied that there were measures in place to protect residents from

being harmed or from suffering abuse, and to ensure that appropriate action would be taken in response to allegations, disclosures or suspected abuse. All actions from the last inspection had been satisfactorily completed.

There was a policy and procedures in place for the prevention, detection and response to abuse. Since the previous inspection, additional training had taken place to ensure that all staff had completed up-to-date training in the prevention, detection and response to abuse. This was evidenced by documentation provided to inspectors by the person in charge. Staff who spoke with inspectors could describe the actions they would take in the event of an allegation, suspicion or disclosure of abuse. Any incidents, allegations or suspicions of abuse were appropriately recorded, investigated and responded to in line with the centre's policy. Residents told inspectors that they felt safe in the designated centre. Additionally, since the previous inspection a keypad lock system had been installed to prevent unauthorised access to the designated centre via the day-care service area.

Since the previous inspection, significant work had been carried out by staff in order to promote a restraint-free environment throughout the centre. A full review of all bedrail use within the centre was undertaken following the last inspection and alternatives to bedrails such as low-low beds had been employed where suitable. The register documenting the use of restraint within the centre indicated that seven residents were using bedrails at the time of the inspection; demonstrating a decrease from 25 residents on the previous inspection. The person in charge informed inspectors that further work was ongoing to ensure that bedrail use did not restrict residents' freedom to exit their beds.

Some residents received psychotropic medications on a PRN (a medicine only taken as the need arises) basis for management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) when all other interventions were tried and failed. As an action from the previous inspection, documentation now evidenced that the administration of PRN psychotropic medication was subject to review on each occasion.

A low number of residents experienced responsive behaviours. A policy was available to inform staff on how to work with residents who had responsive behaviours. Staff spoken with by the inspectors could describe person-centred de-escalation techniques that they used to manage individual residents' responsive behaviours. Inspectors were told that no residents were experiencing responsive behaviours at the time of this inspection and inspectors did not observe any incidents of responsive behaviour on the day of inspection. This finding indicated that this aspect of residents' care was satisfactorily managed. Inspectors observed that staff responded to residents with a history of responsive behaviours in a sensitive, person-centred and compassionate way and residents responded positively to the techniques they used. Behaviour support care plans were found to be person-centred and described the most effective person-centred strategies to implement to de-escalate any responsive behaviours. Residents with responsive behaviours were referred appropriately to community psychiatry of older age services.

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):
No actions were required from the previous inspection.

Findings:
There were systems in place to ensure the health and safety of residents, staff and visitors was promoted and protected. A safety statement for 2017 was available for the centre. The required information regarding the management of specified areas of risk as outlined by Regulation 26 were in place to protect vulnerable residents. A register of the centre's internal and external hazards were identified. The documentation demonstrated that risks identified were assessed and included details of the controls implemented to manage and prevent adverse incidents to residents, visitors and staff. Areas in the centre that were potentially hazardous to unauthorized persons were appropriately secured with measures in place to control access.

A proactive approach to risk management in the centre was demonstrated. Records of incidents and accidents involving residents, staff and visitors and subsequent investigations were documented. Learning gained as an outcome of investigations completed was documented and implemented in practice. Since January 2017, there were a small number of incidents where a resident had a fall, two of these fall incidents resulted in an injury that was appropriately notified to HIQA. An annual falls prevention week was organized in the centre which focused on falls management and prevention. Each resident has a risk of fall assessment completed on their admission and was regularly updated thereafter including after a fall incident. Low level beds, floor mats, hand rails in corridors, toilets and showers, staff supervision and sensor equipment were used to reduce risk of fall or injury to vulnerable residents. Handrails fitted on both sides of the corridors and were in a contrasting colour to the surrounding walls to enhance their visibility for residents with vision problems or dementia.

Arrangements were in place to protect residents and others against the risk of fire in the centre. All residents had evacuation risk assessments completed referencing their day and night-time evacuation needs in terms of staffing and equipment. Fire safety management checking procedures were in place. Service records for the fire panel, firm alarm, lighting and directional signage were in place. The fire alarm was tested weekly to ensure it was functioning at all times. All designated fire exits were indicated and a checking procedure was in place to ensure they were free of any obstruction on a daily basis. Equipment including fire extinguishers were available at various points throughout the centre and were serviced annually. Fire safety training was provided by a member of

staff employed by the provider who was trained in fire safety. There was evidence that emergency evacuation drills were completed to test day and night-time staffing resources and conditions. However, the details of the drills as recorded did not comprehensively inform all aspects of the procedure as required in Schedule 4, Paragraph 10 of the Regulations. Staff training records referenced that all staff had completed fire safety training including participation in a fire evacuation drill. Staff spoken with by the inspector were aware of the emergency procedures in the event of a fire in the centre. Parts of the documentation pertaining to fire safety management were held in various departments in the centre local to the staff with designated checking responsibilities. There was opportunity for improvement in this practice to improve ease of oversight and retrieval of checking records.

An infection control policy informed procedures for management of communicable infection and an infection outbreak to guide and inform staff. The centre was visibly clean. Hand hygiene facilities were located throughout the premises which were used appropriately by all staff. Environmental audits were completed and environmental cleaning procedures reflected best practice in infection prevention and control standards. Most staff, including cleaning and laundry staff had attended training on hand hygiene and infection prevention and control.

Judgment:
Compliant

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

Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Nursing staff were observed administering medicines to residents and practices reflected professional guidelines with the exception of medication administered in crushed format. This was an action from the last inspection, and the person in charge informed inspectors that new medication administration documentation had been introduced in response to the action. While improvements were apparent in relation to this action, some gaps in this documentation were identified on the day of the inspection. Inspectors found that staff were administering medicines in a crushed format which were not appropriately prescribed to one resident. The person in charge informed inspectors that this would be rectified. This finding is actioned in Outcome 11.

There were appropriate storage and checking procedures in place for medicines controlled under misuse of drugs legislation and medicines requiring refrigerated storage.

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

Findings:
Inspectors' found that the healthcare needs of residents were met to a good standard. Actions required from the last inspection in March 2017 regarding inconsistencies in use of an assessment tool for managing residents' pain and documentation of consultations with residents or their family regarding their care plan reviews were satisfactorily completed.

Residents had access to general practitioner (GP) and specialist medical services as necessary. Residents also had access to allied health professionals including occupational therapy, physiotherapy, speech and language and dietician services. Specialist medical services including palliative care and psychiatric services attended residents in the centre. Residents' documentation confirmed they had timely access to these services as necessary. Arrangements were in place to ensure residents were supported to attend out-patient appointments. Residents spoken with by inspectors and residents and relatives who provided feedback in pre-inspection questionnaires expressed their satisfaction with the care they received both in the centre and from medical and allied health services. One resident commented that she was 'looked after from the top of her head to the soles of her feet'. Inspectors reviewed a sample of residents' care plans which confirmed that details of treatment plans and recommendations made by allied health professionals were documented in residents' care plans as appropriate.

Arrangements were in place to meet residents' assessed healthcare needs. Residents' care needs were assessed on admission and regularly reviewed thereafter by use of assessment tools. This information informed care plans that described the care

interventions to be delivered to meet each resident's identified needs. The care plans indicated that care provided to residents was generally person-centred and met their needs. While residents' documentation was maintained to a good standard in one of the three units in the centre, inspectors found that the quality of detail in residents' documentation varied across the other two units. Staff were administering medicines to one resident in a crushed format which was not the format prescribed. The person in charge was aware of this finding and was working to improve residents' records in the two units. Arrangements were in place to ensure care plans were reviewed on a three-to-four month basis, or more often in response to residents' changing needs. There was a physiotherapy service in the centre and the physiotherapist had a significant input in optimizing residents' mobility. Residents were reviewed by the physiotherapist following any fall incident. Residents who sustained an injury to their head during a fall had neurological observations completed. There was evidence that residents' care was discussed with them or their relatives where appropriate. There were procedures in place to promote residents' good health and to prevent unnecessary hospital admissions. Residents' health was promoted by annual influenza vaccine, regular vital sign monitoring and regular exercise as part of their day-to-day care. Staff were trained to provide subcutaneous fluid administration to treat residents with acute episodes of dehydration.

Residents' risk of unintentional weight loss or weight gain was assessed on admission and regularly thereafter. Residents' weights were checked on a monthly basis or more often to monitor treatment interventions and progress more closely. Inspectors observed that residents with unintentional weight loss or weight gain had their needs appropriately reviewed by a dietician and an associated treatment plan was in place. There were no residents with pressure ulcers or other wounds in the centre. Arrangements were in place to ensure residents with wounds were assessed by staff using an appropriate measurement system which assessed size, type, and exudate and included a treatment plan to inform care procedures. Tissue viability, dietician and occupational therapy specialists were available as necessary to support staff with management of wounds that were slow to heal or deteriorating. Inspectors reviewed pressure related skin injury preventative procedures in the centre and found that they were informed by evidence based best practice. Assessment of risk of skin breakdown was completed for each resident on admission and regularly thereafter. The level of assessed risk informed the mattress that should be used in each case. Equipment such as pressure relieving mattresses and cushions, in addition to care procedures, including repositioning schedules, were used as prevention strategies.

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

Findings:
The centre is a single-storey premises with accommodation for 76 residents in three suites, Laurel, Sandymount and Camcor. The centre was bright, homely, welcoming and visibly clean. The centre was well-maintained and painting and minor repair works were ongoing. The person in charge coordinated maintenance work as required in the centre. With the exception of the multiple occupancy bedrooms, the layout and design of the centre provided a comfortable and homely environment for residents.

Communal sitting and dining rooms were comfortable and decorated in a style reminiscent of residents' own homes. There was good use of colour and traditional domestic memobilia that enhanced familiarity and comfort of the environment for residents, including residents with dementia. Attractive wall hangings, paintings and ornaments were displayed on the walls along communal corridors, many of which were produced by residents who participated in art therapy. Every opportunity to introduce natural light to corridors and communal rooms was taken with large windows that also had views of the gardens. Shades were fitted to the windows in the communal rooms to control glare from sunlight. Residents had good access to a safe, enclosed mature garden with safe pathways and outdoor seating. The walls in around the garden and a central paved area were decorated with paintings of flowers and garden creatures.

Residents' bedrooms consisted of single, twin and bedrooms with three and four beds. Each room had an en-suite toilet, shower and hand basin fitted. Residents were encouraged to personalize their bedrooms. However, the layout and design of multiple occupancy bedrooms did not provide an environment that met residents’ privacy and dignity needs to a sufficient standard. While some bedrooms with four beds were reduced to three beds by removing one bed, this action did not change the overall layout of the bedrooms. A shelf over the top of some residents' beds was relocated to a more accessible level since the last inspection. However space for residents to display their personal photographs and mementoes remained limited in most multiple occupancy bedrooms. Residents did not have choice of television viewing as they shared a television with a resident in the adjacent bed and could not view it when screen curtains were closed around the adjacent bed.

Safe floor covering, appropriate signage, hand rails and grab rails were available throughout the building to support residents’ independence and to safely navigate their way around the centre. Servicing of equipment used for residents was undertaken as required.

Judgment:
Non Compliant - Moderate

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

Findings:
Residents had opportunity to express their views and be involved in the running of the centre. This was evidenced in feedback in pre-inspection questionnaires completed by residents, minutes of residents' meetings and inspectors' discussions with individual residents on the day of inspection. Residents' meetings were convened at regular intervals and were minuted. Residents and their relatives were also facilitated to express their views on various aspects of the service they received in a satisfaction survey completed. The person in charge and members of the staff team told inspectors that they welcomed feedback from residents and relatives in assisting them with providing a good service.

There was a policy of open visiting in the centre, with protected mealtimes. Relatives' feedback in pre-inspection questionnaires confirmed that visitors were made welcome when visiting in the centre. Inspectors observed visitors visiting residents on the day of inspection. Residents were encouraged to invite their relatives to celebrations and events held in the centre. On the day of inspection, a number of residents joined residents for a barbecue in the garden. There were a number of comfortable sitting rooms and seated areas in the centre where residents could meet their visitors in private if they wished.

Since the last inspection, a designated activity coordinator had been employed. Additional designated activity staff were available as part of the activity team which ensured continuity of residents activities during planned and unplanned leave. Residents in the centre were facilitated to enjoy a wide variety of interesting and meaningful activities. A music therapist had attended the centre since the last inspection to provide both group sessions and one-to-one sessions with residents. Assessment of residents' activity needs was completed to a good standard. There was evidence that residents less able to participate in group activities were provided with and supported to participate in activities to meet their interests and capabilities. However, some residents' records referencing this were not consistently maintained. A schedule of activities for the week was displayed for residents' information. While it outlined the activities scheduled

for each day, there was room for improvement in the description of the activities available. For example, from 12.30 - 13:00hrs each day, "flowers, shop, etc." was listed which did not accurately describe to residents what the activity was. Outings were organized for residents to go out for refreshments, attend shows and to visit local areas of interest. The majority of residents expressed their satisfaction with the activities available in the feedback in pre-inspection questionnaires. The person in charge informed inspectors that a "Wellbeing Week" had been planned to take place from 10 July to 16 July 2017. Various activities had been scheduled each day as part of this initiative, such as theatre performances, afternoon tea, sports competitions and a barbeque.

Residents were facilitated to meet their religious and spiritual needs. Residents had access to an oratory in the centre and clergy from the various faiths to meet their faith needs.

Inspectors observed that staff got consent from residents for all care activities and gave them choice regarding their daily activities in the centre. Residents spoken with by inspectors confirmed that their day was organized according to their wishes and choices. Inspectors observed staff knocking on residents' bedroom doors and closing doors to bedrooms and toilets during personal care activities. Residents in twin, triple and four-bed bedrooms had screening provided which was closed during personal care activities. Since the last inspection, work was done and was on-going to ensure residents' privacy and dignity needs were met in multiple-occupancy bedrooms. However, the layout and design of these bedrooms hindered any significant improvements in provision of additional communal space and control of noise or odours. The location of televisions in the multiple occupancy bedrooms did not ensure each resident could view the television when bed screens were closed around the bed next to them. Two televisions were made available in most multiple occupancy rooms. There was no individual discreet listening equipment provided that ensured individual residents could view and hear different programmes on each television device if they wished.

Judgment:
Non Compliant - Moderate

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 and procedure in place to inform management of residents' personal property and possessions.

Residents were facilitated to retain control over their own possessions and clothing. Staff informed inspectors that a record of residents' property was created on their admission to the centre and examples of these records were seen by inspectors. However, some improvement was required to ensure that a consistent approach was taken across all three suites when updating residents' property records.

In most cases, residents had space to store their clothing and possessions. Shelving space above some residents' beds was used to display photographs and ornaments. Laundry facilities were operating in the centre, with a system in place to ensure the safe return of clothes to residents.

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

Findings:
Inspectors found that there were sufficient levels of staff with the appropriate skills, qualifications and experience to meet the assessed needs of all residents accommodated in the centre. An actual and planned duty roster was in place, with all changes clearly indicated. The roster reflected staff on-duty on the day of inspection.

Actions from the last inspection relating to activity staff had been addressed. A system had been introduced to ensure that there were arrangements in place to cover planned leave by the activity co-ordinator. The person in charge informed inspectors that a designated activities staff nurse had been recruited to ensure that a comprehensive activities programme was available to residents at all times.

Since the previous inspection, additional training had taken place to ensure that all staff had received up-to-date mandatory training in fire safety, moving and handling practices

and the prevention, detection and response to abuse. Staff were appropriately supervised. Individual induction programmes were in place for the various grades of staff. Each of these included induction checklists and appraisals were carried out. The person in charge confirmed that appraisals for all staff were conducted on a regular basis. The person in charge stated that a training needs analysis was carried out annually. Staff were facilitated to attend training to maintain their professional development and skills. Staff spoken with on the day of the inspection were knowledgeable regarding residents and their care needs. Meetings for the various staff disciplines and grades were held regularly, and minutes of these were available for review by inspectors.

A sample of three staff files were reviewed by inspectors. All staff records as required by Schedule 2 of the Regulations were available for inspection with the exception of An Garda Síochána Vetting disclosures. This finding is actioned in Outcome 4. The person in charge confirmed to inspectors that all staff working in the centre had completed An Garda Síochána vetting. Evidence of vetting disclosures for three staff members was forwarded to inspectors following the inspection.

Evidence of up-to-date professional registration for all nursing staff was provided to inspectors on the day of the inspection. There were no volunteers working 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:

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[1]

Centre name:	Birr Community Nursing Unit
Centre ID:	OSV-0000522
Date of inspection:	20/06/2017
Date of response:	10/07/2017

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 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:
Records of fire evacuation drills did not comprehensively inform all aspects of the procedure as required.

1. 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

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

the Chief Inspector.

Please state the actions you have taken or are planning to take:
Fire Evacuation Drill documentation will be recorded to include all aspects of procedures carried out.

Proposed Timescale: 31/08/2017

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff were administering medicines to one resident in a crushed format which was not the format prescribed.

2. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
Drug chart has been corrected to prescribe crushed medication where indicated.

Proposed Timescale: 22/06/17 Completed

Proposed Timescale: 22/06/2017

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 layout and design of multiple occupancy bedrooms did not provide an environment that met residents privacy and dignity needs to a sufficient standard. Space for residents to display their personal photographs and mementoes remained limited in most multiple occupancy bedrooms. Residents did not have choice of television viewing as they shared a television with a resident in the adjacent bed and could not view it when screen curtains were closed around the adjacent bed.

3. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated

centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
Televisions to be purchased and screening between beds to be reviewed. Space for personal belongings will be maximised.

Proposed Timescale: 30/09/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents' privacy and dignity needs were not sufficiently met in multiple-occupancy bedrooms.

4. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
1.Screening between beds to be reviewed and space for personal belongings will be maximised.
2.Multiple-occupancy will continue to be reviewed and reduced down to 3 beds where possible.
3.Funding to be requested for re-configuration of the multiple-occupancy bedrooms from 4 beds to 3 beds to allow for maximisation of access ensuring equal personal space for all residents.
4.Multiple-occupancy bedrooms to meet requirements by July 2021.
5.Meeting with Estates Manager and Nurse Planner to take place week of the 1st August 2017, to review maximising dignity and privacy in multiple-occupancy bedrooms and a plan to be in place to secure funding for same.

Proposed Timescale:
1.30th September 2017
2.31st January 2018
3.31st January 2018
4.1st July 2021
5.31st November 2017

Proposed Timescale: 01/07/2021