

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Meath Community Unit
<b>Centre ID:</b>	OSV-0000477
<b>Centre address:</b>	1-9 Heytesbury Street, Dublin 8.
<b>Telephone number:</b>	01 707 7909
<b>Email address:</b>	mcu.admin@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Kevin Brady
<b>Lead inspector:</b>	Valerie McLoughlin
<b>Support inspector(s):</b>	Helen Lindsey
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	45
<b>Number of vacancies on the date of inspection:</b>	6

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 17 February 2015 09:30 To: 17 February 2015 19:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

Inspectors found that residents were satisfied with the service they were receiving, and where they raised comments or concerns they were addressed. Relatives gave positive feedback about the quality of the service provided, including the commitment and kindness of the staff.

The environment was well maintained and residents and relatives expressed a high degree of satisfaction about the cleanliness of the centre.

The food received positive feedback from the residents, and people were supported to maintain a good diet. Mealtimes were seen to be social events. Residents had choices about where they ate and what they chose to eat. Dependent residents received appropriate support in promoting their dignity and independence.

There were a range of suitable activities for residents to take part in and a number of religious services to meet the needs of different denominations.

Residents were seen to be receiving a good quality of health and social care from competent staff who knew their needs well. The feedback from residents and relatives was positive and examples are included in the report.

Inspector observed practices, reviewed documentation such as care plans, medical records, policies and procedures and spoke with residents and relatives.

Inspectors found that residents were receiving high standard of healthcare that met their assessed needs.

The new Provider Nominee and Person in Charge were both knowledgeable about the regulations and were working to achieve compliance in all areas. There were clear systems in place for health and safety and risk management. There were also policies in place to guide staff in how to undertake their role effectively.

Areas for improvement required as follows:

- adequate communal space for residents
- staff requiring mandatory fire training, and refresher training on protection of older persons
- access to an independent advocate for residents
- a formal annual review of the quality and safety of care

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

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

***Outcome 01: 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:**

Inspectors found that the statement of purpose contained all of the information as required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It had been updated to include the name of the new Provider Nominee. He had made a copy available to residents. It clearly described the range of needs that the designated centre intended to meet and the services to be provided. Staff were familiar with the statement of purpose.

**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:**

Inspectors found that the centre was well managed. There was a clearly defined management structure that identified the lines of authority and accountability. On the day of inspection the Assistant Director of Nursing (ADON) was providing cover in the

absence of the Person in Charge.

The Person in Charge usually worked full time in the centre. Inspectors had met with the Person in Charge on previous inspections and found that she demonstrated good knowledge of the Authority's standards and her statutory responsibilities. The Person in Charge is a registered general nurse with experience in leadership, management and caring for older people. The Person in Charge had maintained her continuous professional development through her attendance at clinical courses.

The management and accountability structure in place ensured the ADON was available in the absence of the Person in Charge and engaged in governance, operational management and administration of the centre. For example, the ADON was supported by the Clinical Nurse Manager 3 (CNM 3), and a team of Clinical Nurse Managers (CNM's), the nursing team, a multidisciplinary team, administration staff and auxiliary staff. The ADON and the CNM 3 fully engaged in the inspection process and they both demonstrated good clinical knowledge and a clear understanding of their roles.

Inspectors observed that the ADON was well known to staff, residents and relatives with many residents referring to her by her first name. Throughout the inspection process, the ADON demonstrated a commitment to delivering good quality care to residents and to continuously monitor the service provided to ensure good care was sustained. This is reflective of the statement of purpose. The ADON readily provided all documentation requested by inspectors.

The provider nominee was satisfied that the structure and the regular meetings with the management team ensured he was kept up to date on the designated centre. He reported that he received updates formally and informally on a regular basis to ensure he was up to date in relation to the quality and safety of the centre. Staff told inspectors that he visited the centre often, and that he was approachable and supportive.

In reviewing the list of improvements made since the last inspection, three of the areas of non compliance had been fully resolved, and one partially addressed.

The inspectors reviewed a number of audits that had been undertaken of areas such as medication management and health and safety. The audits supported the management team to ensure the service was being run in line with the operational policies and was meeting the needs of the residents.

The Provider and the Person in Charge were in the process of developing a system to review the quality and safety of care delivered to residents, so that they could make improvements to the service for residents.

Residents meetings that took place on 2 to 3 monthly intervals facilitated by the activities coordinator. A review of the minutes indicated that management responded to residents suggestions, for example trips out to the national concert hall.

**Judgment:**  
Compliant

**Outcome 03: Information for residents**

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the residents' guide had been made available to residents and was on display in the centre. It was informative in that it provided information about, "your first few days" in your new home, care of personal possessions, visitors, activities, the range of health services available, the complaints process and confidentiality of residents information.

Residents were provided with a contract of care on admission. A sample of contracts were reviewed by inspectors and found to contain all information required by the regulations, for example the care and welfare of the resident, the service to be provided, the fees to be charges and any additional charges.

**Judgment:**

Compliant

**Outcome 04: Suitable Person in Charge**

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the designated centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service

The Person in Charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre.

The Person in Charge held a diploma in health services management and had maintained her professional development through attending short clinical courses.

On previous inspections, she demonstrated a thorough knowledge of her role and responsibilities as outlined in the Regulations and also demonstrated good organisational and leadership skills.

Residents and relatives commended the Person in Charge and the staff for the high standard of care and attention they received.

**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:**

Inspectors found that the Provider Nominee had all of the written operational policies as required by Schedule 5 of the Regulations and in sufficient detail as to guide staff. Inspectors found that staff members were sufficiently knowledgeable regarding these policies.

There were systems in place to maintain complete and accurate records. They were found to be well organised which supported ease of access to information.

Inspectors found that medical records and other records, relating to residents and staff, were maintained in line with the requirements of the Regulations and held in a secure and easily retrievable manner.

The directory of residents included the information specified in Schedule 3 of the Regulations.

The Residents' Guide met the requirements of the Regulations and had been made available to each resident and to the Chief Inspector. Residents had access to



<p>information to assist in decision making.</p> <p>Appropriate insurance cover was in place with regard to accidents and incidents and residents personal property.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 06: Absence of the Person in charge</i></b>  <b><i>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.</i></b></p>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The Person in Charge was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge. This had not been necessary to date.</p> <p>The Person in Charge is supported in her role by an Assistant Director of Nursing (ADON) and a team of Clinical Nurse Managers (CNMs) who deputise for her in her absence.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 07: Safeguarding and Safety</i></b>  <b><i>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.</i></b></p>
<p><b>Theme:</b> Safe care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b></p>

Since the previous inspection, the Provider Nominee had ensured that the policy on protection of older adults was in line with the Regulations. It now included the required information such as, prevention, detection, reporting and investigating allegations or suspicion of abuse. The inspectors found that staff on duty on the day of inspection were knowledgeable with regard to their responsibilities in this area.

The policy was comprehensive and provided guidelines on identification and reporting allegations of abuse, staff interviewed knew what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about a colleagues behaviour.

There was one allegation of abuse in progress and it was being investigated in line with the centre's policy and the "Trust in Care" procedure. Inspectors found from reading the investigation and from speaking with the ADON that the management team were very clear of her role in investigations of abuse. The Provider Nominee also demonstrated his knowledge of the procedure, and he was aware of the nature of the investigation in progress. There was no adverse outcome to the resident.

Inspectors did not review the systems in place to safeguard residents' money, as the person managing this documentation was on unplanned leave on the day of inspection.

Residents spoken with said they felt safe and secure in the centre, because, 'I see staff going up and down past my room'. In the questionnaires they completed they made statements such as 'I feel well looked after and there are always staff around' and, 'I know staff are always watching me to make sure I'm alright'.

Relatives who completed the questionnaires all said they felt their residents were in a safe environment and made comments such as 'the staff are very experienced and professional in dealing with the needs of elderly residents'.

Inspectors found that the behaviour management policy and the restraint policy were implemented in practice and promoted positive outcomes for residents.

The restraint policy provided clear instruction to guide staff practice, including decisions on the use of restraint to be authorised by the interdisciplinary team prior to implementation. These records were seen by inspectors.

A small number of residents were using bed rails and risk assessments had been completed and care plans implemented to promote residents safety. There was recorded evidence to indicate why the restraint was in use and in some instances indicated that alternatives had been tried for residents, for example low beds. Inspectors saw records of one hourly check by staff when bed rails were in use.

**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:**

Inspectors found that there was a proactive approach to risk management and a number of staff had been trained in risk management. There was also an external expert available in an advisory capacity for staff if required.

There was a risk management policy in place. It covered hazard identification and risk assessment. Since the previous inspection, it had been updated to be in line with the regulations. It outlined the measures in place within the service to manage the risk associated with abuse, absence, self harm, and aggression and violence. The risk management policy was implemented in practice.

There was a detailed risk register in place, which was the tool used regularly for monitoring and responding to the risks identified. It included topics such as clinical and health and safety risks. The document was seen to record the risk, and or potential risk, existing controls, additional controls, summary status and review date.

There was a quality and safety committee in place with membership from all areas in the centre, for example the music therapist, porters, safety representatives, catering, administration, management, unit staff, physiotherapy, occupational therapy, speech and language therapy, social work and security. This meant that each discipline in the centre had a voice in maintaining a safe environment for residents, visitors and staff.

The majority of the risks recorded had been mitigated and were being monitored regularly by the quality and safety committee.

Inspectors reviewed policies on responding to accidents and emergencies, and the incident reports and copies of the audits that had been carried out to ensure any trends could be identified and acted on quickly. Records showed that there was a follow up procedure that looked at the incident and considered if any changes were needed to stop it happening again. For example, to minimise the risk of harm from recurrent falls the provider had purchased additional low beds to minimise the risk of accidental injury to residents.

There was an emergency plan in place that outlined the support arrangements in place for the centre should there be a major incident that required evacuation of residents from the centre. This was an agreement with two local Health Service Executive community units.

There were records to indicate that staff had attended training in moving and handling and good practices were observed during the inspection. A range of hoists and slings were available in the centre to meet individual's needs. Residents had plans in place that clearly set out how many staff were needed to support resident in a range of movements, for example assistance out of a chair or into bed.

The procedure for the action to take in the event of a fire and evacuation was displayed clearly on the wall in different parts of the centre.

Records showed that fire extinguishers had been serviced annually, the fire alarms were serviced quarterly, and fire drills and mock evacuation had been carried out at intervals by the ADON with the day and night staff.

Records reviewed indicated that fire wardens checked fire exits daily on each unit to ensure they were accessible, and there were regular checks of the fire panel. Inspectors observed that there was fire fighting equipment provided throughout the building, and there were clearly marked escape routes that were free from obstructions.

The premises were seen to be clear of hazards, corridors were unobstructed and the centre was maintained to a high standard.

Measures were in place to prevent accidents and facilitate residents' safe mobility, including non-slip floor covering in bathrooms and toilets. Handrails were provided on both sides of the corridor and on the stairwell to promote independence and safety. Residents were observed using the handrails for support.

There was an infection control policy in place which inspectors found to be implemented in practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Inspectors saw that staff cleaned their hands between tasks. There was ample supply of personal protective equipment (PPE), such as, gloves and aprons and there did not appear to be an over reliance on the use of gloves.

**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:**

Inspectors were satisfied that each resident was protected by the designated centre's

policies and procedures for medication management.

The medication policy included procedures on relating to the ordering, prescribing, storing and administration of medicines including medications requiring special controls.

The policy included a procedure for self-administration of medication. There were no residents self-medicating on the day of inspection.

The inspectors reviewed the prescription sheets for a number of residents and found each medication was accompanied by a signature from the prescribing General Practitioner (GP). Two nurses were qualified to prescribe medications should the GP be off site.

The previous inspection found that arrangements for the review of residents' medications were not satisfactory. Inspectors found that medications were reviewed three monthly by the GP and more frequently if required.

Inspectors found nurses were knowledgeable in medication management. Medications that required special control measures were carefully managed and kept in a secure cabinet. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

Inspectors reviewed a sample of residents' medication booklets which were clear and legible. Four resident identifiers were in place including photographic identification was available on the chart for each resident to ensure the correct identity of the resident receiving the medication thus reducing the risk of a medication error.

The prescription sheets reviewed were clear and distinguished between "as required" (PRN) and regular medication. The maximum amount for PRN medication was indicated on prescription sheets in the sample viewed by the inspector.

Drugs were prescribed individually on the medication charts for administration in a crushed or dispersible form individually for some residents who had a swallowing difficulty.

Medication was administered within the prescribed timeframe and there was space on the administration sheet to record when a medication was refused.

Discontinued medications were signed off and dated by the Doctor.

A medication fridge was provided in a locked room and the temperature was monitored and recorded daily.

Inspectors observed that there were appropriate procedures for the handling and disposal of unused and out of date medicines in line with the policy.

Medication management was the subject of a regular audit by the pharmacist technician and nursing staff.

There was a Pharmacovigilance Committee in place that met monthly to promote safety in medication management. It was usually attended by the GP and the Pharmacist. The minutes showed that where areas of improvement were identified they were promptly acted upon. For example, a review of the minutes of the last meeting 05 February 2015 indicated that a system of monitoring therapeutic blood levels had been introduced for high alert medications. Inspectors read medical records and found blood results were recorded and acted on.

Nurses told inspectors that they were updated regularly on audit results at staff meetings for learning purposes.

Inspectors noted that a number of residents may require emergency medication but there was no emergency medication available. There were no guidelines in place for the administration of emergency medication and staff had not been trained in the administration of emergency medication. Inspectors were concerned that this could result in poor outcomes for residents.

**Judgment:**

Substantially 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:**

The Person in Charge and the Provider Nominee were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Inspectors reviewed the records in the centre and they showed that incidents and accidents had been notified to the Authority in line with the regulations. A quarterly report of incidents had been provided to the Authority within the correct time frame.

**Judgment:**

Compliant

**Outcome 11: Health and Social Care Needs**

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

**Theme:**

Effective care and support

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

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

**Findings:**

Inspectors found that the health needs of residents were met to a high standard.

The ADON told inspectors that residents had access to medical services and out-of-hours medical cover was provided. Psychiatry of later life services were provided by a mental health team at St Vincent's Hospital. Access to palliative care services and consultant geriatrician is available on referral as well as bi-annual onsite visits by a consultant geriatrician.

Residents had access to a wide range of health services which were on-site, including physiotherapy, occupational therapy, and speech and language therapy (SALT). Chiropody, dental and optical services were also facilitated. Inspectors reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

There was a CNM in nurse practice development, two nurse prescribers, social worker and a music therapist for residents. The dietician attended the unit on a six weekly basis.

The previous inspection found that care plans required improvement, to be reflective of residents assessed needs. This had been addressed to a good standard.

A review of residents' medical notes showed inspectors that medical staff were available to residents daily. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than every three months.

Inspectors reviewed a number of residents' files and noted that a nursing assessment and additional risk assessments were carried out for residents. Comprehensive person-centred care plans were in place for all residents' care needs. There was recorded evidence that residents were reassessed four monthly or more frequently if there was a change in their condition. Care plans reviewed were reflective of residents assessed needs.

Care plan also included "the key to me" tool which promoted residents' involvement in care planning and outlined the social aspect of individual residents including the resident likes, dislikes, interests, hobbies, families and choice.

There was a system in place to manage residents at risk of malnutrition. Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk. Inspectors reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review when required. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Inspectors were satisfied that falls were well managed. Records showed that there was a low incidence of falls in the centre. Strategies were put in place for those residents who were at risk of falling. Care plans reviewed had been updated to reflect the care that residents had received following a fall which included a review of their medication, and in some instances replacement of footwear.

The Falls Mobility and Safety Committee met monthly to review the incidence and cause of falls and implement an action plan to minimise the risk of re-occurrences. A review of the minutes of the meetings and the care plans in place outlined the causative factors such as poor sight or cognitive impairment and introduces safety measures such as hip protectors, increased supervision, medication review and seating alarm monitors.

Inspectors saw that there were low beds in place for some residents at risk of falls and seat alarms. Relatives told inspectors that they were happy to see these strategies in place to increase residents' safety. A review of the audit and discussion with the physiotherapist indicated that the outcomes for residents had improved following the committees input.

Inspectors noted that wound care was well managed. There was a low incidence of wounds. There was a wound care policy in place to guide practice and wound assessment tools used were evidenced based. Residents had access to a specialist in tissue viability management. The procedure for managing wounds were outlined in the care plan including the frequency of dressing change. Daily records outlined the progress of the wound.

Inspectors found that there were appropriate systems in place for the management of behaviours that challenge which included a comprehensive policy and procedure to guide staff to respond to such behaviours. Discussions with staff showed that they had a good understanding of appropriate management techniques and the documentation of behaviours.

Inspectors found the meal and the dining experience were of a high standard. Each of the three units had their own dining room which had plenty of natural light. Staff had worked hard to enhance the ambience of environment for residents. For example, in creating a wall mural and the use of colour to make the room bright and cheerful.



There was an emphasis on promoting residents orientation in place and time, for example there was a large clock on the wall so that residents could clearly see the time, and the date and day of the week recorded on a white board. Residents and relatives told inspectors how much they enjoyed the atmosphere.

Activity coordinators provided residents with a broad range of opportunities to enjoy various activities seven days per week. Residents confirmed that they were provided with a range of things to do during the day. A schedule of activities was available and the inspector saw notices outlining the day's events in the communal areas. Residents had the choice to either join in an activity or spend time alone if they so wished. Residents who were confused or who had dementia-related conditions were encouraged to participate in the activities. Many residents were seen to be enjoying massage, sensory activities and one to one session with staff members.

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the centre and grounds are well-maintained with suitable heating, lighting and ventilation. However, the premises did not meet the requirements of the Regulations because there was not adequate recreational space for residents, and a number of residents shared three bedded rooms which did not promote their privacy. Some bedrooms were too small to accommodate the use of a hoist should it be required. There was no appropriate space for residents to meet their visitors in private. There was also inadequate storage space for equipment and wheelchairs and bathrooms were used to store equipment. There were no toilets available next to communal areas which meant that residents had to use the bathroom in their bedroom which was some distance away.

The Provider Nominee had identified the shortcomings in the premises and he had plans in place to ensure that the premises would be in line with the regulations. He told inspectors he had plans in place to refurbish the centre in the near future to ensure that

it would be more comfortable for residents.

Residents were accommodated over 3 floors. There is a lift and staircase to all floors so residents could move easily between the floors.

There is a day centre, main kitchen and offices on the ground floor. Each floor contained two single en-suite bedrooms, six twin en-suite bedrooms and one three bedded bedroom with en-suite. Each floor had a treatment room, sluice room, cleaner's room and two sitting rooms. In addition the second floor has a snoozelene (relaxation) room and a multi-denominational oratory and a small mortuary.

There was screening available in the twin and triple bedrooms to promote residents privacy. Rooms were seen to have adequate storage for clothing and belongings, and each resident has a lockable storage space and access to a call bell system within reach, and in working order.

A range of comfortable chairs that met the needs of the residents were also provided.

The layout of the centre was seen to promote residents dignity and independence of movement in the service, with handrails along the corridors and stairwells. Bathrooms and toilets also had grab rails and shower seats for those who needed them. There is safe non slip flooring in bathrooms.

Staff had worked hard to ensure that the centre was homely and comfortable, and also suitable for residents with dementia related conditions. For example, there good use of colour, orientation cues and tactile wall hangings.

Some residents told inspectors that they loved having a single room. Other residents and a number of relatives said that they would like to see a coffee dock being made available in the centre so they could meet up socially with their friends and relatives.

The equipment included specialised seating, aids, hoists, and alternating pressure relieving mattresses. Service records were available and equipment was well maintained.

There was a good standard of cleanliness and hygiene maintained in the centre. For example, all waste, linens, and clothing for washing was managed in a way that would meet infection control standards. A number of relatives and residents commented on the standard of cleanliness and said, "the cleanliness of the wards cannot be surpassed, and it is kept clean to a very high standard". Cleaning staff were seen to be respectful about entering resident's bedrooms and kept their equipment out of the way of residents. There is a suitable equipped sluice room on each unit.

On the day of the inspection, the centre was found to be of a comfortable temperature, with adequate lighting and ventilation.

There were aids and adaptations available in the centre to meet the needs of the residents. Hoists were available in the centre where people had been assessed as needing that support with their mobility.

There was a small sensory garden with a gazebo accessible via the day centre and the front door of the centre. There was twenty four hour security of the premises maintained.

There were adequate changing facilities for staff and inspectors saw that catering staff had separate changing facilities.

**Judgment:**

Non Compliant - Major

***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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that complaints were both welcomed and well managed. There was a detailed policy that set out the procedure within the centre for making a complaint. This included attempting to find local resolution where possible.

The complaints procedure was clearly displayed and outlined the name of the complaints officer and details of the appeals process. All complaints to date had been addressed. The complaints policy was summarised in the statement of purpose and the Residents' Guide. There was a nominated person separate to the person nominated in article who holds a monitoring role to ensure that all complaints are appropriately responded to, and records are kept.

The complaints procedure was displayed prominently in the centre, and residents were clear who they would speak to if they were not happy about something. Relatives also confirmed they know who they would speak to if they had a concern.

The policy stated that a resident who has made a complaint would not adversely affected by reason of the complaint having been made. The ADON told the inspectors that she encouraged a culture of openness and transparency and welcomed feedback. The provider nominee said he welcomed suggestions or complaints as they were a valuable source of information and would be used to make improvements in the service provided.

A complaints log was maintained and inspectors saw that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome.

**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:**

Inspectors were satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in centre. This practice was informed by the centre's policy on end of life care.

Staff told inspectors that family and friends were facilitated to be with the resident when they are dying. There are overnight facilities available and a comfort basket supplied containing personal grooming effects, and refreshments made available.

Inspectors saw records in place that indicated staff had addressed end of life care wishes with residents and or family members. Plans were signed and dated by the resident and or family and signed by the Doctor.

All religious and cultural practices are facilitated. Where possible, residents have a choice as to the place of death. There is access to specialist palliative care services and nurses are trained in pain management and symptom relief.

Staff told inspectors that arrangements for the removal of remains occur in consultation with deceased resident's family. Following death, residents wishes are accommodated in as far as is reasonably practicable.

Staff told inspectors that there are remembrance services held each November in the centre for residents, relatives and staff to pay their respect and celebrate the lives of the deceased.

The CNM 3 discussed plans in place to further improve the service provided including additional staff training in discussing end of life care issues sensitively with residents.

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors spent time with residents in the dining room at lunch time and found that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

Tables were nicely set with place mats, cutlery and napkins and the dining room was nicely decorated. Residents could choose where and when they dined. Some residents had lunch in the main dining room, while others choose to dine in the lounge.

Inspectors observed a staff member providing appropriate assistance and supervision to a resident had lunch in her bedroom. The resident said to the staff member, 'you are very good to me'.

Inspectors observed that staff served each meal in accordance with the residents' preferences. Staff were seen to assist residents who required assistance discreetly and respectfully.

Special dietary requirements were adhered to. Inspectors saw that particular care was given to the presentation of meals that required an altered consistency. There was a variety of drinks to choose from and inspectors observed some residents used special cups to support their independence.

Inspectors noted that the staff spoke with the residents during the meal asking if everything was satisfactory. Residents spoken with all expressed satisfaction with their meals. Inspectors saw that residents were offered a variety of snacks throughout the day and staff regularly offered drinks to residents. Residents told inspectors that they could have tea or coffee and snacks any time they asked. A number of residents said 'there is always a plentiful supply of food and lots of cups of tea'.

Inspectors found that there was a system in place to ensure residents do not experience poor nutrition or hydration. Nutrition assessments were used to identify residents at risk and were repeated on a monthly basis or more regularly if required.

**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:**

Inspectors were satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected. However, residents did not have access to independent advocacy services should they require one.

Inspectors found that residents' privacy and dignity was respected and promoted. For example, staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Bedroom doors were closed when personal care was being provided.

Inspectors observed staff interacting with residents in an appropriate and respectful manner.

Relatives told inspectors that they are encouraged to visit at any time and the staff are always very welcoming.

Inspectors were satisfied residents had opportunities to participate in activities that were meaningful and purposeful and in accordance with their interests. Each resident was assessed and a care plan was completed that outlined the activities they participated in were in accordance with their needs and preferences.

Residents told inspectors that they were very happy living in the centre. Some residents came to live there after spending some time attending the day centre. One resident said 'the centre is my second home'. Residents expressed satisfaction with the degree of personal freedom and choice, explaining that routines are flexible and that they often go home for a day or the weekend. A relative explained that her mother often has trouble sleeping at night and that the staff keep her occupied at night while she may sleep in very late in the daytime.

Residents told inspectors that they had access to a hairdresser. Residents had a television in their rooms and they could also make and receive telephone calls in private. Staff described how residents promoted links with the local community through outings,

shopping trips and in meeting people who used the day services in the centre.

Voting rights were respected, and the ADON outlined the arrangements in place to inspectors.

Residents had access to a hands free telephone if they needed to make phone calls. There were televisions provided and available in each bedroom. There was a supply of newspapers, magazines and books available on each unit.

Residents' communication needs were highlighted in care plans and reflected in practice. For example, residents with a cognitive impairment had a detailed care plan that outlined additional communication needs.

Inspectors were satisfied residents had opportunities to participate in activities that were meaningful and purposeful and in accordance with their interests.

A full time activities coordinator facilitated activities. The programme of activities included, the Monday Club, rosary, art, afternoon tea, and reminiscence therapy, life stories, SONAS, choir, men's group, group communication sessions for residents with some difficulties in communicating, and butterfly moments.

Residents also had trips to traditional music nights locally. Birthdays, Valentine's Day and other special days were always celebrated. Relatives told inspectors, 'they are always having parties here to celebrate special occasions'.

Two relatives stated in the feedback questionnaire that more dependent residents would benefit if they were more stimulating activities available such as, 'pet therapy, music therapy for all', 'generally staff do their best with the resources available and the mental capacity of the residents, but bingo and care making are not always appropriate to stimulate the mind'.

On the day of inspection, inspectors observed that the music session was very well attended by residents including residents with cognitive behaviour and high dependency needs. Residents expressed a high level of satisfaction with the event, with many residents saying, 'it was wonderful'.

**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

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

No actions were required from the previous inspection.

**Findings:**

Inspectors read the policy in place for residents clothing and personal possessions and found that it was implemented in practice. Residents could keep their own belongings in their bedrooms. Residents had access to a lockable bedside locker and a large wardrobe and in some rooms a chest of drawers. Inspectors saw that there were records of residents property maintained.

Inspectors visited the laundry and found it was adequately organised for staff to adhere to infection control practices. Residents could have their personal laundry attended to within the centre. Some relatives choose to manage residents' laundry and a relative stated in the questionnaire, 'the laundry is always in a bag and Mums name is on it, so they don't get lost'. Residents expressed satisfaction with the laundry service provided.

One relative stated in the relatives questionnaire that there was not enough storage space on the bedside locker for both personal effects and nursing items, 'they were mixed together on the bedside locker fighting for space'. Inspectors did not find any evidence of clutter on bedside lockers on the day of inspection.

**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):****Findings:**

While there was sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection, inspectors noted on reviewing the training records that there were significant gaps in staff training for 2014. Some staff did not have up-to-date mandatory training. For example, protection of older people, infection control, cardiac pulmonary resuscitation (CPR), and fire training. Mandatory



training for staff had been identified on the previous inspection and to date had not been addressed fully.

Staffing levels were based on the assessed health, social and personal needs of residents using a validated tool and clinical judgement. The ADON monitored residents' needs on a daily basis and she explained that the provider nominee sanctioned additional staff hours if required. On the day of inspection there were two additional staff on duty on one of the units (students), and they were attentively engaging with residents who had dementia. The students were mentored and supervised by nominated nurses and had their role and responsibilities set out in writing.

Residents were seen to receive any support they needed in a prompt, attentive and respectful manner. Residents knew all the staff well, and reported that they are, 'excellent staff here, very caring and kind'. In the questionnaires residents completed for the inspectors they said 'the staff look out for us all' and, 'I am getting well looked after here, getting good care'.

The relatives commented in questionnaires that, 'great care is taken of Mum's health care needs, staff are very attentive to issues' and, 'the staff are very experienced and professional in dealing with the needs of elderly residents', 'I can't praise them highly enough, the care given to my Mum and the family is wonderful'.

They also commented that staff are very familiar with the residents and their relatives.

In relation to sufficient staffing levels relatives held varying views. Some relatives expressed some concern and said, 'the staff are very busy all the time, they could do with more staff' and, 'generally there seems to be enough staff, although staff do seem to be under pressure at times', while other relatives said, 'there is always a staff member available to talk to when I visit'.

The centre used some agency staff to cover long term sick leave. The ADON told inspectors that they booked staff that were familiar with the residents' needs and the centres policies and procedures. Inspectors found staff knew the residents well and were aware of their individual needs. Residents and relatives confirmed that all staff were very supportive, kind, and attentive to their needs.

Inspectors were satisfied with the skill mix and staffing levels were satisfactory to meet the needs of residents. However, not all staff had attended mandatory fire training in 2014, or refresher training in protection of older adults. This issue had been identified on the previous inspection and to date had not been addressed.

There were nurses on duty at all times on each of the units including the Person in Charge, or the ADON and the CNM 3. Each of the units were staffed with a CNM and 3 to 4 nurses and 2 care staff. The nurse told inspectors that they rotate between units every 3 to 4 years. This meant that staff were very familiar with residents' needs and preferences.

Staff reported that when extra staff was needed, the Provider Nominee was very responsive, and evidence was seen of this on the day of the inspection where an extra

care staff was available in the evening time on one of the units. This arrangement had been in place for the past twelve months, and the senior staff were monitoring staffing requirements closely on this unit.

The staff rota matched the staffing in place at the time of the inspection.

The nursing staff undertook all of the medication and nursing care responsibilities. There was a daily allocation of a nurse and carer working together to meet the needs of 8 residents. This ensured that appropriate supervision and support was available.

Inspectors were satisfied that the Person in Charge had robust recruitment procedures and practices in place which ensured that staff, including volunteers were appropriately selected and Garda Síochána vetted in accordance with the Regulations and the Authority's Standards. Inspectors reviewed a sample of staff files and noted that all of the information required by the Regulations had been obtained for staff. This included confirmation that nursing staff were actively registered on the register of nurses.

Training records showed that the majority of care assistants had completed Further Education and Training Awards Council (FETAC) level 5 training, and the remaining staff had completed FETAC level 4 training.

Additional training undertaken by staff over the past 12 months included, a senior staff member undertaking a masters in dementia care and the following short courses:

- risk assessment/management
- medication management
- pain management
- manual handling
- dysphagia (swallowing difficulties)
- nutrition
- end of life care
- SONAS
- complimentary therapies
- preceptorship
- supervision and appraisal
- peer supervision / group supervision
- "be inspired, golden moments" (dementia focused care)
- Dementia care mapping
- "what matters to me", and life histories
- HACCAP

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

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

### **Acknowledgements**

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

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

Valerie McLoughlin  
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Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Meath Community Unit
<b>Centre ID:</b>	OSV-0000477
<b>Date of inspection:</b>	17/02/2015
<b>Date of response:</b>	23/03/2015

### 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 provider had not completed a formal annual review of the quality and safety of care as required by the Regulations.

#### Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8

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

of the Act and approved by the Minister under section 10 of the Act.

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

Annual Review for 2014 – completed.

**Proposed Timescale:** 23/03/2015

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

A number of residents may require emergency medication in the management of seizure but there was no emergency medication available. There were no guidelines in place for the administration of emergency medication administration and staff had not been trained in this area.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Guidelines for the administration of emergency medication for seizure will be Developed by our Pharmacovigilance committee. Emergency medication will be made available (prescribed and charted) and training will be provided to Staff Nurses and this training will be completed by September 2015.

Proposed Timescale: Training (from June –September 2015)

Guidelines – June 2015

**Proposed Timescale:** 30/09/2015

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

There was inadequate recreational space for residents, and a number of residents shared three 3 bedded rooms which did not promote their privacy. There was no private space for residents to meet their visitors in private. There was also inadequate storage space for equipment and wheelchairs and bathrooms were used to store

equipment. There were no toilets available next to communal areas which meant that residents had to use the bathroom in their bedroom which was some distance away. Some bedrooms are too small to accommodate the use of a hoist should it be required.

**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:**

Plans are already in place for refurbishing the Unit and planning permission is being sought. This proposal is due to commence in late 2016. One and Two larger bedrooms will be made available. Access to toilets in Communal areas will be accommodated also private space for meeting relatives and larger dining and sitting areas will be made available, also storage on all floors for Wheelchairs and Hoists.

Proposed Timescale: Late 2016 due to Commence

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

**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

Residents did not have access to independent advocacy services should they require one.

**Action Required:**

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

Residents have access to a Social Worker who Advocates on their behalf working in the Unit. If a Resident wishes to access an independent advocate the Social Worker will arrange this or they can contact SAGE advocacy services as we have details available on all wards and posters throughout the Unit.

Proposed Timescale: Immediate

**Proposed Timescale:** 17/02/2015

## Outcome 18: Suitable Staffing

**Theme:**

Workforce

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

Not all staff had received mandatory fire training in 2014 or refresher training in protection of older people in as required by the regulations or CPR.

**Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Dates have now been allocated for training. Staff who are non compliant have been notified of the regulation to attend mandatory training. Further non-compliance will be dealt with under the disciplinary procedure.

A policy on mandatory training is currently being developed.

Proposed Timescale: Mandatory Policy (End of May 2015)  
Training (End of September 2015)

**Proposed Timescale:** 30/09/2015