Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Edenderry Community Nursing Unit
Centre ID:	OSV-0000525
Centre address:	St. Mary's Road, Edenderry, Offaly.
Telephone number:	046 973 3504
Email address:	ofaliahouse@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jude O'Neill
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	3

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 February 2017 10:30	08 February 2017 18:00
09 February 2017 09:00	09 February 2017 17:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
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	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to HIQA prior to inspection. As part of the registration process, an interview was carried out with the person in charge. The person authorised to act on behalf of the provider was recently interviewed by HIQA and was available for centre specific questions during the inspection.

Overall, the inspector was satisfied that residents receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, 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).

The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were robust. An issue with fire doors had arisen but was being addressed by the relevant people.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. Staff files reviewed were complete and staff were offered a range of training opportunities.

Residents had access to general practitioner (GP) services and to a range of other health services. Evidence-based nursing care was provided. However some improvement was required to ensure that care plans were updated to reflect residents' changing needs. In addition, there was minimal evidence that the results of audits were analysed to identify areas for improvement.

Extensive refurbishment is nearing completion. All bedroom accommodation has been refurbished to a high standard. Areas waiting to reopen include a large dayroom, sunroom, activity room and visitors' room as well as offices, storage, cleaners' room and staff facilities.

The application to renew registration was incomplete as all information relating to relevant staff had not been received.

These are discussed further in the report and the required improvements are set out in detail in the action plan at the end.

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 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 inspector was satisfied that effective management systems were in place. However, the application to renew registration was not complete. In addition, improvement was required to ensure that the audits being completed were use to improve practice to ensure that the quality and safety of care delivered to residents was developed on an ongoing basis.

The application to renew registration was incomplete as all documentation prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 was not in place. Despite regular requests from HIQA, the application was not complete at the time of inspection. This was discussed with the provider nominee and the person in charge. They agreed to address this as a priority.

In addition, the inspector saw that several audits had been carried out including medication and documentation audits. Resident and relative satisfaction questionnaires were also collected. However there was minimal evidence that the results of these were analysed to identify areas for improvement. This was discussed in detail with the person in charge.

Despite this the inspector saw that the annual review of the quality and safety of care delivered to residents was completed. This review identified areas for improvement including the menus available and this is discussed in more detail under Outcome 15.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

Judgment:
Non Compliant - Moderate

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 person in charge is a registered nurse and has the required experience in nursing older people.

The person in charge had maintained her continuous professional development having previously completed a certificate course in gerontology and a management course. She had also completed a change management course. She continued to attend training and seminars relevant to her role such as infection control, managing swallowing difficulties and safeguarding vulnerable adults.

During the inspection she demonstrated her knowledge of the regulations and the standards. The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection and it was obvious that she was well known to all. Relatives and residents spoke very highly of the person in charge in the questionnaires returned to the Authority.

Judgment:
Compliant

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 provider was aware of the regulatory requirement to notify the Authority should the person in charge be absent for more than 28 days. The person in charge informed the inspector that the clinical nurse manager was the identified person to take charge in the event that the person in charge was absent from the centre.

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:
The inspector found that measures were in place to protect residents from being harmed or abused. Actions were required from the previous inspection and the inspector saw that these had been addressed.

It was identified at that time that there was unrestricted access throughout the building, including residents' private accommodation. The inspector saw that this had been addressed. Access was now restricted both at the front door and to residents' accommodation. Residents spoken with stated they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. In some of the questionnaires returned, residents described that they felt safe and secure.

Staff had received training on identifying and responding to elder abuse. This had been identified as an area for improvement at the last inspection. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. The person in charge had recently undertaken specific training as a designated officer for safeguarding.

Administration staff managed monies on behalf of some residents. Inspectors were unable to review this at the previous inspection due to staff leave. At this inspection, the inspector was satisfied that the system was sufficiently robust and internal and external audits were carried out by the provider.

The inspector was satisfied that the centre promoted a restraint-free environment. Usage was minimal and guided by a robust policy. Regular safety checks were carried out when bedrails were in use. Additional equipment such as low beds and crash mats were available.

Although not currently required the inspector was satisfied that residents were provided with support that promoted a positive approach to responsive behaviours. Staff had

received specific training and were knowledgeable about possible intervention strategies. The inspector saw that regular advice and support was provided by psychiatry of later life 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:
The inspector found that the health and safety of residents, visitors and staff was promoted and protected.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as environmental and clinical risks. The risk management policy met the requirements of the regulations.

Procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced quarterly and fire equipment was serviced annually. The inspector noted that fire alarm system was in working order and fire exits were unobstructed. Fire drills were carried out on regular basis. The inspector reviewed the training records, spoke to staff and reviewed a sample of certificates of training and was satisfied that all staff had attended training.

Some of the closures on fire doors were causing difficulties during the inspection but the relevant personnel were on site dealing with them. Additional supervision was in place for residents during this maintenance. HIQA received a confirmation email that all doors in use were in working order following the inspection.

Infection control precautions within the centre were satisfactory. The centre was clean and household staff were able to describe the infection-control procedures in place. Hand sanitises were strategically placed throughout the designated centre and staff and visitors were observed using them.

The training matrix confirmed that all staff were trained in the moving and handling of residents. Each resident had a personalised manual handling plan which was reviewed every three months or more frequently if a resident's condition changes. Hand rails and grab rails were installed throughout the centre.

There was an emergency plan in place which included action to take in the event of medical emergencies, flooding, etc. An emergency box was available and included torches, high visibility jackets and a copy of the emergency plan. A first aid kit was also available. Alternative accommodation for residents was listed should evacuation be necessary.

The inspector saw that a missing person's drill was carried out on a regular basis. Records reviewed included details of how the drill went, time taken and other actions required.

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

Findings:
The inspector was satisfied that each resident is protected by the designated centres policies and procedures for medication management.

The inspector reviewed a sample of prescription and administration records and saw that they were in line with best practice requirements. Action required from the previous inspection relating to unused and out of date medicines had been addressed. The medications were now checked on a regular basis and a system was in place to return these medications to pharmacy. The inspector saw where the nurse sending back the medications and the pharmacist receiving them both signed the relevant documents.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. The inspector also noted that the pharmacist was available to residents to discuss their prescriptions if needed. Notices about this were on display around the centre.

A secure fridge was provided for medicines that required specific temperature control. The temperature, which was monitored daily, was within acceptable limits on the days of inspection.

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

Findings:
The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. Improvement was required however to ensure that care plans were updated to reflect residents' changing needs. This had also been identified at the previous inspection.

On admission to the centre each resident's needs were comprehensively assessed. Risks assessments were completed for a number of areas such as falls and pressure area care. Each resident had a care plan completed. This mostly identified their needs and the care and support interventions that would be implemented by staff to meet their assessed needs.

However the inspector saw that they were not consistently updated as required. For example, the inspector read a care plan of a resident who required wound care. The inspector saw that the treatment regime had changed as the wound healed but the care plan was not updated to reflect this. Similar discrepancies were also noted on nutrition and diabetic care plans.

Action required from the previous inspection relating to pain assessment had been completed. A pain assessment tool was in use and the inspector saw that regular pain assessments were completed. These included checking to see if pain had eased following treatment such as repositioning or analgesia.

The inspector saw that previous action relating to specific care plans for residents who required bed rest had been addressed. The inspector saw that detailed interventions were now listed such as limb exercises and repositioning needs.

Documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to medical cover and out-of-hours medical cover was also provided. The medical officer visited the centre on a regular basis. A full range of other

services was available on referral including speech and language therapy (SALT) and dietetic services. Physiotherapy was available within the centre. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

It was identified at the previous inspection that residents did not have access to dental services and the inspector noted that this had been addressed.

Weight management will be discussed under Outcome 15 and social care needs will be discussed under Outcome 16.

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

Findings:
As described at the previous inspection, this centre is a single-story premises with an adjacent day-care facility and community physiotherapy, occupational therapy and speech and language community clinics. The refurbished interior accommodation provided a spacious and comfortable environment for residents.

The centre is divided into two separate areas, one on each side of the nicely decorated reception area. In total there are 10 twin rooms, eight of which have en suite facilities. The remaining two share en suite facilities. There are 8 single rooms with en suite facilities. One of these is set aside specifically for palliative care.

Extensive refurbishment is nearing completion. All bedroom accommodation has been refurbished to a high standard. Areas waiting to reopen include a large dayroom, sunroom, activity room and visitors' room as well as offices, storage, cleaners' room and staff facilities. The nurses' station is also located here.

The action required from the previous inspection relating bedroom accommodation had been addressed.

All walkways and bathrooms were adequately equipped with handrails and grab-rails. Working call-bells were evident in all areas.

The inspector found that there was adequate appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Servicing contracts were in place and servicing was up to date. Appropriate arrangements were in place for the disposal of clinical and general waste.

There are two internal courtyards one of which is newly developed. Residents told the inspector that they were looking forward to getting out there once the weather improved as they had been watching the development very closely. There are additional grounds around the building and ample parking is available at the front.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The inspector was satisfied that the complaints of each resident, his/her family, advocate or representative, and visitors were listened to and acted upon and there was an effective appeals procedure.

The inspector read the complaints log and saw that a minimal number of complaints were received and detailed information was recorded including the complainant's level of satisfaction with the outcome.

It was noted at the previous inspection that it was unclear if a person had been nominated to ensure that all complaints were responded to and documented as required by regulation 34(3). The inspector saw that this had been addressed.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

Findings:
The inspector was satisfied care practices and facilities were in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy

Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. This was identified as an area for improvement at the last inspection. Very specific information was recorded including their wishes regarding transfer to the hospital or otherwise.

Several staff members were involved in CEOL (compassionate end-of-life care) initiatives. Ongoing improvements were noted including putting up a remembrance tree in the front hall with the names of deceased residents. Another initiative which the inspector saw was that the book of condolences was now available in the centre and staff and residents told the inspector much they appreciated this. A small altar with candles and a photograph of the deceased was placed with the book and residents, staff and relatives could pay their respects and show support for the bereaved.

A specific bedroom suite was set aside for end-of-life care. This included kitchenette and en suite facilities. In addition, a visitors' room was available. Staff spoken with confirmed that meals and refreshments were made available to relatives. Staff described to the inspector the care provided when a resident dies and the inspector was satisfied that this was in line with best practice guidelines.

There was a procedure in place for the return of possessions and specific handover bags and memory boxes were in use.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner. Action required from the previous inspection had been addressed.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that residents had been reviewed by a speech and language therapist and dietician if required. Recommendations from these reviews were documented in the residents' notes.

It was identified at the previous inspection that the menu was not displayed and pictorial menus were not used to assist residents in making an informed choice about what they ate. Modified consistency meals provided to residents were not appropriately served. The inspector noted that all these actions had been addressed.

A catering committee was in place with residents and catering staff attending. Full discussions take place regarding menus and facilities. Additional improvements were noted including a large array of pictorial menus for regular and modified consistency diets and drinks. The inspector saw that modified consistency meals were very nicely presented in individually shaped portions. Residents who required their meals in a modified consistency had the same choices available to them as those on regular meals. Catering staff discussed ongoing development work in this area. Assistance was offered in a discreet manner.

The inspector read that the menu had been reviewed by a dietician. The inspector saw that all recommendations had been taken on board. It was an extensive menu with choices available at each meal.

Menu boards were on display in each unit and the dining room. The inspector was satisfied that all residents were given the option of going to the dining rooms for meals but some had declined this. The dining room was a large nicely decorated area which is due for further refurbishment in the coming weeks.

The inspector visited the kitchen and spoke with staff. The kitchen was clean and organised and had a plentiful supply of fresh and frozen food.

Residents spoken with said that the food was lovely and that staff would get you anything you wanted to eat. The catering staff were noted to be in the dining room chatting to residents asking if everything was ok. The inspector also noted that in-depth information was set up for each resident's likes and dislikes such as whether they liked hot or cold milk on their cereal and a list of their favourite things to eat which was used to plan the menus.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Residents' rights and dignity were respected while residents were also consulted with regard to the running of the designated centre.

Relatives and residents were very complimentary about the centre and the staff describing staff as warm and caring.

Arrangements were in place for residents to vote if they wished to do so. Newspapers, magazines, television, telephone services provided for within the centre. Mass was celebrated on a weekly basis and residents told the inspector how important this was to them. Eucharistic ministers also visited on a weekly basis.

Action was required from the previous inspection related to inadequate assessment or provision of activities. The inspector saw that in addition to the activity provided by the activity coordinator, additional staff members were assigned to the provision of activities on each unit. Records were kept of residents' participation or otherwise. The inspector saw that preparations were underway for St Valentine's day celebrations.

The inspector spoke with the activity coordinator who outlined how the activity programme was planned with the residents and that individual and group sessions were carried out. The activity coordinator worked in this role on a part time basis and also worked in the physiotherapy department. The new day room was nearing completion and this will allow more group activities to take place.

Several residents and relatives commented positively on the activities available in the questionnaires returned although some residents said they preferred to read and watch television.

'A key to me' and 'Getting to know me' were completed for each resident and these included relevant family details, hobbies and activity preferences.

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:
There were appropriate numbers of staff on duty with the required skill mix to meet the needs of residents.

The inspector reviewed staff rosters and found that on the days of inspection, there sufficient numbers of staff on duty to care for residents. It was noted that the number of staff was increased at peak times to ensure resident needs were met as required.

During inspection staff were observed carrying out their duties in a caring, respectful and professional manner. It was evident that there was a strong continuity of staff which significantly benefitted the residents.

Policies in relation to staff recruitment and volunteering were in operation in the centre. The inspector reviewed a sample of staff files and saw they were complete. Writtten assurance was given to the Chief Inspector that garda vetting was in place for all staff.

A volunteer also attended the centre and the inspector spoke to this person during the inspection. Garda vetting was in place and the role and responsibilities were set out in writing.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

Action required from the previous inspection related to staff deployment to ensure residents' activation needs were met. This had been addressed and will discussed under Outcome 16.

Staff training records demonstrated a commitment to the ongoing maintenance and

development of staff knowledge and competencies. All staff had attended mandatory fire, manual handling and safeguarding. A wide range of training was provided for staff and the inspector saw a training plan for 2017 which included training in areas such as medication management, consent and capacity, pain management and wound care. Training records viewed indicated that staff in the centre had completed mandatory training in fire safety, safeguarding and safe moving and handling procedures.

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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Edenderry Community Nursing Unit
Centre ID:	OSV-0000525
Date of inspection:	08/02/2017
Date of response:	07/03/2017

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The application to renew registration was incomplete as all documentation was not provided.

1. Action Required:
Under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 you are required to: Provide all documentation prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated

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

Centres for Older People) Regulations 2015.

Please state the actions you have taken or are planning to take:
Garda Clearance for Person in Charge and 1 PPIM has been sought. A change to the Management Forms has been sent to HIQA to change from 1 PIC & 3 PPIM's to 1 PIC & 1 PPIM.

Garda Vetting has been applied for and the return of the vetting forms is expected to be received within the next two weeks.

Proposed Timescale: 30/04/2017

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was minimal evidence that the results of the audits completed were analysed to identify areas for improvement.

2. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
A Management system has been put in place by PIC that following each audit a review meeting takes place to ensure that each action required is discussed and appropriate action put in place to address the areas identified.
This system will be reviewed further at Governance Meetings.

Proposed Timescale: In Place

Proposed Timescale: 07/03/2017

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:
Care plans had not consistently been updated to reflect residents' changing needs.

3. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each

resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
Meetings have been held with Nursing staff advising them re. Constant review of Care Plans to reflect the changing needs of the Residents.
Staff are now fully informed that the Care Plans need to be updated as the needs of the Residents change not on a 3-4 monthly review.

Proposed Timescale: In Place

Proposed Timescale: 07/03/2017