## Centre Details

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Breffni Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000489</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballyconnell, Cavan.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>049 952 6782</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Loida.Aragon@hse.ie">Loida.Aragon@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Rose Mooney</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>18</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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
From: 23 August 2017 08:45  To: 23 August 2017 16:50

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non-Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection
This report set out the findings of an unannounced monitoring inspection. Notifications of incidents received since the last inspection was also considered and reviewed on this visit.

The physical environment meets the needs of residents. The centre was clean and warm with a calm atmosphere. Residents were complimentary of staff and satisfied with care services provided. The staff supported residents to maintain their independence where possible.

There was good evidence of regular medical reviews. Access to allied health professionals including dietician and physiotherapist was available to residents.
Chiropody and optical services were also provided on referral.

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence.

There is a system to review the quality and safety of care and quality of life in place. Auditing and management systems were in place to capture statistical information in relation to resident outcomes, operational matters and staffing arrangements.

Nine outcomes were judged as compliant with the regulations and a further six outcomes as substantially in compliance with the regulations. The action plan at the end of this report identifies some areas where improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents.

The provider understood that it was necessary to keep the document under review. It was updated in February 2017. The statement of purpose contained all information in relation to the matters listed in schedule 1 of the regulations except, the arrangements for the management of the designated centre in the absence of the person in charge.

**Judgment:**
Substantially Compliant

**Outcome 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an on-going 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 defined management structure that identifies the lines of authority and
accountability, specifies roles and responsibilities for the areas of care provision. Staff and residents were familiar with current management arrangements. A deputy is available to deputise in the absence of the person in charge. However, this person has other training responsibilities and does not work at the centre. While the post of the clinical nurse manager is being recruited for presently as advised by the person in charge, the deputising arrangements require review to ensure the governance is safe and effective. As described in Outcome 10, Notification of Incidents a statutory notification in relation to a safeguarding matter was not submitted to HIQA within the required three day timeframe.

Staff confirmed that good communications exist within the staff and management team and residents highlighted the positive interactions and support provided by the entire team. Minutes of staff and management meetings were recorded and available.

There is a system to review the quality and safety of care and quality of life in place. Auditing and management systems were in place to capture statistical information in relation to resident outcomes, operational matters and staffing arrangements. Clinical audits were carried out that analysed accidents, complaints, medicine management arrangements, skin integrity, care plans, the use of restraint, nutritional risk and dependency levels. Audits were completed on a monthly basis and reports were communicated and discussed with the provider. Improvement plans were developed on completing audits to respond to issues or any risk identified. A comprehensive audit of care planning has been completed and feedback to the nursing team to support professional development in care planning was evident.

An annual report on the quality and safety of care was compiled with copies made available to the residents or their representative for their information as required by the regulations. This was an area identified for improvement in the action plan of the previous inspection.

**Judgment:**
Substantially Compliant

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**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:**
There was a residents’ guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of
occupancy, the complaints procedure and a copy of the most recent inspection report by HIQA. This was displayed at the entrance to the unit in a stand with other informative and topical information for residents, families and visitors.

All residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspector reviewed a sample of three contracts of care. All contracts were signed by relevant parties. The contracts of care were transparent and specified all services provided by the fee.

The contract of care specified for residents whether the bedroom to be occupied was single, twin or multi-occupancy.

**Judgment:**
Compliant

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

**Findings:**
The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.

She was appointed to the post in October 2016. The provider had arranged for a clinical nurse manager to work alongside the newly appointed person as a mentoring support in the initial period of employment. This supported the person in charge in becoming familiar with the governance and operational service requirements.

At the time of this inspection the person in charge was known by residents and she had good knowledge of residents care needs. The person in charge attends had over report each morning. She is informed of any specific care needs or emerging clinical issues. During conversations with the inspector it was evident she was very well appraised of the physical and psychosocial care needs of all residents.

She maintained her professional development and attended mandatory training required by the regulations and has engaged in continued professional development. She had recently attended training on complaint handling and investigation.

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

Findings:
Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored, maintained in a secure manner and easily retrievable.

Samples of records were reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose.

A record of visitors was maintained.

The directory of residents' contained all information required by schedule three of the regulations and was maintained up to date. The details of transfers to hospital and the date of transfer were recorded in each case of discharge and readmission. This was an area identified for improvement in the action plan of the previous inspection report.

A sample of staff files were reviewed and found to be compliant with the regulations.

The certificate of registration was prominently displayed as required by the regulations.

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.
Theme:
Safe care and support

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

Findings:
The national policy on safeguarding vulnerable persons at risk of abuse was available to guide practice. Staff had received safeguarding training on identifying and responding to adult protection matters.

The person in charge and staff spoken with displayed knowledge of the policy’s safeguarding mechanisms and were clear on reporting procedures required. One notifiable adult protection incident which is a statutory reporting requirement to HIQA had been reported since the last inspection. Timely, thorough and responsive action was undertaken by the person in charge. A safeguarding plan was developed. However, HIQA requested further reassurance in the aftermath of this inspection in relation to safeguarding procedures for all resident’s and review of system to ensure learning and effective protocols are in place.

The centre has a policy on and procedures in place to support staff in working with residents who have behavioural and psychological symptoms of dementia (BPSD). This policy was informed by evidence-based practice. A small number of residents had responsive behaviours. Staff on duty at the time of the inspection demonstrated a positive, person centred approach towards the management of responsive behaviours. The inspector reviewed the files of two residents who had responsive behaviour. Staff spoken with were knowledgeable on the resident’s triggers and knew the appropriate intervention management. Care plans were developed to outline the interventions to respond to behaviours and deescalating techniques.

Efforts were made to identify and alleviate the underlying causes of residents’ responsive behaviour. There was evidence of interdisciplinary collaboration to promote person centred approaches for residents who had responsive behaviours. Psychotropic medicines were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values. There was good access to the psychiatry of later life team. The community mental health nurse from the team visits the centre regularly to review residents. There was evidence in files of changes being made to medicines and alternatives being trialled.

Training programs were provided and were ongoing to inform and support staff practice. The person in charge is involved in a training program being led by the psychiatry team and the Health Service Executive (HSE) titled, Focused Intervention Training and Support (FITS). The person in charge has a lead role in developing an onsite program to ensure the wellbeing of residents living with dementia through a holistic model and auditing the usage of antipsychotic, anti-anxiety medicines and night sedatives.
A restraint register was maintained that was subject to regular reviews. This was an area identified for improvement in the action plan of the previous inspection. There was a policy on restraint management (the use of bedrails and lap belts) in place. At the time of this inspection there were nine residents with two bedrails raised and one lap belt integrated within a specialised chair which the resident could close and open independently. A risk balance assessment tool was completed prior to using bedrails and the assessment was regularly revised. The rationale for the use was outlined and enabling function clear in documentation examined.

The financial controls in place to ensure the safeguarding of residents’ finances were examined. There was a policy outlining procedures to guide staff on the management of residents’ personal property and possessions. A petty cash system was in place to manage small amounts of personal money. A record of the handling of money was maintained for each transaction. Two signatures were recorded for each transaction.

**Judgment:**
Non Compliant - Moderate

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**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 centre had a comprehensive safety statement, and policies and procedures relating to health and safety that included a risk management policy to include items set out in Regulation 26 (1). These were revised in July 2017. There were emergency policies and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy and reflective of the governance structure.

Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building. The internal and external premises and grounds of the centre appeared safe and secure. A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced. The needs of the residents had been assessed to outline their evacuation requirements in the event of a fire occurring.

There were arrangements in place for appropriate maintenance of fire safety systems.
such as the fire detection and alarm system. Fire safety equipment was serviced quarterly and annually in accordance with fire safety standards. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building.

The fire safety precautions were revised as required by the action plan of the previous inspection. Regular fire drills to help familiarise staff with the fire safety are being implemented. There was documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There were procedures to undertake and record internal fire safety checks. Regular checks of the fire extinguishers were undertaken to ensure they were in place and intact, the fire panel and automatic door closers were operational. Records were maintained evidencing the fire escape routes were checked. The fire alarm is now operated each week to ensure it is functioning correctly as opposed to every three months on the previous inspection. The needs of the residents had been assessed to outline their evacuation requirements in the event of a fire occurring.

There were procedures in place for the prevention and control of infection. Hand gels were located along the corridor. Audits of the building were completed at intervals to ensure the centre was visibly clean. There were a sufficient number of cleaning staff rostered each day of the week. There was a coded cleaning system to minimise the risk of cross contamination.

However, net laundry bags were left in each bedroom hanging on wardrobe door handles to collect clothing requiring washing posing a risk of airborne cross infection. The laundry bags were visible and the system is not respectful to residents’ privacy and dignity. This was identified as a hazard and noted on the risk register. The person in charge was reviewing the arrangements to secure an alternative option.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents’ needs. Each resident’s moving and handling needs were identified and available to staff at the point of care delivery. The type of hoist and sling size required was specified in risk assessments.

There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced and checked by qualified personnel to ensure they were functioning safely.

The centre implement a falls management system titled, ‘Forever Autumn’ a multidisciplinary approach to falls prevention and management. An accident or incident resulting in a fall by a resident was examined in detail to establish a root cause. A post incident review was completed in the immediate aftermath of a fall to identify any contributing factors for example, suspected infection or the impact of changes from medication.

There was a small number resident who smoked at the time of this inspection. Risk assessments were completed to assess if the resident was safe to smoke independently.
This was supported by a plan of care to outline the level of supervision or assistance required.

**Judgment:**
Substantially Compliant

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**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 inspector reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre.

Quarterly notifications had been submitted to HIQA as required. However, a statutory notification in relation to a safeguarding matter was not submitted to HIQA within the required three day timeframe.

**Judgment:**
Substantially Compliant

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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):**

**Findings:**
There were 18 residents in the centre during the inspection. All residents were residing in the centre for continuing care. Residents were in advanced old age with many complex medical conditions. Five residents required supervision or partial assistance
with all their meals. Eight residents required the use of a hoist to meet all their moving and handling needs safely as they were unable to weight bear.

Each resident’s wellbeing and welfare was maintained by a good standard of nursing, medical and allied health care.

On admission a comprehensive assessment of needs was completed and regularly reviewed. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Recognised assessment tools were used to evaluate residents’ progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores, continence needs and mood and behaviour. There was good linkage between risk assessments and care plans developed.

There were plans of care in place for each identified need. Care plans were well developed personalised and described the current care to be given. In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident’s health condition. There was documentary evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

Residents had regular GP reviews. There was evidence of frequent medical reviews. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre and on returning from hospital. Clinical observations such as temperature, blood pressure and pulse were assessed weekly.

Access to allied health professionals including dietician and physiotherapist was available to residents. Chiropody and optical services were also provided on referral.

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence. Meals were served in accordance with each resident’s dietary requirements including those on modified consistency and special diets. Residents were highly complementary of the food served. Cold drinks including juices and fresh drinking water were readily available throughout the day.

A record of residents who were on special diets such as diabetic, fortified diets or those requiring a modified consistency or fluid thickeners was available for reference by all staff and kept under review weekly.

There was good provision of specialist equipment to meet resident’s needs. A good range of pressure reliving equipment was available. Residents with poor skin integrity were provided with air mattresses. Specialist chairs were provided. There was evidence of seating assessments or specialist advise being obtained from an occupational therapist in the recent past.
Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated. Residents were prescribed supplements to help maintain a healthy nutritional status. Access to a dietician was available to obtain specialist advice to guide care practice and help maximise residents maintain a safe healthy nutritional status.

There were no residents with vascular or pressure wounds at the time of this inspection. Staff completed repositioning charts for residents with poor skin integrity who spent long periods resting in bed. There was good recording by care staff of any variance in a resident’s skin condition in their personal care bundle documentation.

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:
The building is designed to meet the needs of dependent older people. The building was well maintained, warm, comfortably decorated and visually clean.

There was a call bell system in place and adequate storage was made available for residents’ belongings. The provider maintained a safe environment for residents’ mobility, with handrails in circulation areas and suitable floor covering.

Bedrooms accommodation comprises of four single and one twin bedroom. There are four en-suite bedrooms accommodating three residents. The bedrooms are spacious and equipped to assure the comfort and privacy needs of residents. Screening is provided between beds in shared bedrooms. In shared bedrooms furniture is arranged to maximise privacy around each bed space. There was suitable storage space for resident’s clothing and personal possession with shelving available to display photos and personal mementos. Each resident had secure lockable storage.

There is a call bell system in place at each resident’s bed. Suitable lighting was provided and switches were within residents reach. There were a sufficient number of toilets,
baths and showers provided for use by residents. Toilets were located close to day rooms for residents’ convenience.

Staff facilitates were provided. Separate toilets facilitates were provided for care and kitchen staff in the interest of infection control.

A safe enclosed garden provided with seating was available to residents.

**Judgment:**
Compliant

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**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:**
There was evidence of a good communication amongst residents, the staff team and person in charge. Staff were aware of the different communication needs of residents and were able to meet their diverse needs. Staff were seen engaging with residents respectfully and with appropriate humour.

Residents’ privacy was respected and the inspector observed staff knock on doors before entering residents’ bedrooms. Signs were placed on doors while personal care was in progress. Personal hygiene and grooming were well attended to by care staff.

Residents were able to exercise choice regarding the time they got up and retired to their bedroom. The inspector observed residents requesting to lie for a period in the afternoon and return again to the day room or dining room. Staff supported residents wishes in this regard. Residents could receive visitors in private. Residents were facilitated to engage in hobbies that interested them. A diversional activity therapist was employed and supported an activity program. Live music was organised at regular intervals. Social care assessments were completed. These were used to develop care plans or personal profiles with details of their life history, their likes and dislikes, interest and hobbies.

Residents were facilitated to practice their spiritual or religious beliefs. Pastoral care was provided to residents by a Sister from a religious order who visited the centre three days
Staff delivered care in a timely and safe manner. During the inspection, residents were seen to receive attention from staff based on their care requirements, for example, responding to the call bell, and supporting people from the sitting area to the dining room or to their own bedrooms.

Residents have access to advocacy service. Two residents in the past had been assisted by a member of an advocacy organisation. The person in charge had recently completed a survey with residents to elicit their views on the service provided. However, a regular forum of residents meetings was not in place to ensure residents are consulted with and have the opportunity to participate and share their views.

**Judgment:**
Substantially Compliant

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**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:**
There were arrangements in place for regular laundering of personal clothing, linen and the safe return of clothes to residents

Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents’ which was outsourced to an external laundry.

A property list was completed with an inventory of all residents’ possessions on admission. There was a labelling system in place to ensure all clothes were identifiable to each resident. Wardrobes were well organised and clothing stored appropriately.

**Judgment:**
Compliant

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**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:**
There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection. The supervision arrangements and skill mix of staff were suitable to meet the needs of residents taking account of the purpose and size of the designated centre.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. A low staff turnover was noted ensuring continuity of care and familiarity for residents.

The inspector reviewed a sample of staff files. All information as required by Schedule 2 of the regulations was made available to the inspector. A vetting disclosure was in place in all staff files reviewed and the person in charge gave verbal assurances that all staff working in the centre had a satisfactory vetting disclosure in place.

A training matrix was maintained to identify each staff member's training requirements. This assisted the person in charge maintain oversight and plan refresher training updates.

There was a comprehensive training programme in place. Staff were provided with mandatory training in fire safety, moving and handling procedures and the prevention, detection and response to abuse. Training in catheterisation, medicines management and hand hygiene were completed. All nursing staff were facilitated to advance their clinical skills and supported by management to engage in continuous professional development. Training in cardio pulmonary resuscitation techniques was planned for staff. While the majority of staff were trained in the management of responsive behaviour a small number of staff were identified as requiring training.

**Judgment:**
Substantially Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Centre name: Breffni Care Centre
Centre ID: OSV-0000489
Date of inspection: 23/08/2017
Date of response: 13/10/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose contained all information in relation to the matters listed in schedule 1 of the regulations except, the arrangements for the management of the designated centre in the absence of the person in charge.

1. Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Unit’s Statement of Purpose updated regarding the arrangement for the management of the centre in the absence of person in charge forwarded to the Authority. It is stated that in the absence of Ms Loida Aragon PIC, management/governance will be provided by PIC from another residential unit in Cavan: Bernardine Lynch, ADON Virginia or Ms Eileen Donovan, CNM II Virginia.

**Proposed Timescale:** 28/08/2017

**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 deputising arrangements require review to ensure the governance is safe and effective.

2. **Action Required:**
Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

*Please state the actions you have taken or are planning to take:*
Clinical Nurse Manager position has been offered and accepted by suitable candidate. Start date to be confirmed. This CNM2 will deputise for the PIC and the line of authority will be clearly defined.

**Proposed Timescale:** 27/11/2017

**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

*The Registered Provider is failing to comply with a regulatory requirement in the following respect:*
HIQA requested further reassurance in the aftermath of this inspection in relation to safeguarding procedures for all resident's and a review of systems to ensure learning and implementation of effective protocols for safeguarding of residents.

3. **Action Required:**
Under Regulation 08(1) you are required to: Take all reasonable measures to protect
Please state the actions you have taken or are planning to take:
The centre aims to provide service ensuring safety and welfare of all residents against risk of abuse and preventing further abuse from occurring. The following measures remain in place:

Additional information was provided to the Authority on 25/09/17 regarding safeguarding procedures for all residents with specific focus on an incident that occurred in the centre.

Behaviour Intervention plan of the resident who had safeguarding issue from the past remains in place and is reviewed each week, or more frequently if required.

PIC has completed the Safeguarding Designated Officer on 13 September 2017.

Unit has total of 31 staff excluding the attending Medical Officer. 28 already completed the training. 1 is scheduled to attend on 17 October 2017. Remaining 2 staff are on Carer’s leave and on long term sick leave.

All staff regardless of the safeguarding concerns continue to be vigilant on behalf of those unable to protect themselves and take immediate action to protect the safety and wellbeing of the residents.

The PIC will continue to raise staff awareness of their own role and responsibility and ensure that they have full understanding of unit’s policies and procedures.

Safeguarding training continues to raise awareness of what precisely constitutes abuse.

Staff to continue promoting dignity and rights of every resident through open communication and trust.

Risks identified are managed proactively through continuous Risk assessment.

Ensure care is delivered in a person-centred way and promote the values of same.

Treat all allegations of abuse seriously.

Internal monitoring through audit will continue to improve service.

Proposed Timescale: 28/08/2017

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:
Net laundry bags were left in each bedroom hanging on wardrobe door handles to collect clothing requiring washing posing a risk of air borne cross infection. The laundry bags were visible and the system is not respectful to residents’ privacy and dignity.

4. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
Staff are aware of the policies and procedures in the prevention and control of infection. Prior to the inspection, this issue has been discussed with the staff and plans and arrangements already made to secure an alternative option. The option is to provide a laundry basket to each resident to keep their personal laundry.

All clothing requiring washing is now secured with a plastic bag kept inside the net laundry bag and placed inside the laundry basket with a lid. Laundry baskets are labelled and placed beside resident’s locker protecting resident’s dignity. It is the responsibility of staff to adhere with unit’s policy about hand hygiene, handling both clean and dirty clothing and proper segregation preventing and controlling the spread of infection.

Residents and relatives are informed of the arrangement.

Proposed Timescale: 04/09/2017

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A statutory notification in relation to a safeguarding matter was not submitted to HIQA within the required three day timeframe.

5. Action Required:
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
Service Provider or Person in charge is legally required to notify HIQA of certain incidents, events or changes within the centre under Health Act 2007.

Person in charge is responsible for notifying the chief inspector, but in the absence of the person in charge, a clear arrangement within the centre was made as to who is...
responsible for notifying on behalf of the person in charge. It was agreed that the most senior among the nurses on duty will complete the form.

Statutory Notifications (Guidance for registered providers and persons in charge of designated centres) published by HIQA is presented/communicated to all staff for their information and guidance. The Statutory notification booklet and notification forms copied, filed in one folder and kept in Nurse’s station for easy access and information.

Informed to staff that it is a requirement to notify in writing but an information can be provided by telephone but this must be confirmed in writing within the timeframe.

Proposed Timescale: 11/05/2017

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:
A regular forum of residents meetings was not in place to ensure residents are consulted with and have the opportunity to participate and share their views.

6. Action Required:
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

Please state the actions you have taken or are planning to take:
Person in charge met with the Unit’s volunteer who used to chair focus group meetings from the past and the Diversional Activity Coordinator of the unit on 11/09/2017. Planning started to conduct a regular forum where residents are encouraged to voice out preferences, opinions, perceptions, beliefs, experiences and attitudes towards the service. These reactions will be evaluated and to be responded accordingly.

Aside from the residents, representations from all disciplines and four (4) from the Next of Kins were invited to join the group. Discussions are recorded and filed for references.

Next meeting agreed to be conducted on 12/10/2017.

Proposed Timescale: 11/09/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement
In the following respect:
All staff were not trained in the management of responsive behaviour.

7. 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:
All staff completed PMAV training and updates are due on 2018. 2 staff newly recruited will received this training November 2017.(1 Staff Nurse and 1 HCA)

If required PMAV instructor will proved site and client specific training to address specific challenging situation.

Proposed Timescale: 30/11/2017