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<th>Birr Community Nursing Unit</th>
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<td>OSV-0000522</td>
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<tr>
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<tr>
<td>Telephone number:</td>
<td>057 912 3244</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:dorrie.mangan@hse.ie">dorrie.mangan@hse.ie</a></td>
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<tr>
<td>Provider Nominee:</td>
<td>Dorothy Mangan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
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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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
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<td>11 February 2016</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
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</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

The purpose of this unannounced, two-day inspection was to monitor ongoing compliance with the regulations and national standards. The inspector also reviewed progress with completion of the action plan from the last inspection of the centre in May 2014.

On the day of this inspection, the inspector spoke with residents and staff and reviewed residents’ records and documents including medication records, risk management documentation, audits and staff training records. The inspector found that two actions from the last inspection in relation to consultation with residents/next of kin about their care plans and prescribing of medications administered in crushed format were not satisfactorily completed. The collective feedback from residents on the day of inspection was positive in relation to their care and the service provided.
Areas requiring improvement included staff training in fire safety and evacuation, intervention plans for behaviours that challenge, protocols for prescription of medications. Although resident numbers in shared bedrooms had been reduced, the four bedded rooms did not support the privacy and dignity needs of residents.

Staff-resident interactions throughout the day of inspection were observed to be respectful and supportive. Staff spoken with were knowledgeable regarding residents and their individual needs.

The inspector found that the centre was clean, bright and homely. The layout and variety of internal and external areas was found to provide a comfortable, pleasant and interesting environment for residents.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National 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:
There was a written statement of purpose available reviewed in August 2015 that describes the service provided in the centre. The contents of this document was demonstrated in practice.
A copy of the centre’s statement of purpose and function was forwarded to the Authority. This document was reviewed and the inspector found that it contained all of the information as required by schedule 1 of the Regulations. The statement of purpose and function described the range of needs that the designated centre meets and the services provided.

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:
There was a clearly defined organisational structure in place with clear lines of
responsibility and accountability. The person in charge as head of the local management team was supported in her management role by two assistant directors of nursing and clinical nurse managers on each of the three resident suites. This structure ensured consistent supervision and support for staff locally. A senior on-call rota was available to support staff out of hours. An assistant director of nursing managed the centre at weekends. The inspector observed that meetings were held at multiple staff levels and facilitated two way communication between operations and management.

The inspector found that there were sufficient resources to meet the needs of residents with the exception of multi-occupancy bedroom accommodation facilities for some residents in terms of meeting their privacy and dignity needs. This finding is discussed further in outcome 12.

The inspector found that there was a culture of quality monitoring and improvement, with systems in place to ensure that the service provided was safe, appropriate to meet resident needs, consistent and regularly monitored. A 'Quality Assurance Statement' for 2015 was made available to the inspector to reference completion of a review of the quality and safety of resident care as required by regulation 23.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that there were satisfactory arrangements in place to safeguard and protect residents. Staff were knowledgeable on the appropriate actions to escalate any incidents or allegations of abuse. Staff had attended training on prevention, recognition and management of abuse. However, some staff attended training in 2013 and required refresher training in line with mandatory training requirements. The person in charge had recently attended training on the updated national policy on protection of vulnerable adults and was in the process of rolling out this updated training to staff. Vetting procedures were completed for all staff employed in the centre. There was no incidents involving protection of vulnerable persons under investigation in the centre on the day of inspection.

A policy document was in place to inform management of residents presenting with
episodes of behaviours that challenged. The inspector observed that behaviour that challenged was proactively managed by staff with use of positive supportive divertional techniques. Each resident with symptoms of behaviour that challenged were appropriately assessed and had a behavioural intervention plan in place. However, this documentation required review to ensure antecedents and de-escalation techniques were clearly communicated in some residents' care plans. The inspector saw that additional support and advice was provided by the psychiatry services where required.

The inspector was told that some staff had attended training on caring for residents with dementia and managing behaviour that challenged. There was evidence of comprehensive assessment of residents who potentially posed a risk to themselves or others with appropriate monitoring safeguards in place. Staff were observed to approach residents with behaviour that challenged in a sensitive and appropriate manner and residents responded positively to the techniques used by staff.

A register of restraints used was maintained in the centre as part of the clinical risk documentation. A review was undertaken by the person in charge each time a resident restraint was used. Residents had bed-rail assessments completed and there was evidence of a proactive approach to minimising bed-rail use with adequate monitoring and review. Where bed rails were used a risk assessment supported appropriateness of use. The inspector observed that PRN (as required) psychotropic medications were rarely required to manage behaviours and use of this medication was closely monitored. Some improvement was required to ensure that PRN psychotropic prescriptions were consistently recorded as part of residents' behavioural de-escalation intervention plans.

Management of a sample of resident finances were reviewed as part of this inspection. The process was safe and transparent. The provider acts as agent for collecting some residents’ pensions and residents’ monies was lodged into individual named accounts. Arrangements were in place to ensure residents had access to their money at all times. Supporting policy and procedural documentation was available to guide and inform practice in this area.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
The health and safety of residents, visitors and staff were promoted and protected. The risk management policies to inform practices in relation to residents at risk of self-harm,
violence and aggression, abuse and unexplained absence were in place. Each resident at risk of leaving the centre unaccompanied had a missing person profile completed as a control to mitigate associated risk. A missing person drill was completed by staff on 25 May 2015. Entrance and exit to the centre was controlled.

A safety statement dated for 2015 was available. A risk register was maintained informing environmental, chemical and clinical risk mitigation. The identification and assessment of risks with controls to prevent potential adverse incidents to residents, visitors and staff was complete. The risk register was up to date and evidenced learning from review of any incidents and accidents. The clinical risk register also included clinical risks such as restraint, resident falls, residents with weight loss, incidents of behaviour that challenged and others. The person in charge and staff team were finalising plans for a fall prevention week to increase awareness of this risk to residents.

Health and safety and risk management was a standing agenda item on a governance meeting convened on a six weekly basis. Risk assessments and review of key performance indicators (KPIs) such as resident falls, medication incidents, restraint, incidence of pressure related skin damage and others were completed at this forum. These meetings were minuted. The inspector saw that the minutes referenced discussion and actions to address actual and potential internal and external risks. Actions were identified to ensure that residents were kept safe and comfortable.

Fire doors and exits were unobstructed in the resident areas on the days of inspection and a daily check on the means of escape was completed by the person in charge as part of the fire safety management procedures. Weekly testing of the fire alarm system was done. Fire safety training for staff was on-going and the inspector saw that 22 staff attended training on 08 February 2016. A fire evacuation drill was last completed on 12 August 2015. The person in charge advised the inspector that further training including evacuation to reflect day and night conditions was scheduled to ensure all staff in the centre received fire safety training and participated in an evacuation drill. Although residents' evacuation needs were risk assessed, improvement was required to ensure each residents' day and night-time evacuation needs were clearly documented as many of the residents had high and maximum dependency needs.

The centre was visibly clean. Hand hygiene facilities was located throughout the premises. Environmental cleaning procedures and evaluation of staffing requirements were satisfactorily completed. Staff had attended training in Infection control including hand hygiene. An infection control policy included procedures for management of communicable infection and infection outbreak to guide and inform staff.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

**Findings:**
There were policies and procedures available in the centre to advise staff on all aspects of medication management. The inspector found that medication management practices were generally safe. The inspector observed that medications were dispensed on a named resident basis. Pharmacy services were facilitated to fulfil their obligations. The inspector observed that medication management audits were completed by the person in charge and variances identified concurred with some of the areas for improvement found on this inspection.

There was evidence that some action had been taken to address prescribing of medications administered in crushed format since the last inspection in May 2014. However, some further improvements were required to ensure all medications administered in crushed format were consistently prescribed.

The inspector reviewed a sample of prescription records and saw that the maximum doses of PRN (as required) medications to be administered over any 24 hour period were not consistently stated. Some residents were prescribed for PRN subcutaneous fluids and medication for control of prolonged seizure activity. Although the inspector was told these medications were rarely required, these prescriptions were not supported with guidance protocols to advise on indication parameters for administration of these medicines.

Some residents were also prescribed for PRN medications to support with management of their symptoms of behaviour that challenged but were not documented as part of behavioural intervention plans. This finding is discussed and actioned in outcome 7.

**Judgment:**
Non Compliant - Moderate

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**Outcome 11: Health and Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily
Findings:
Residents' wellbeing and welfare needs were met on this inspection. Residents had good access to community and specialist medical and allied health professionals as appropriate. There was evidence of their consultations in residents' files, including recording of their wishes and preferences in their care plans. The inspector observed that residents' access to some allied health professionals was enhanced, such as physiotherapy by the location of their on-site clinics.

The inspector reviewed a sample of residents' care plans. Each resident's needs were assessed by means of a comprehensive assessment on admission and updated thereafter. A number of risk assessment tools were utilised to identify each resident's level of health risk regarding falls, pressure related skin injury, malnutrition and pain among others. Care plans evidenced interventions to be implemented by staff to address needs identified. The inspector observed that some improvements were made since the last inspection to involve residents and/or their family in care plan development and reviews. However, the inspector found this area required further improvement.

The inspector reviewed the management of clinical issues such as hydration, nutritional care and management of residents' at risk of pressure related skin injury. The inspector observed that these areas were satisfactorily assessed and managed with the exception of a small number of minor issues which were discussed with the person in charge during the inspection. For example, not all residents' fluid balance charts were not consistently totalled for each 24 hour period to accurately inform hydration levels. However, the inspector also observed where a resident on dialysis therapy was supported by staff to manage their own fluid intake.

There were no residents with a pressure related skin injury in the centre on the day of inspection. Residents at risk of pressure related skin injury had change of position schedules in place and were provided with appropriate pressure relieving equipment including mattresses and cushions. Residents with impaired mobility that necessitated them spending long periods seated were reviewed by the occupational therapy services and were each provided with specialised wheelchairs. Some residents had motorised wheelchairs to support their independent mobility.

Judgment:
Substantially Compliant
Effective care and support

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

**Findings:**
The centre is a single-storey premises with accommodation for 76 residents in three suites, Laurel, Sandymount and Camcor. The layout and design of the premises reflects its stated purpose with the exception of bedrooms accommodating four residents. There are 10 bedrooms with accommodation for four residents in the centre, six were fully occupied, two were occupied by two/three residents and two were closed. On the day of inspection, there were 66 residents residing in the centre. 20 residents with assessed high and maximum dependency needs were accommodated in fully occupied four bedded rooms. Fifteen residents residing in multi occupancy bedrooms were recorded on a weekly register of residents as being confined to their bed or/and a chair.

The inspector observed that the multi-occupancy bedrooms accommodating four residents did not meet their stated purpose due to the following;
- there was limited space between each resident's bed and the curtain screening which posed difficulties in maintaining privacy and dignity for residents when hoists or assistive chairs were used.
- the layout of residents' personal space necessitated placement of their seating in front of their wardrobes which hindered their access to personal clothing and possessions.
- shelving fitted on the walls behind residents' beds to display their personal items such as framed photographs and ornament was not visible to them while in bed and was at a level beyond their easy reach.
Each of the bedrooms providing accommodation for four residents had an en-suite shower and toilet, in addition to curtain screening available for use around each bed.

Each of the three resident accommodation suites were painted in a different colour to assist residents' independent access around the centre. A variety of communal and quiet areas were available to residents which also facilitated them to meet with their visitors in private if they wished. There were a number of safe external garden and courtyard areas with safe pathways, seating and planting arrangements. The inspector saw evidence of resident involvement in decorating and painting work in the internal gardens. The centre was bright, homely, welcoming and visibly clean. While, the inspector observed some areas requiring maintenance, the centre was generally well-maintained. The person in charge was in the process of coordinating maintenance work required.

The inspector also observed evidence that staff had improved the environment to promote the quality of life for residents with dementia including signage and use of colour. Many items of furnishings were domestic in style which enhanced the familiarity of the environment for residents with dementia.

**Judgment:**
Non Compliant - Moderate
**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:**
The inspector observed the lunch-time meal on the day of inspection. Residents could dine in the dining area in the resident accommodation suites or in a large dining room with residents who attended an on-site day-care service. The inspector saw that residents were afforded choice of a hot meal. To assist residents with their choice of menu, staff reminded them of the options available which was also displayed in the dining room on the day of inspection. The lunchtime meal was observed to be an unhurried social occasion. Some residents chatted with each other or with staff. Residents told the inspector that they enjoyed the food provided.

Residents’ dietary requirements were met to a good standard. Residents’ weights were checked monthly or more regularly if required. Residents at risk of malnutrition and residents gaining excessive weight were regularly reassessed and closely monitored. One resident told the inspector how the centre had assisted him/her to lose weight with an outcome of improved mobility. Records showed that some residents had been referred for review by a dietician or/and speech and language therapy services. Treatment plans from consultations were recorded in residents’ care plan documentation and were implemented. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Staff were observed to assist residents who required assistance discreetly and respectfully. The inspector observed that residents were offered a variety of snacks and staff regularly offered drinks to residents. Reminders were displayed in the dining room about the importance of drinking adequate fluids. Residents told the inspector that they could have tea or coffee and snacks as they wished.

**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 observed that staff took every opportunity to ensure residents' privacy and dignity was respected. Screen curtains and doors were closed appropriately in four bedded multi-occupancy bedrooms. However, there was limited space available between some residents' beds and screen curtains and the privacy and dignity of residents was not supported if they required hoists to transfer or if they were unable to use en-suite toilet. Staff were observed knocking on bedroom and bathroom doors. The inspector observed staff interacting with residents in a courteous and respectful way and addressing them by their preferred name.

Residents’ civil and religious rights were respected. Some residents confirmed that they would be voting in the centre in the upcoming election. The person in charge told the inspector that she was facilitating in-house polling for the residents. The provider and person in charge said that residents from all religious denominations were supported to practice their religious beliefs. An oratory located in the centre was available to residents.

Residents had opportunity to participate in the running of the centre. A residents’ action group (RAG) was established. All residents were invited to attend and the discussions were minuted and issues followed up. For example residents wanted a parlour style sitting room in one of the resident suites and the inspector observed this was completed to a good standard.

Residents' interests in 'Key to Me' documentation and their capabilities with participating in the various recreational activities available were assessed. The inspector observed that residents were involved in project work undertaken to enhance the comfort and homeliness of the centre. For example residents were involved in paintwork done in the internal gardens and in making a quilt to celebrate the 10th Anniversary of the centre. On the day of the inspection, one of the residents played the accordion which was enjoyed by the other residents. Many of the residents had complex needs and were unable or chose not to participate in scheduled communal activities. Some social need reassessment of a small number of these residents capabilities and interests to ensure alternative one to one or small group activities were available to them.

Judgment:
Non Compliant - Moderate

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

**Theme:**
Person-centred care and support

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

**Findings:**
Each resident had their own personal wardrobe which provided space in their bedrooms to store their personal belongings. The inspector observed that some residents in multi-occupancy bedrooms could not access their personal possessions and clothing. Due to the layout and personal space available to each resident in bedrooms accommodating four residents, access to wardrobes positioned adjacent to beds was hindered if residents wished to sit in a chair in their bedroom. A shelf fitted on the wall behind residents' beds for displaying personal possessions was located at a level beyond easy reach and items including photographs were not visible to residents while in bed.

Residents clothing was tagged to prevent loss. The centre's laundry facility was located on-site inside the centre. Arrangements and procedures were satisfactory to ensure residents' clothing was satisfactorily laundered. Designated laundry staff were responsible for this area. Residents spoken with by the inspector expressed satisfaction with how their clothing was managed.

The inspector observed that residents' clothing was clean and in good condition. Records were maintained of residents' property and were updated at regular intervals. These records included details of personal items of value and assistive equipment.

**Judgment:**
Substantially 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:**
The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector was satisfied that there was sufficient staff on duty to adequately provide care to residents.

The inspector examined a sample of staff files and found that they were complete.

From review of staff training records, observation of practices and conversations with staff and the inspector found that staff were well-informed and knowledgeable regarding residents' needs and care interventions documented in corresponding care plans. Staff working in the centre had completed mandatory training with the exception of refresher training in fire safety and evacuation drills but was in progress. The inspector observed staff safely completing resident moving and handling procedures during the day of this inspection. In addition to mandatory training requirements, the inspector saw that staff were facilitated to attend additional training to refresh their professional knowledge and skills to ensure residents assessed needs were met with contemporary evidence based care.

**Judgment:**
Compliant

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

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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 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
PRN (as required) psychotropic medication prescriptions were not consistently recorded as part of some residents’ behavioural de-escalation intervention plans.

1. Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
PRN (as required) psychotropic medication prescriptions are not routinely used as stated in the report; however they will now be recorded as part of some residents' behavioural care plan.

Proposed Timescale: 28/03/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff had not attended up to date refresher training in protection of vulnerable adults.

2. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
Refresher training for all staff will take place over the next 2 months.

Proposed Timescale: 25/04/2016

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:
Improvement was required to ensure each residents' day and night-time evacuation needs were clearly documented as many of the residents had high and maximum dependency needs.

3. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
Daily evacuation plan in place for each resident. Will re-examine the lay out of evacuation plan to ensure documentation is clear.
Proposed Timescale: 28/03/2016

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:
* Medications administered in crushed format were not prescribed to be administered in crushed format
* The maximum doses of PRN (as required) medications to be administered in each 24-hour period were not consistently stated.
* Administration protocols were not in place for PRN subcutaneous fluids and medication for control of prolonged seizure activity.

4. 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:
Medications administered in crushed format will be prescribed to be administered in crushed format.
The maximum doses of PRN (as required) medications to be administered in each 24-hour period will be consistently stated.
Administration protocols will be put in place for PRN subcutaneous fluids and medication for control of prolonged seizure activity.
All of the above will be put in place following discussions with G.P. and Pharmacists.

Proposed Timescale: 25/04/2016

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement was required to ensure residents or/and their next of kin were involved/consulted regarding their care plan reviews.

5. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.
Please state the actions you have taken or are planning to take:
Improvement in consultation with residents and/or next of kin regarding their care plan will take place. All nursing staff informed of same.

**Proposed Timescale:** 25/04/2016

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### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The layout and design of multi occupancy four bedded bedrooms did not support the privacy and dignity of residents.

**6. Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
All residents in four bedded rooms are of max dependency as discussed with inspector during unannounced inspection. Staffing for this area will be looked at. Plan in place to comply with standards, funding to be sought from HSE to ensure compliance with standards in relation to 2021 deadline.

**Proposed Timescale:** 01/07/2021

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### 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:**
Limited space available between some residents' beds and screen curtains did not ensure the privacy and dignity needs were met of residents requiring hoists to transfer to and from assistive chairs or unable to avail of the en-suite toilet.

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

**Please state the actions you have taken or are planning to take:**
Plan in place to comply with standards, funding to be sought from HSE to ensure
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A small number of residents required reassessment and care plans to meet their social and emotional needs and to ensure alternative one to one or small group activities were available to them.

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

**Please state the actions you have taken or are planning to take:**
Resident’s needs in regard to activities in this area will be reassessed and a care plan put in place.

**Proposed Timescale:** 25/04/2016

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**Outcome 17: Residents' clothing and personal property and possessions**

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents in four bedded bedrooms did not have unhindered access to their clothing and personal property and possessions due to layout and design of their personal space.

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

**Please state the actions you have taken or are planning to take:**
Plan in place to comply with standards, funding to be sought from HSE to ensure compliance with standards in relation to 2021 deadline. This area will be looked at immediately, to maximise unhindered access for resident’s.

**Proposed Timescale:** 01/07/2021