

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Áras Deirbhle Community Nursing Unit
Centre ID:	OSV-0000644
Centre address:	Belmullet Community Hospital, Belmullet, Ballina, Mayo.
Telephone number:	097 81 301
Email address:	belmullet.hospital@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Michael Fahey
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 February 2015 10:00	19 February 2015 19:00
20 February 2015 09:30	20 February 2015 15:00

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

As part of the inspection, the inspector met with residents, staff members the person in charge and the provider. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed questionnaires submitted by residents and relatives, which indicated a high level of satisfaction with the care provided.

Evidence of good practice was found throughout the service. Residents' health care needs were well met. There was an assessment and care planning system and residents had good access to medical and health care services.

Residents were supported to practice their religious beliefs as they wished and had the opportunity to vote. There was a good standard of catering, special dietary requirements were met, residents were offered choices at mealtimes and snacks and drinks were available at all other times. The building was warm, clean and comfortable and residents had access to an enclosed outdoor area.

A number of areas for improvement were identified during the inspection. These included fire safety and medication management. Improvement to documentation of health care interventions and incidents, statement of purpose and the directory of residents was also required.

Necessary improvement to the layout of the building, which would not meet the requirements of the Regulations and Standards by 1 July 2015, was identified. Since the last inspection the provider, in consultation with the person in charge and the estates department in the Health Service Executive had developed a plan to address this deficit and work was scheduled to commence later in 2015.

The provider and person in charge stated at the feedback meeting that the issues identified during the inspection would be addressed.

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:

The inspector found that the statement of purpose described the service provided in the designated centre and met the majority of the requirements of the Regulations. However, some required information was unclear, such as the organisational structure, staffing whole time equivalents and the arrangements for residents to receive visitors.

Judgment:

Substantially 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 management structure was suitable to ensure the effective governance of the service. The provider is the Health Service Executive (HSE), represented by the general manager for the Mayo area. The provider held monthly accountability meetings with the directors of nursing in the Mayo area. The directors of nursing for HSE older persons services in Mayo, Galway and Roscommon also met at least once every two months to

exchange views and information. The provider came to the centre frequently to meet with the person in charge, who confirmed that he was also contactable at any other time. The person in charge worked full time and had responsibility for the management of both the centre and the community hospital which was situated in the same building. She was supported by a full time clinical nurse manager, who worked one day each week on management duties and also deputised in the absence of the person in charge. There was a second clinical nurse manager who was assigned to nursing duties and had not got any dedicated management hours identified. The staff team also included nurses, multi-task attendants, catering, activity and administration staff.

The provider was present on both days of the inspection and discussed plans for improvements to the building and service. The provider also ensured adequate resources for staff training and development.

There were systems in place to review of the quality and safety of care. These included consultation with residents and their representatives, on-going staff training and staff meetings and auditing of systems such as nutrition and hydration, falls, call bells and hand hygiene. A satisfaction survey had been undertaken in 2014 which indicated a high level of satisfaction with the service provided.

There were no resource issues identified on this inspection that impacted on the effective delivery of care in accordance with the statement of purpose.

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:

The person in charge stated that a contract of care had been supplied to each resident. The inspector read a sample of the contracts which were appropriately signed and agreed with residents or their representatives. The contracts were in line with the requirements of the Regulations and outlined the services which residents would expect to receive and identified what was not included in the fee.

There was a guide to the centre, the residents guide, available to residents which included the information required by the Regulations.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people. The person in charge was well qualified and experienced. She kept her skills and knowledge up to date through attending conferences, networking with other directors of nursing and reading professional publications.

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 records requested by the inspector throughout the inspection was readily available. During the inspection, the inspector reviewed a range of documents, including operational policies, insurance policy, directory of residents, duty rosters, fire safety information and medical and nursing records. The documents viewed were informative

and generally in line with legal requirements. However, the directory of residents and the recording of incidents/accidents and health care interventions required some improvement.

There was a wide range of operational policies available to guide staff, including all the policies required under Schedule 5 of the Regulations. The policies were stored in an organised manner and were accessible to staff as required.

The inspector examined a sample of staff files and found that they held the required information and were in line with legal requirements.

A sign-in book was maintained in the entrance area in which a record of visitors entering and leaving the building was maintained.

Staff maintained an up to date directory of residents which was generally in line with the requirements of the Regulations. However, the addresses of residents' nexts of kin were not consistently recorded in the directory.

While a register of accidents and incidents was being maintained, the quality of some of the recorded entries was poor as the writing was faint and, in some cases, illegible.

The inspector viewed a sample of residents' health care files and found that they were generally well documented. While most of the care plans viewed were informative, some lacked sufficient detail to guide staff in the delivery of care. For example, full recommendations of the dietician had not been incorporated into the care plan of some residents who needed specific nutritional care and specific guidance was not recorded for a resident who required assistance with mobilising. In addition, while reviewing the care plans of some residents with behaviours that are challenging, the inspector found that the information in the care plans did not consistently include the care required. While one care plan was comprehensive and detailed, another did not provide guidance on how to diffuse challenging episodes and did not reflect the techniques discussed with staff.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider and the person in charge were aware of the requirements in relation to notifying the Authority of periods of absence of the person in charge, and there were suitable deputising arrangements in place in the event of such an absence.

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 provider and person in charge had put systems in place to ensure the safety of residents.

The inspector found that measures were in place to protect residents and to respond to any allegations of abuse. All staff had been trained in the protection of vulnerable adults and staff who spoke with the inspector were knowledgeable in relation to the types, signs and management of any allegations of abuse. There a centre specific policy to guide staff on prevention, detection and response to elder abuse.

There was a policy on managing behaviour that is challenging. There was a training plan in place to deliver training in management of behaviours that challenge to staff. Many staff had attended this training and the remaining staff were scheduled to attend it shortly. Staff who spoke with the inspector had the appropriate knowledge and skills to respond to behaviour that is challenging and explained the efforts made to identify and alleviate the underlying causes of this behaviour. However, there was some improvement required to the documentation of care planning interventions for behaviours that challenge and discussed in outcome 5.

Residents finances were examined by the inspector and the safeguarding systems were found to be robust. The management team did not retain residents' money for safekeeping on the premises, but there was a system in place for the safekeeping of residents' money through the banking system and there were arrangements for accessing funds during weekdays and for conducting other financial transactions. These transactions were clearly recorded and verified. There was a system for the safekeeping of personal valuables at the request of residents, and these were securely stored and

documented. Internal and external audits of residents' finances were carried out annually and no discrepancies had been found in the most recent audits.

Some residents used bed rails while in bed and the inspector found that this was managed in line with the national policy. Risk assessments investigating the risks associated with the use of bed rails for individual residents had been undertaken and the risks to residents for the use and non-use of the bed rails were evaluated prior to their use. Care plans had also been developed for use of bed rails.

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):

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

Findings:

The provider and person in charge had put measures in place to protect the safety of residents, staff and visitors to the centre, however, there was improvement required in relation to fire safety.

The inspector reviewed fire safety procedures and associated records. Fire evacuation notices were prominently displayed and fire exits were unobstructed. Training records showed that all staff had up-to-date training in fire safety and evacuation and staff who spoke with the inspector were knowledgeable with regard to the procedures to follow in the event of fire. The inspector reviewed the servicing records of fire safety equipment which showed that up to date servicing by external consultants of the fire detection and alarm system and of fire fighting equipment had been undertaken. A documented system of daily checks on fire exits was also in place.

However, there were some systems which were not effective in reducing the spread of fire. The inspector found that a door and a screening shutter between the dining room and the kitchen did not automatically close when the fire alarm was activated. This presented a risk that a fire may not be suitably contained from spreading. In addition, some of the doors to bedrooms were kept open while the rooms were occupied, although they were identified as fire doors that should be kept closed.

The provider and person in charge identified some plans which were in place to improve the level of fire safety in the centre. The fire alarm system was being upgraded to more promptly and accurately identify the location of a fire and a new fire safety manual was being developed.

There was an emergency plan which identified what to do in the event of emergencies such as fire, flood, explosion and loss of power, water or heat. The emergency plan included a contingency plan for the evacuation of residents from the building in the event of an emergency and included details of emergency accommodation and emergency transport arrangements. Detailed individual person evacuation plans had also been developed for each resident.

The person in charge had arranged for all staff to receive up to date training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents. There was appropriate assistive equipment available such as hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Records indicated that hoists and other equipment had been regularly serviced and maintained.

There was a health and safety statement, a risk management policy and a risk register which included the management of clinical and environmental risks and included the precautions in place to control all specified risks as required by the Regulations.

Measures were in place to reduce accidents and promote residents' mobility including staff supervision, safe floor covering and handrails on corridors to promote independence.

Judgment:

Non Compliant - Major

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:

The inspector found that there were processes in place to ensure the safe management of medication. However, improvement was required to the management of crushed medication and medications that required strict control measures (MDAs).

There was an informative medication policy in place which gave appropriate guidance to staff and most nurses had attended online medication management training.

The inspector reviewed the prescription sheets and medication administration records for a sample of residents and found that this documentation was generally completed and maintained in accordance with the centre's policies and professional guidelines.

There were colour photographs of residents on the administration charts, which the nurse could check to verify identification. The medications listed on administration sheets were individually signed by the general practitioners (GPs). The nurses recorded and signed to confirm each medication administered and an up-to-date nurses' signature sheet was available. GPs reviewed each resident's medication every three months or more frequently as required.

Some residents required their medication to be administered crushed. Some of these medications were not individually prescribed to be administered crushed, although there was a note on file recommending this. Nurses administered this medication crushed to residents although it was not prescribed as such.

Medications that required strict control measures (MDAs) were securely stored. These medications were checked and recorded once each day by nursing staff but were not counted by two nurses at each change of shift in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector checked the balances of some and found them to be correct. Other medication was safely stored in individual containers in the secure medication trolleys and there was a suitably monitored and controlled lockable fridge for the storage of medication requiring temperature control.

Judgment:

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 was aware of the legal requirement to notify the Chief Inspector regarding certain incidents and accidents. To date all relevant incidents and quarterly returns had been notified to the Chief Inspector as required.

The inspector reviewed the incident log and saw that all relevant details of each incident were recorded together with actions taken. However, some of the records were unclear and were difficult to read and this is further discussed in outcome 5.

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:

The inspector found that residents' healthcare needs were well met. Residents had good access to medical and healthcare professionals and there were levels of recreational opportunities and social inclusion provided to all residents. Residents' healthcare needs were assessed and monitored and care plans were developed to guide the delivery of care. However, the documentation of some care interventions was not recorded in sufficient detail to guide staff and this is discussed in outcome 5.

Residents had access to medical services and out of hours medical cover was provided. A full range of health care services was available to residents, including speech and language therapy, dietetic services and psychiatry services. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes. The inspector reviewed a sample of files and found that GPs reviewed residents on a three-monthly basis.

Comprehensive assessments had been carried out for all residents, including assessments on residents' mobility, manual handling, skin integrity, risk of falls and nutritional risks and staff had developed care plans to guide the delivery of care based on these assessments. The care plan interventions were being reviewed every three months or as required by the changing needs of the residents. Staff who spoke with the inspector knew the residents well and were very aware of each resident's health care requirements.

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 building was clean, bright, warm, comfortable and well maintained and there were sufficient toilets and showers to meet residents' needs. However, structural improvements were required to bring the centre into compliance with the requirements of the Regulations as some parts of the building were not designed and laid out to fully meet the needs of residents.

Adequate private accommodation was not provided for some residents. Four bedrooms were three-bedded, which impacted on the privacy and dignity of residents. In these rooms screening curtains were provided around beds for privacy, although some of the screening did not extend fully around beds to provide maximum privacy. The wardrobe space in some of the bedrooms was very small and some residents could only store a very limited amount of clothing and personal belongings there. In one bedroom two residents were sharing a small wardrobe. In addition, lockable storage spaces had not been provided to residents in which to store their valuables and personal possessions.

Some sanitary facilities were not being suitably maintained and repaired. There was one bath in the centre, which at the time of inspection was defective and out of use. Consequently none of the residents had the option of having a bath if they wanted one. This had been highlighted during the previous inspection. The person in charge confirmed that it had been repaired but had again become defective. During the previous inspection there was no form of ventilation being maintained in a residents' toilet and this had been suitably resolved.

The smoking room was not appropriately furnished and decorated. This room was clinical in appearance with tiled walls and floor and was totally devoid of any decorative features such as pictures, ornaments or plants and the walls were bare. This room did not constitute suitable or comfortable communal accommodation for residents to occupy. The provider stated that the smoking area would be reviewed as part of the refurbishment plan.

The provider was committed to ensuring that the building would be suitably upgraded to provide maximum comfort, privacy and safety for residents. To achieve this, the

provider had developed a plan to refurbishment the building and would include a reduction of bedroom occupancy to a maximum of two residents to any room. The provider confirmed that the provision of an accessible bath would also be included in the upgrade.

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:

There was evidence of good complaints management.

There was a complaints policy in place and the complaints procedure, which outlined the name of the complaints officer and details of the appeals process, was prominently displayed.

The inspector viewed the complaints register and found that the complaints which had been made were suitably recorded, investigated and resolved.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

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

Findings:

This outcome was not reviewed in full during this inspection as it was examined during a

thematic inspection in August 2014 when it was found to be generally compliant with the Regulations, although some improvement to the assessment of residents' end of life wishes was required. This was reviewed at this inspection and was found to have been addressed. Staff had been working to update residents end of life wishes although some residents had declined to discuss this with staff.

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:

This outcome was not reviewed in full during this inspection as it was examined during a thematic inspection in August 2014. There were some areas for improvement identified, which were reviewed at this inspection and were found to have been suitably addressed.

On this inspection, the inspector found that residents were provided with food and drinks adequate for their needs, which was suitably prepared, cooked and served. Residents were offered a varied diet that included choice at mealtimes and in a way that met their needs. Residents complimented the standard of catering and confirmed that they were offered choices and could have meals or snacks whenever they wished. Since the last inspection the catering staff had developed a greater variety of desserts options for residents including residents with specific dietary needs.

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 inspector found that residents' autonomy and civil and religious rights were supported. However, the structure of the building impacted on the privacy of residents as discussed and actioned in Outcome 12.

Residents had to opportunity to become involved in the organisation of the centre and to express their views. A residents' meeting was held every three months during which various issues relating to the centre were discussed and documented and residents views were sought. Minutes of meetings recorded that birthday parties, outings and events had been discussed. At the time of inspection, plans were being made for a 40th birthday party for the centre and for a family fun day in the summer. Visitors were welcomed, encouraged and facilitated, and there was evidence of his during the course of the inspection.

Residents' civil and religious rights were respected. At the time of inspection Roman Catholicism was the only religion being practiced in the centre and residents were well supported to practice their religion. Mass took place in the centre each week and the Blessed Sacrament was administered to residents each Sunday. The Sacrament of the Sick was administered as required. The person in charge said that residents from all religious denominations would be supported to practice their religious beliefs if required. The person in charge had made arrangements for in-house voting, and all residents were offered the opportunity to vote.

Residents' independence was promoted by staff. Inspectors saw staff members assisting residents to walk to the dining room at a leisurely pace. Residents were encouraged to eat their meals independently, to get up and go to bed at their preferred times and whether to participate in activities available to them. Throughout the inspection the inspector observed staff interacting with residents in a courteous manner.

The inspector found a good standard of care in relation to the social needs of residents. There was a interesting and varied schedule of activities for all residents, suited to their interests and capacity. The recreational activities available included musical events, knitting, art, bingo and prayers.

Judgment:

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:

Residents' laundry was carried out in the centre and there was a system for the identification of items of clothing to ensure that residents' own clothes were returned to them. There had been no recent complaints or feedback from residents to suggest that clothing had been misplaced while laundering.

There was inadequate secure space for some residents to store their personal belongings and this is discussed in outcome 12.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, there was an adequate number of staff on duty throughout

the day. The inspector reviewed staffing duty rosters and found that these were consistent with the normal staffing levels. Residents' dependency levels were assessed using a validated tool and the person in charge used this to decide on appropriate staffing levels.

Residents' and relatives' feedback indicated that they were satisfied with staffing level and with the standard of care provided by staff. One relative indicated 'the staff are the best you can find anywhere' and a resident commented 'the people I share this home with make me feel safe'.

Training records indicated and staff confirmed that staff had, in addition to mandatory training, attended a variety of training such as infection control, medication management, cardiopulmonary resuscitation and advanced clinical skills.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jackie Warren
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:	Áras Deirbhle Community Nursing Unit
Centre ID:	OSV-0000644
Date of inspection:	19/02/2015
Date of response:	08/04/2015

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

Some of the required information in the statement of purpose was unclear, such as the organisational structure, staffing whole time equivalents and the arrangements for residents to receive visitors.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

The statement of purpose will be revised to make information clearer in relation to organisation structure, staff WTE, and arrangements for residents to receive visitors.

Proposed Timescale: 01/05/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The quality of some of the recorded entries in the register of accidents and incidents was poor as the writing was faint and illegible.

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:

Staff advised to write harder on incident book so that writing will be carried on all sheets (carbon copies). There is also note on front of book to remind staff of this. This will be kept under review.

Proposed Timescale: 28/02/2015

Theme:

Governance, Leadership and Management

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

Some documents were not in line with legal requirements.

The addresses of residents' nexts of kin were not consistently recorded in the directory of residents.

Some residents' health care files lacked sufficient detail to guide staff in the delivery of care.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The addresses of residents' next of kin will be consistently recorded in the directory of residents.

All residents' health care files will contain sufficient detail to guide staff in the delivery of care.

This will be reviewed regularly.

Proposed Timescale: 01/06/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Some systems were not effective in reducing the spread of fire. A door and a screening shutter between the dining room and the kitchen did not automatically close when the fire alarm was activated. Some doors to bedrooms were kept open while the rooms were occupied, although they were identified as fire doors that should be kept closed.

Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

Regarding the bedroom doors, this matter was also raised in the last Inspection Report under Outcome 8. A Fire Consultants Report was issued to HIQA addressing the matters raised, and I understand the position remains as outlined in the Consultants Report dated 17th September 2014

The issue identified in relation to the door and shutter will be rectified and repaired.

Proposed Timescale: 17/04/2015

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:

Nurses administered crushed medication to residents although it was not prescribed as such.

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:

Drs in liaison with pharmacy prescribe clearly medications that can be crushed based on resident need and where possible dispense medication in liquid form.

Proposed Timescale: 31/05/2015

Theme:

Safe care and support

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

Medications that required strict control measures (MDAs) were not counted by two nurses at each change of shift in keeping with professional guidelines.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Medications that require strict control measures (MDAs) are now being counted by two nurses at each change of shift. This will be kept under review.

Proposed Timescale: 21/02/2015

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:

Some parts of the building were not designed and laid out to fully meet the needs of residents.

Adequate private accommodation was not provided for some residents.

Some screening curtains did not extend fully around beds to provide maximum privacy.

Wardrobe space in some of the bedrooms was very small and some residents did not have their own wardrobes.

Lockable storage spaces had not been provided to residents in which to store their valuables and personal possessions.

Some sanitary facilities were not being suitably maintained and repaired. There was no bath available to residents in the centre.

The smoking room did not constitute suitable or comfortable communal accommodation for residents to occupy.

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:

A major refurbishment of the Unit, in order to comply with Registration, is planned. Copies of the relevant Drawings have been forwarded to the Inspector Manager at HIQA. Work is scheduled to commence in Q3 of 2015 and will take approximately 6 months to completion. All of the issues raised under this outcome will be addressed by this Development.

Proposed Timescale: 31/01/2016