

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Mac Bride Community Nursing Unit
Centre ID:	OSV-0000647
Centre address:	Westport, Mayo.
Telephone number:	098 255 92
Email address:	Gerard.mccormack@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Marie Matthews
Support inspector(s):	Mary McCann
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	2

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: 15 January 2018 09:30 To: 15 January 2018 18:30

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	Non Compliant - Moderate
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	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	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA) to renew registration of the designated centre. The responses to the action plans from the previous inspection in May 2017 were reviewed and all but one had been satisfactorily addressed.

MacBride Community Nursing unit is a single-storey residential care centre built in

1974 which is run by the Health Services Executive (HSE) in Westport, County Mayo. It provides care to 29 residents who need long-term, respite, convalescent or end-of-life care.

There was a new provider representative in post since 1 December 2017 and the management structure had clear lines of accountability. Residents received a good standard of care and the care practices observed were evidence based. While most residents were happy with the provision of activities, some said they would like more choice and the deployment of staff required review to ensure that social activities could be provided without interruption.

Staff had been trained in safeguarding and residents spoken with said they felt safe. Residents had good access to general practitioner (GP) and other healthcare professionals.

Of the 18 outcomes inspected, 11 were compliant, 5 were substantially compliant and two outcomes were had non compliances identified - safeguarding and safety and governance and management. At the feedback meeting at the end of the inspection, the findings were discussed with the person in charge and the provider representative. The actions required from this inspection are outlined in body of the report and 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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Statement of Purpose contained the information required by Schedule 1 of the Regulations and accurately described the aims, objectives and ethos of the service. The facilities and services described in the Statement of Purpose were reflected in practice.

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 Statement of Purpose described a clear management structure which was reflected in practice. The inspectors found that the centre was managed by an appropriate person in charge who was engaged in the governance, operational management and administration of the centre.

A new provider representative had just been appointed and this appointment had been appropriately notified to HIQA. The person in charge said she was well supported by the

new provider representative and described him as accessible and helpful. She told inspectors he had visited the centre since commencing in the role and she spoke to him regularly by phone.

The person in charge met with the provider representative on a two-monthly basis to discuss issues specific to the centre such as recent admissions, recent HIQA inspections, any accidents and incidents, residents' care, staffing levels and complaints. One such meeting had taken place so far this year. Although the person in charge had some of her own notes of these meetings, there were no minutes available to evidence the issues discussed at the management meetings or the actions taken since the last inspection. The provider representative showed inspectors a template for all future management meetings which included all of these areas. The person in charge said there was also a monthly meeting with directors of nursing from the other community nursing units in the county.

Inspectors found that the systems in place to review and monitor the quality and safety of care and residents' quality of life required review. There was poor recorded evidence of any robust review by management in relation to one area of risk identified following receipt of new information.

An audit schedule was in place and monthly audits were completed of care documentation, hospital admissions, pressure area care, restraint use, antibiotic use, staff absences and medication management. A report on the quality and safety of care required under the regulations was available. The report summarised the findings from audits and inspectors saw that a quality improvement plan was developed which listed the actions required. Some of the action plans developed were vague and they lacked detail regarding the dates by which the actions were to be addressed and the staff members responsible for addressing them.

Judgment:

Non Compliant - Moderate

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:

Information was posted at appropriate locations of the centre informing residents of the social events, advocacy arrangements and planned activities in the centre for the day.

Each resident has an agreed contract of care with the service, which outlined the fee payable and the services covered by that fee, as well as services the centre would

facilitate which would incur an extra charge. While the contracts of care outlined the terms of residency, they did not specify if the room to be occupied was a single or shared room.

A resident's guide was available in each resident's bedroom; however, on review this was not in a format which was accessible to all residents.

Judgment:

Substantially 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 person in charge meets the criteria required by the regulations in terms of qualifications, experience and management practice. She is an experienced registered nurse who works full-time. She had good knowledge of residents' care needs. She could describe in an informed way the residents' care needs. Residents and relatives spoken with were positive in their feedback to inspectors and in the questionnaires submitted to HIQA.

The person in charge has maintained her professional development and attended mandatory training required by the regulations.

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:

All policies required by Schedule 5 of the regulations were in place and there was a system to ensure they were regularly reviewed. Most policies were up-to-date and centre specific; however, the emergency plan required minor review to reflect the centre's emergency arrangements and the contact numbers for local services.

The inspector found that the records outlined in Schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure accuracy and ease of retrieval. Some personal calendars which were completed to remind staff about dates of significance to the resident such as birthdays or the anniversary of the death of a spouse were found to be blank. A directory of residents was maintained which contained the information required in the regulations. However on review it was found that it omitted the cause of death for some deceased residents.

Judgment:

Substantially 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 representative was aware of his responsibility to notify HIQA in the event that the person in charge would be absent for a period of 28 days or more. Appropriate deputising arrangements for the person in charge were in place.

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 residents spoken with during the inspection all said they felt very safe in the centre and said they would speak with the person in charge or staff if they had any concerns.

There was a policy and procedures in place for the prevention, detection and response to abuse and staff and management were aware of their responsibilities in relation to safeguarding residents. The person in charge was identified as the designated officer and they had completed training on safeguarding vulnerable adults from abuse.

While the provider representative and the person in charge could tell the inspectors the steps to be taken to ensure residents were protected, a risk assessment completed in relation to a safeguarding incident had not been robustly reviewed. An action has been included under Outcome 2 of the action plan requiring the provider representative to address this. The provider representative has since confirmed to HIQA that this risk assessment has been reviewed

Inspectors reviewed the management of residents' finances. Residents were generally responsible for their own finances or were supported by family. The centre operated a safe keeping system for small amounts of money for residents and systems were in place to safeguard these with protocols around recording transactions with two signatures by staff. Where the provider representative acted as a pension agent for residents, there were written statements provided every two months to residents and the management of finances was in accordance with best practice.

There was a HSE policy in place for responding to responsive behaviours associated with dementia. This guided staff on the measures that should be taken to respond where residents had responsive behaviours. Inspectors reviewed the care plans of residents with responsive behaviours which included appropriate guidance to help to prevent an escalation of the behaviours and strategies to help reduce the residents' anxieties if an incident occurred. There was also evidence of appropriate referral and review by psychiatry of later life services.

There was a HSE policy and procedure in place for the use of restraint which clearly outlined the various types of restraint. Inspectors saw that a restraint register was available which was kept up to date and options, such a low entry beds and sensory mats, were used instead of restraints such as bedrails. Risk assessments were completed prior to using any form of restraint and care plans were in place to guide staff.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

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

Theme:

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

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

Findings:

An action from the last inspection that related to fire drills had been addressed. Inspectors found that fire evacuation drills were completed regularly and records were maintained as to the duration of the drill, the staff who took part and any impediments to the timely evacuation was identified. A fire drill had been completed simulating a night-time scenario when the least amount of staff was on duty. The records did not identify, however, which area of the building was evacuated or whether a full or partial evacuation had been completed. An action has been included under Outcome 5 requiring the provider to address this.

Staff had received training in fire safety and evacuation and this was confirmed through reviewing training records and from speaking with staff, who were clear on fire safety practices and knew what to do in the event of a fire. A procedure was in place for the daily inspection of all emergency exits. The centre had been recently repainted and the fire evacuation plans showing the layout and nearest evacuation route had not been re-hung on the walls throughout the building. This was addressed promptly by staff. At the time of inspection all fire exit doors were free from obstruction.

The inspector viewed up-to-date fire records which showed that equipment, including fire extinguishers, fire alarms and emergency lighting had been serviced within the last year. Another action from the last inspection related to manual handling training. The inspectors reviewed staff training records and saw that all staff had undertaken training in safe moving and handling, and appropriate manual handling assessments had been completed for all residents.

Measures were in place to help prevent accidents and promote residents' mobility including an environment free of obstructions, staff supervision, safe floor covering, and wide corridors with supportive handrails and low entry beds, tracking hoists and crash mats. A log of all incidents was maintained by the person in charge and inspectors saw that detailed records were completed for each incident. Where falls were unwitnessed or the resident sustained a head injury, neurological observations were completed. Records of all incidents were transferred to an electronic database following review by the person in charge. Each resident had a personal emergency evacuation plan (PEEP) which was kept in their room. This identified those who required physical assistance, verbal prompts or assistive equipment such as a wheelchair or evacuation sheet.

A centre-specific health and safety statement was available and there was an emergency plan which provided guidance in the event of fire, flood, power outage or structural damage to the centre. As discussed under Outcome 5, the emergency plan required minor review to reflect the arrangements specific to the centre.

The centre was clean and well maintained and appropriate procedures were in place to ensure infection control. All staff had received training in hand hygiene and hand

sanitising gels and protective equipment were available throughout the centre.

The centre maintained a risk management policy which provided guidance to assist staff to appropriately rate and control risks referred to under the regulations.

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):
No actions were required from the previous inspection.

Findings:
Staff had completed training in the management of medication and inspectors found that the processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. There were written operational policies available relating to the ordering, prescribing, storing and administering of medicines to residents. Medicines were supplied to the centre by six different pharmacies on a rotational basis and were stored securely in medication trolleys.

There was a process in place to ensure GPs reviewed and re-issued each resident's prescriptions every three months. Inspectors observed nursing staff administering medicines to residents during the evening administration rounds on one of the units. The nurse knew the residents well, and was familiar with the residents' individual medication requirements. Medication was administered within the time frames recommended for medications prescribed to residents at specific times. Controlled drugs were stored securely within a locked cupboard and stock balances were checked and recorded in a controlled drugs register by two nurses at the change of shift.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:

Practice in relation to notifying HIQA of relevant incidents was satisfactory. The inspectors reviewed a record of all incidents that had occurred in the centre since the previous inspection and cross referenced these with the notifications submitted by the person in charge.

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:

There were 27 residents in the centre during the inspection, all requiring long-term care. Twelve residents had maximum care needs. Four residents were assessed as highly dependent and six with medium dependency care needs. Five residents were assessed as having low dependency needs. Ten residents had a diagnosis of dementia. A further five had some element of cognitive impairment.

The inspectors reviewed a sample of care plans and medical notes and found that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied healthcare. There was a process in place to ensure GPs reviewed each resident every three months or in response to their needs.

A pre-admission assessment was completed by the person in charge to ensure the care needs of prospective residents could be met and on admission a comprehensive assessment of care needs was completed which included the resident's ability to perform the activities of daily living including their mobility, continence, ability to eat and drink, communication, personal hygiene, spirituality and sleep. Inspectors saw that these were regularly reviewed.

Recognised assessment tools were used to review the residents' needs and risks for example their overall dependency level, risk of sustaining a fall, nutritional care the risk of developing pressure sores, continence and emotional health. Inspectors saw that there was good linkage between the risk assessments completed and the care plans developed. In the sample of care plans reviewed, there was evidence that care plans were updated at the required four-monthly intervals or in response to a change in a

resident's health condition.

Residents had access to support services on referral including speech and language therapy (SALT), dietetic services, physiotherapy and occupational therapy and these were included in the centre's fees. Chiropody, dental and optical services were also provided. Psychiatry of later life services also supported some residents living in the centre. Inspectors saw that their recommendations were updated in the care plans. The centre had access to a clinical nurse specialist in wound management. Residents identified as being at risk of developing a pressure ulcer had a care plan in place to guide staff on the equipment required and the interventions necessary to prevent pressure ulcers from developing.

Nursing notes were completed on a twice-daily basis and provided a record of each resident's overall health condition and any treatment given. Records of weight checks were maintained on a monthly basis and more regularly for residents identified with a nutritional risk.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The centre is a purpose-built single-storey Health Service Executive (HSE) care facility built in 1974 and situated in Westport. The centre provides a safe environment for residents. Inspectors found that it was clean, pleasantly decorated and provided a comfortable environment and that the layout was as described in the centre's statement of purpose.

Entry to the centre was secure and a ramp allowed access for those with impaired mobility. Doors and corridors throughout were wide and free of clutter. Handrails were provided and the layout allowed for circular movement for residents with dementia who like to actively walk around.

Accommodation comprised of 21 single rooms with a wash-hand basin, and four twin rooms with en-suite toilet and shower facilities. Emergency call-bells were provided in

each room however, there was no bell provided in some communal rooms used by residents. Rooms were numbered and some had pictures to aid recognition. Bedrooms had been fitted with overhead hoists. In general, rooms were personalised and displayed the resident's own belongings. An armchair was available to allow residents to relax in their rooms. One bedroom was observed to be congested and the person in charge was requested to review the suitability of this room for the current occupant who required additional assistive equipment which was kept in the room.

A previous inspection had identified that residents did not have sufficient space to attend the dining room and those that did had limited space. Day care is provided in the centre from Tuesday – Thursday and between one and five additional persons shared the dining room with residents on these days. Both the provider representative and the person in charge said that this arrangement brought positive social benefits to residents and those availing of day care. There were no additional service users in the dining room on the day of inspection and no congestion was observed. The person in charge agreed to keep this issue under review.

Other facilities include a day room, sitting room, visitors/ relatives room including accommodation for relatives overnight, oratory, dining room, storeroom, and offices. Seven toilets, three showers and one accessible bathroom were available in addition to the four en-suites. Contrasting colours were used for bathroom and toilet areas. All toilets were dementia friendly with contrasting colours used for the toilet seat and grab-rails.

Cleaning and sluicing facilities and a well-equipped laundry were provided which were secured to prevent residents with a cognitive impairment entering. A visitors room was available and a relatives room which had a sofa bed and toilet facilities. Two enclosed gardens were available to residents, one of which had a sensory area.

A range of assistive equipment was available including pressure relieving mattresses and sit-to-stand hoists. Overhead tracking hoists were provided in all bedrooms. Records were kept to verify that equipment was regularly serviced.

Adequate space for storage of assistive equipment was provided. Cleaning and sluicing facilities and a well-equipped laundry were provided and were secured to prevent residents with a cognitive impairment entering.

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 HSE policy 'your service, your say' was displayed in the centre and set out the time frames to respond to and investigate a complaint and to inform the complainant of the outcome of the investigation. The actions from the last inspection in relation to the complaints procedure were addressed. The person in charge was nominated as the complaints officer for the centre with overall responsibility to investigate complaints. The residents spoken with said they had no concerns about speaking with staff if they had a concern. Inspectors viewed the complaints log since the last inspection. Those recorded were addressed appropriately and the outcome was communicated to the complainant in a timely manner.

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):

No actions were required from the previous inspection.

Findings:

The person in charge confirmed that the centre was well supported by the community palliative care team. A relatives' room which had a sofa bed and en-suite toilet facilities was available for the family of residents receiving end-of-life care.

Inspectors reviewed a sample of residents' end-of-life assessments and care plans which contained information on the resident's physical, spiritual and social needs. Where appropriate, 'do not attempt resuscitate' orders were made and these were discussed with the resident's family and general practitioner (GP) and reviewed regularly.

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:

Throughout the inspection residents were seen to be provided with regular snacks and drinks. The menu was displayed and provided a varied diet of meat, vegetables, fish and fruit. Homemade soups, breads, cakes and deserts were provided daily. Those on a modified diet could choose from the same menu.

Residents were assessed for nutritional needs on admission and these were regularly reviewed. Likes and dislike were recorded and residents told inspectors that they got the food they liked.

Inspectors saw that residents were weighed monthly or more regularly where unexplained weight loss was identified. Those with any identified nutritional care needs had a nutritional care plan in place and residents who had unintentional loss were referred to a dietician.

A previous inspection had identified that the dining space provided was not sufficient for all of the residents accommodated. This issue had been reviewed and was addressed by using an additional room at meal times. The centre's dining room could accommodate 24 residents and was set for 14 residents on the day of the inspection. A room opposite was also used by residents for dining and a small number of residents had their meal in their bedroom on the day of the inspection. Inspectors observed that those who required support were provided with timely assistance by staff.

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):

No actions were required from the previous inspection.

Findings:

The staff were observed to respect the residents' privacy and provided assistance to residents discreetly.

Residents were consulted regarding the day-to-day running of the centre. An independent advocate was available with their contact details on display. Residents

meetings were twice a year and the minutes available showed there was general discussion about the centre. A quality improvement plan had been developed to ensure that issues raised at meetings were addressed and this was reviewed and included at subsequent meetings. Birthdays were celebrated and deceased residents from the centre were remembered. Inspectors saw that a communication care plan was developed for each resident and a social calendar was available however, some of these calendars were not completed and did not contain any important dates for residents.

Inspectors observed residents chatting together, watching television, listening to the radio and reading the newspaper. An activity schedule was in place and this was coordinated by an activity co-ordinator. The inspectors met with this staff member who had a good knowledge of the residents' interests and abilities. The activities coordinator was also tasked with the supervision of the sitting room so any activities provided were subject to interruptions if one of the residents required support.

An assessment of each resident's preferred activities had been completed and this was used to inform the activity schedule. Music, pet therapy, bingo, skittles, reminiscence therapy, art, hand massage and reading the local and national newspapers were the social activities included on the schedule. Individual and group therapeutic activities for residents with cognitively impairment were also provided. Some residents however said that they did not enjoy some of the group activities organised and would like more individual and group activities according to their own individual preferences.

The interactions between staff members and residents were observed to be positive and friendly. The activities coordinator maintained a list of the activities the residents attended however; this list did not reference the resident's level of engagement or the duration of the activity.

Inspectors saw that residents had radios and a small television in their bedroom. A telephone was available to residents and several had their own mobile phone. A small oratory was provided and a local priest attended the centre on a weekly basis to celebrate Mass. Other pastoral services could also be made available if required.

Inspectors observed that residents were consulted regarding how they spent their day and their choices were respected. The local community was actively involved with residents in the centre and inspectors saw several visitors spending time with residents. Arrangements were in place to facilitate residents to vote if they wished.

Judgment:

Substantially Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Residents told inspectors their clothes were returned safely to them after laundering and they could choose the clothes they wore. A property list was completed for each resident however this was not always kept up to date.</p> <p>Bedrooms had space for storing residents' clothing and belongings and lockable storage facilities were available. Inspectors saw that clothing was labelled to ensure its safe return after laundering. The staff in the laundry room had a safe system in use for collecting, washing, separating and returning clothes to residents including those which soiled.</p>
<p>Judgment: Substantially Compliant</p>

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

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Staff were knowledgeable of the residents, their needs, histories, preferences and personalities. Respectful interactions were observed between staff and residents. Residents and relatives spoke very positively about the care provided by the staff.</p> <p>Inspectors reviewed a sample of personnel files and found them to contain all documentation required under Schedule 2 of the regulations. The staff files were well organised and the information easily accessible. Nursing staff had confirmation of their registration with An Bord Altranais agus Cnáimhseachais na hÉireann.</p> <p>60% of the residents had maximum or high dependency needs at the time of the inspection. Inspectors reviewed duty rotas over a three-week period and found they required review to ensure that the social care needs of each resident were met. As discussed under Outcome 16, the staff member who facilitated social activities was also</p>
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responsible for supervising residents so social activities were subject to interruptions when residents required assistance. The deployment of staff required review to address this issue and ensure there were adequate staff available to support residents.

On the day of the inspection, in addition to the person in charge, there was a clinical nurse manager, a staff nurse and three care assistants on duty during the day. This reduced to one nurse and one care assistant at night-time. In addition to nursing and care staff, a maintenance person and physiotherapist were employed part-time. Laundry, catering and administrative staff were also available.

There was a range of training provided to staff in areas such as infection control, end-of-life care, continence care, dementia care and the management of responsive behaviours. All staff were up to date on their mandatory training in safeguarding of vulnerable adults, fire safety, and manual handling which was an action from the last inspection.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	The Mac Bride Community Nursing Unit
Centre ID:	OSV-0000647
Date of inspection:	15/01/2018
Date of response:	21/02/2018

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The management systems in place to review and monitor the quality and safety of care and the quality of life of residents required review. Inspectors found that there was poor evidence of a robust review in relation a risk assessment as there was no evidence of an effective review following receipt of further information

1. Action Required:

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

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:

The review of risk assessments has been added to the template used for meetings between the Director of Nursing and the Clinical Nurse Manager and also to the template to be used by the Provider and the Person in Charge. Risk assessments will be reviewed at least monthly going forward or if any changes come to light.

Proposed Timescale: Actioned with immediate effect. Monthly review.

Proposed Timescale: 21/02/2018

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

A resident's guide was available in each residents bedroom however on review this was not in a format which was accessible to all residents.

2. Action Required:

Under Regulation 20(1) you are required to: Prepare and make available to residents a guide in respect of the designated centre.

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

The residents guide is being reviewed and will be pictorial and reduced to 2 pages.

Proposed Timescale: 28/02/2018

Theme:

Governance, Leadership and Management

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

While the contracts of care outlined the terms of residency, they did not specify if the room to be occupied was a single or shared room.

3. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

This has been remedied immediately and all future contracts of care will clarify occupation of a single or double room.

Proposed Timescale: 21/02/2018

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The emergency plan required minor review to reflect the centres specific emergency arrangements and contact numbers of local services.

4. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

The minor change was made to the emergency plan.

Proposed Timescale: 21/02/2018

Theme:

Governance, Leadership and Management

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

A directory of residents was available which on review omitted the cause of death for some deceased residents.

5. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

This was discussed immediately with the clerical staff and will be recorded going forward.

Proposed Timescale: 21/02/2018

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

While they the provider representative and the person in charge could tell the inspectors the steps to be taken to ensure residents were protected, a risk assessment completed in relation to a safeguarding incident had not been robustly reviewed

6. Action Required:

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

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

The review of risk assessments has been added to the template used for meetings between the Director of Nursing and the Clinical Nurse Manager and also to the template to be used by the Provider and the Person in Charge. Risk assessments will be reviewed at least monthly going forward or if any changes come to light. This has been done with the risk assessment in question.

Proposed Timescale: 21/02/2018

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Emergency call bells were not provided in some communal rooms used by residents.

7. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

An email was presented to confirm that the call bells had been requested. Maintenance staff have been contacted again to request a date for installation.

Proposed Timescale: 28/02/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Some residents however said that they didn't enjoy some of the activities provided and would like more activities according to their own individual preferences and records kept did not reference the residents' level of engagement or the duration of the activity.

8. Action Required:

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

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

We have arranged to meet with all residents to ask them about activities that they

enjoy and what activities they would like to partake in. A pictorial scale has been introduced to record the residents' level of engagement during activities.

Proposed Timescale: 21/02/2018

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

A property list was completed for each resident however this was not always kept up to date.

9. Action Required:

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

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

A plan has been put in place to review resident's property and the property book.

Proposed Timescale: 15/03/2018

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The deployment of staff required review to ensure that the social care needs of residents were met. The activities coordinator was also responsible for supervision of the communal areas which meant that activities were subject to interruptions

10. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

A meeting has been arranged with the provider to look at staffing for activities and in the day room.

Proposed Timescale: 28/02/2018

