<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Farranlea Road Community Nursing Unit</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000713</td>
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<tr>
<td>Centre address:</td>
<td>Farranlea Road, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 492 7671</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:bernadette.oleary@hse.ie">bernadette.oleary@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>Richard Buckley</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Vincent Kearns</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Michelle O'Connor; Vincent Kearns</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>85</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>15</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>30 March 2017 08:00</td>
<td>30 March 2017 17:00</td>
</tr>
<tr>
<td>31 March 2017 07:30</td>
<td>31 March 2017 16:30</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>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
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<td>Outcome 04: Complaints procedures</td>
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<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Major</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Non Compliant - Moderate</td>
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**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care.
During this inspection the inspectors focused on the care of residents with a dementia in the centre. Care practices were observed and interactions between staff and residents who had dementia were rated using a validated observation tool. Documentation such as care plans, medical records and staff training records were examined. The inspectors also considered progress on some findings following the last inspection carried out on in August 2014. The inspectors met with residents, relatives, staff members and the person in charge during the inspection. The inspectors tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspectors also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire, submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were 28 residents residing in the centre with a formal diagnosis of dementia. With a further 25 residents suspected of having dementia. Inspectors observed that many of the residents required a significant level of assistance and monitoring due to the complexity of their individual needs, with 75% of residents assessed at high to maximum dependency levels. Inspectors also observed that some residents functioned at high levels of independence. Overall, the inspectors found the person in charge and the staff team were committed to providing a high quality service for residents with dementia.

Inspectors found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The overall quality of residents’ lives was generally enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. All staff fulfilled a role in meeting the social needs of residents and inspectors observed that staff connected with residents as individuals. Inspectors found that residents appeared to be well cared for and overall residents and visitors gave generally positive feedback regarding all aspects of life and care in the centre.

The person in charge and provider had carried out on-going improvements to create an environment where the overall atmosphere was moving towards being homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Bedrooms were seen to be personalised. Inspectors found the residents were enabled to move around as they wished. Signs and pictures had been creatively used in the centre to support residents to be orientated to where they where.

The person in charge had submitted a completed self-assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self-assessment tool and the findings and judgements of inspectors did not concur with the provider's judgements. Progress was made by the provider in implementing the required improvements identified on the inspection in August 2014. From the seven outcomes reviewed during this inspection, two of the seven outcomes were compliant. However, the following four outcomes were deemed to be moderately
non-compliant; health and social care needs, safeguarding and safety, health and safety and risk management and safe and suitable premises. In addition, there was one outcome found to be at major non-compliance; suitable staffing. These non-compliances are discussed throughout the report and the action plan at the end of the report identifies where improvements are needed 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 Standards for Residential Care Settings for Older People in Ireland.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia was discussed in outcome 3. There were a total of 85 residents in the centre on the day of this inspection, 64 residents had been assessed as having maximum and high dependency needs, 14 residents had medium dependency needs and seven residents had low dependency needs. Twenty eight residents had a formal diagnosis of dementia.

The inspectors found that each resident’s wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care.

The person in charge informed inspectors that the centre was in the process of changing the format of their care planning documentation. A selection of residents' files and care plans were reviewed and the person in charge informed inspectors that the centre was currently in the process of changing from their current care planning system to a new model. Inspectors focused on the experience of residents with dementia on this inspection. Inspectors tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents.

There was evidence of a pre-assessment undertaken prior to admission for residents and many of the residents had been transferred to this centre following admission in an acute hospital service. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There was evidence that residents and or their relatives had participated in the development of residents' care plans. There was a documented comprehensive assessment of all activities of daily living including communication, personal hygiene, continence, eating and drinking, mobility, rest and sleep. There was evidence of a range of assessment tools being used to assess and monitor issues such as falls, pain management, mobilisation and risk of pressure ulcer development. Care plans were developed to address problems or if a potential risk was identified. Pressure relieving mattresses were provided and there were no residents with pressure sores. Residents were weighed on a monthly basis or more frequently if
required. There was timely access to dietetic services and specialist advice was incorporated into care plans. Nurses’ narrative notes were linked to the care plans. Most resident’s care plans were kept under formal review on a four monthly basis or as required by the resident’s changing needs in consultation with residents or their representatives. However, not all care plan assessments had been reviewed within four months as required by regulation.

Generally residents were satisfied with the service provided. Residents had access to medical services delivered by visiting general practitioners (GPs) and out-of-hours medical cover was provided. Residents had access to psychiatry of later life services and a range of other services was available on referral including speech and language therapy (SALT), chiropody, physiotherapy and optical services. Nursing care plans had been updated to reflect the recommendations of various members of the multidisciplinary team. Physiotherapy assessments were included as part of the service and inspectors saw evidence that residents with limited mobility and those at risk of falls had benefitted from physiotherapy input. However, inspectors noted from a sample of care plans reviewed that not all residents’ care plans recorded residents’ dental care needs.

There were systems in place to ensure residents' nutritional needs were met and there was good access to speech and language therapy services and residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and most but not all residents spoken to were complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in a number of small dining rooms was observed by inspectors to be a social occasion. Most staff sat with residents while providing encouragement or assistance with their meal. Nursing staff told inspectors that if there was a change in a resident’s weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy services. Files reviewed by inspectors confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

Residents had access to single rooms for end of life care and families were facilitated to stay overnight if they wished to do so. Staff were supported by the community palliative care team for symptom relief and to provide end of life care. Staff provided subcutaneous hydration to prevent unnecessary admissions to hospital. However, inspectors noted that some but not all resident’s wishes in relation to end of life care was elicited and used to inform a plan of care to meet their holistic needs.

Inspectors found evidence of safe medication management practices. Evidence was available that regular medication reviews were carried out. Medications that required strict control measures under the Misuse of Drugs Act's (MDAs) were carefully managed and kept in a secure cabinet in line with professional guidelines. Nurses kept a register of MDAs. Inspectors checked a sample of balances and found them to be correct. There
was a list of nurses’ signatures maintained in relation to the administration of medications in the centre however, from a review of one signature list inspectors noted that one nurses’ signature had not been recorded in line with the centres’ medication administration policy or regulatory requirements from the Irish Nurses Board (Bord Altranais agus Cnáimhseachais na hÉireann).

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines. A secure fridge was provided for medications that required specific temperature control. However, inspectors noted that the temperatures were not always recorded on a daily basis and within acceptable limits at the time of inspection.

The pharmacist carried out regular medication audits and was involved in the review of medications and stock control. Support and advice was also provided as necessary. Inspectors saw that the pharmacist regularly visited the centre and was available to meet with residents who required additional advice or information regarding their prescriptions.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
There were measures in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to elder abuse. There was a centre specific policy in place signed and dated by the person in charge in February 2016 and the national Health Service Executive (HSE) policy on safeguarding vulnerable persons at risk of abuse was available to staff. The person in charge and staff who spoke with inspectors displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. Residents spoken to also confirmed with inspectors that they felt safe. The person in charge confirmed that all staff had Garda Clearance. This was found to be the case when a sample of staff files was examined. Inspectors noted that an incident involving an item of jewellery that had recently gone missing from a residents’ bedroom, had been reported by the resident to staff. However, the incident had been recorded and managed as a complaint and the resident was clear that this item was valuable. The resident had been supported and assisted by staff to search their room and any other areas' where this item may have been. However, from a review of the details of this incident and speaking to staff inspectors formed the view
that this incident was potentially one of material abuse and required to be managed according to the centres' safeguarding policy, including notifying HIQA of this event.

Inspectors found that staff had training and the necessary skills and knowledge to work with residents who had behavioural issues. Some residents with dementia had responsive behaviours. Behaviours described as problematic by staff included verbal and physical aggression. Staff spoken to by inspectors outlined generally person centred interventions including utilising the sensory rooms, the use of music, walks in the garden and distraction techniques. Files examined showed that assessments and care plans for these residents were generally person centred. However, from the sample of care plans reviewed not all contained sufficient detail and appropriate interventions to provide consistent approach to care for residents who had behavioural issues.

Staff interacted socially with residents and implemented suitable interventions. Choices in relation to activities were offered where possible and residents’ individual preferences were respected. Environmental triggers such as noise levels were generally controlled. Staff were vigilant to monitor for delirium or underlying infections if there was any change in a resident’s mood or behaviour. Inspectors concluded that the person in charge and staff worked to create an environment for residents with dementia to minimise the risk of responsive behaviours. Staff had the competence to assess and plan care in order to provide a consistent therapeutic care for residents with responsive behaviours.

Staff were working towards promoting a restraint free environment. Additional equipment such as low beds and grab rails had been purchased to reduce the need for bedrails. Staff confirmed that bed rails were often used at the request of residents and residents who spoke with inspectors confirmed this. Safety checks were completed and there was documented evidence that these were undertaken. All forms of restraint were recorded in the restraint register and appropriately notified to HIQA. Risk assessments had been undertaken and care plans were put in place for residents who used bedrails. However, from the sample of care plans reviewed inspectors noted that not all risk assessments in relation to the use of bed rails had been reviewed regularly.

**Judgment:**
Non Compliant - Moderate

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**Outcome 03: Residents’ Rights, Dignity and Consultation**

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

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

**Findings:**
The overall ethos of the service upheld the rights, dignity and respect for each resident.
The nursing assessment included an evaluation of the resident’s social and emotional wellbeing. The daily routine was organised to suit the residents and all staff including catering staff optimised opportunities to engage with residents and provide positive connective interactions. Organised activities were provided and other small group or one to one activities were facilitated by activities staff which reflected the capacities and interests of each resident.

There were three of the staff involved in providing recreation and engaging activities for residents and there were a number of activities such as music provided by people from outside the core staff. In addition to activities held in the centre, outings were organised to local events and areas of interest. There was evidence that activities were chosen in collaboration with residents, and that residents were generally satisfied with activities that were arranged. The inspectors observed that residents were free to join in an activity or to spend quiet time in their room. They were encouraged and supported to follow their own routines. There was a varied programme of activities available to residents which included art therapy, individual sonas, music, sing-songs, baking, (therapeutic kitchen), gardening, boccia, arts and crafts, reminiscing therapy, religious activities and other more individualised activities. Residents and relatives told inspectors how much they enjoyed the activities. Inspectors noted examples of residents art which was displayed throughout the centre. The inspectors found the management style of the centre maximised residents’ capacity to exercise personal autonomy and choice. Staff created opportunities for one-to-one engagement, for residents who were unable or unwilling to participate in groups. The person in charge informed inspectors there were a number of the staff who had received specific training and were "dementia champions". These staff were instrumental in developing staff knowledge and skills in the care of residents with dementia by being a resource for information and support for their co-workers. Inspectors were also informed that a 'Key to Me' document containing information about each resident's history, hobbies and preferences was in the process of being implemented and would also be used to inform the planning of residents' activities.

Inspectors spent two hours observing staff interactions with residents, including residents with dementia. These periods of observation took place in the dining room and day room and the majority of interactions were rated as positive connective care. Staff who spoke with inspectors attributed this to the culture within the centre, the training they had on dementia and the knowledge they had about each resident.

There was evidence that residents’ with dementia received care in a dignified manner that respected his or her privacy. Staff were observed knocking on residents' bedroom doors and seeking the residents permission before engaging in any care activity. There were no restrictions on visiting times; there were facilities to allow residents to receive visitors in private with rooms separate to residents' bedrooms were visitors and residents could meet.

Residents with dementia were consulted about how the centre was run and the services that were provided. There were regular residents' meetings. The most recent held in February 2017 and issues raised by residents were acted upon by management. Representatives were welcome to represent residents who were unable to verbally communicate or could not attend the meetings. All residents were consulted about how
they wished to spend their day.

The centre had developed a number of methods of maintaining residents' links with their local communities, including copies of the local/parish newspapers and visits by transition year students from the local schools. Residents had access to a hands free phone on each unit and a number of residents had their own mobile phones. Residents had access to the daily national newspapers and several residents were observed enjoying the paper on both days of inspection. Residents had access to radio, television, and information on local events as well as a library which had a large selection of books which catered for young visitors too.

Residents were facilitated to exercise their civil, political and religious rights. Residents’ religious preferences were facilitated through regular visits by clergy to the centre with mass held once a week and administration of sacrament of the sick. Inspectors observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in communal rooms. Inspectors observed that some residents were spending time in their own rooms, watching television, or taking a nap.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspectors that they were always made welcome and that there were plenty areas in the centre to visit in private if they wished to. They said that if they any concerns they had could identify them to staff and they also knew the person in charge.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
Inspectors found a complaints process was in place to ensure the complaints of residents, their families or next of kin, including those with dementia, were listened to and acted upon. There was the HSE national complaints policy "Your Service Your Say" and a centre specific complaints policy, which was prominently displayed and met the regulatory requirements. Residents and relatives all said that they had easy access to the person in charge who was identified as the named complaints officer to whom they could openly report any concerns and were assured issues would be dealt with. The person in charge stated that she monitored complaints or any issues raised by being
readily available and regularly speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

All complaints were recorded locally on each unit and a copy sent to the person in charge for review and audit. The complaint process included a local appeals procedure and there was also an independent appeals process. The residents guide also held details of the complaints policy and independent appeals process was included and contact details for a number of supportive national agencies including "Citizens Information Centre", HSE Elder Abuse Officer" and the "National Centre for the Protection of Older People".

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
On the day of inspection there were 85 residents residing in the centre, one of whom was in hospital. Resident dependency levels had been assessed and determined that 26 residents had maximum dependency, 38 had high dependency, 14 had medium dependency and seven had low dependency needs. In addition to the person in charge, there was one Assisting Director of Nursing (ACNO) and one clinical nurse manager in each of the four units that made up the centre. There were also staff nurses in each unit as well as health care assistants/multi task attendants. Three staff worked with residents in relation to providing meaningful activities for residents and there was a number of catering and maintenance staff. Cleaning of the centre was provided by an outside organisation. However, inspectors formed the view that there were insufficient staff particular in the evening period with the right skills, qualifications and experience to meet the assessed needs of the residents. This view was informed by the following:
- from speaking to residents and their relatives
- from a review of records of complaints
- from a review of minutes of residents meetings
- from speaking to staff
- from a review of staff rosters in the context of the design and layout of the centre and within the context of 75% of residents rated as having high to maximum dependency care levels.

Staff were allocated to various units where they remained and were only internally rotated periodically. There was a key worker system in place and staff remained working
with the same group of residents to allow them to get to know the residents well and to facilitate the development of therapeutic relationships between staff and residents and their families.

Records demonstrated that staff were up to date with mandatory training and some staff had also received additional training such as training in dementia care which incorporated training in responsive behaviours.

There were effective recruitment processes in place and staff were suitably inducted. Staff were appropriately supervised and annual appraisals were conducted for staff. The requirements of schedule 2 of the regulations were in place in the sample of staff files reviewed as were up-to-date registration with relevant professional bodies. A vetting disclosure was in place in all files reviewed and the person in charge gave assurances that all staff working in the centre had a vetting disclosure in place.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling and safeguarding vulnerable persons. Other training provided included management of responsive behaviours, dementia specific training, infection control, end of life, food and nutrition, hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including medication management and wound care. The inspectors saw that other formal training courses had been booked and were scheduled for the coming months.

**Judgment:**
Non Compliant - Major

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
Farranlea Road Community Nursing Unit comprised of four 25-bedded units in a two storey and two block configuration. Each unit comprised of 17 single bedrooms, two twin-bedrooms and one four-bedded room; all of the bedrooms were en suite with shower, toilet and wash-hand basin. The bedrooms were bright, clean and many had been personalised with residents' personal possessions. Most bedrooms had adequate storage facilities for personal belongings including a secure lockable cupboard. The centre was opened as a new purpose built residential community nursing unit to December 2011. Efforts had been made to ensure there was a homely atmosphere and generally the décor was warm and comfortable. Communal space in each unit consisted of a sitting room, a quiet room, a dining room and a number of seated alcoves along corridors. Residents’ bedrooms were discreetly individualised/personalized with
memorabilia and residents had good access to televisions, radios, papers, magazines and a well stocked in-house library. Access to and from the centre was secure. Additional communal space was provided in link areas between units. The corridors were wide and had handrails throughout, facilitating easy access for residents with mobility aids. However, inspectors noted that there were no call bells in the family room, the quiet/library room or the hairdressers room.

In addition to en suite facilities in each of the bedrooms, each unit contained an assisted bathroom with an assisted bath, a shower trolley, a toilet, standing and chair weighing scales and a ceiling-mounted electronic hoist system. However, inspectors noted that there was inadequate storage available in the centre with a number of items unsuitably stored in the bathrooms including assisted chairs, wheel chairs, spare mattresses. Other items were unsuitably stored on corridors including a number of mobile sphygmomanometers (is a device used to measure blood pressure) and standing and chair weighing scales.

There were adequate laundry facilities in the context that residents’ personal property was generally laundered by relatives or by an external contractor. The laundry was only used for household items such as cleaning mop heads. There was evidence of the regular preventive maintenance of equipment such as beds, mattresses, scales and hoists. Each unit had a sluice room that contained a bedpan washer, a bedpan macerator, a sluice sink and a wash-hand basin.

Signage and cues were used to assist with perceptual difficulties and orient residents. For example, toilets, bedroom doors, lounges and dining rooms had pictures and signage used to assist residents to locate facilities independently. The corridors were wide and bright and allowed for freedom of movement. Each unit was square shaped and facilitated residents to walk around the unit unimpeded if they wished. There was adequate lighting and ventilation and an appropriate heating system in place in the centre. On the days of inspection, the centre was clean and well maintained.

There were two lifts provided between floors and inspectors noted that one lift was in need of repair. The person in charge confirmed that a request had been sent for this lift to be repaired.

Residents had access to secure outdoor space, which on the ground floor comprised of two enclosed gardens containing raised beds, flowers and a selection of vegetables cared for by residents. The first floor had two patio areas that were also in regular use by residents and were safe and suitable for residents use. There were also outdoor landscaped gardens located to the front and side of the centre and which was a focal point in the centre and enjoyed by residents and relatives. The garden was accessed through several exists and there are seating areas and pathways for residents to walk on and a selection of garden furniture, bird tables and potted plants. Ample car parking was provided to the front of the centre and access to the centre was clearly signposted.

**Judgment:**
Non Compliant - Moderate
### Outcome 07: Health and Safety and Risk Management

**Theme:**
Safe care and support

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

**Findings:**
Inspectors noted that there were measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste, and staff spoken with had received infection control training. There were adequate supplies of latex gloves and disposable plastic aprons and inspectors observed staff using alcohol hand gels, which were available throughout the centre.

There was a fire safety register and fire training for staff was up to date. Staff with whom inspectors spoke confirmed their attendance at such training and their understanding of fire procedures. Inspectors noted that there were fire notices and fire plans located at the entrance and on the bedroom corridors. Service records in relation to fire fighting equipment were up to date and routine checks of such equipment had been recorded.

There was a risk management policy and a risk register in place. However, during the inspection, inspectors noted a number of potential hazards which they brought to the attention of the person in charge including the following:

- the doors to a number of rooms such as bedrooms, kitchenettes and offices were held open by wooden wedges therefore potentially compromising fire safety arrangements
- the storage of an kettle in the family room required risk assessing
- unrestricted access to a kettle and unsecured cupboards' containing cleaning chemicals in the therapeutic kitchen required risk assessing
- unrestricted access to the outside area to the rear of one unit in the centre required risk assessing
- unrestricted access to cleaners rooms on two units where the combination locks had been disengaged required risk assessing
- unrestricted access to a sluice room on one unit where the combination lock had been disengaged required risk assessing
- the absence of any hand rails at the entrance of the centre and into the enclosed gardens required risk assessing
- unrestricted access to the main kitchen required risk assessing
- unrestricted access to the staff tea room required risk assessing
- unrestricted access to a nurses' office on one unit that contained staff bags required risk assessing.

**Judgment:**
Non Compliant - Moderate
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Vincent Kearns
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Farranlea Road Community Nursing Unit
Centre ID: OSV-0000713
Date of inspection: 30/03/2017 and 31/03/2017
Date of response: 12/05/2017

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: Health and Social Care Needs

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To arrange to meet the needs of each resident including residents' end of life and dental needs when these have been assessed in accordance with Regulation 5(2).

1. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Following assessment, care plans now reflect resident’s thoughts/wishes in relation to End of Life. Training for staff to include “What Matters to Me” is planned for all staff with a training need by September 2017.

Dental needs are assessed on admission, and ongoing as per 4 monthly reviews of care plans. Oral care is facilitated during personal care with assistance daily if required. Access to the dental services is via HSE services in St Finbarr’s hospital which are facilitated on request or as need presents. Residents are facilitated to attend private dentists of their personal choice on request.

Proposed Timescale: 30/09/2017
Theme: Safe care and support

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

2. 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:
All care plans have been reviewed by Nursing staff with the resident and/or their families to comply with 4 monthly reviews. This will be audited ongoing by the CNM’s at unit level to ensure compliance.

Proposed Timescale: 30/04/2017
Theme: Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
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 including the arrangements for maintaining the correct temperature for the storing medications in fridges.
3. 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:
Training in medication management is ongoing in the centre and is facilitated by the pharmacist and the Centre for Nurse Education, MUH. A standardized approach has been introduced throughout the unit to allow fridge temperatures to be checked on a daily basis. CNM’s will audit at unit level to ensure compliance.

Proposed Timescale: 30/04/2017

Outcome 02: 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:
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 possible, in a manner that is not restrictive and ensure such approaches are detailed in residents' care plan.

4. 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 possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
Staff have reviewed care plans to ensure that there is a documented plan which is person centred to ensure a consistent approach to management of behaviours that challenge. This approach has been supported by consultation with the activities staff in the centre, the families and the resident where possible. A staff member has been identified to complete the “Train the Trainor” in the facilitation of response to behaviours that challenge.

Proposed Timescale: 30.04.17 and Training by 31.07.17

Proposed Timescale: 31/07/2017
Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time including reviewing risk assessments regarding the use of bed rails.

5. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
All residents are fully assessed as a MDT, in relation to the use of restraint. Restraint use is monitored and reviewed ongoing. The unit aspires to a restraint free environment. Staff have been consulted to review and update all risk assessments in relation to bed rail use. This will be audited ongoing.

Proposed Timescale: 30/04/2017

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To investigate any incident or allegation of abuse including any potential material abuse by adhering to the national safeguarding policy and suitably notifying HIQA.

6. Action Required:
Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

Please state the actions you have taken or are planning to take:
HIQA has been sent a retrospective NF notification in relation to the missing item (Jan 17), belonging to a resident in the unit, as requested on the day of the inspection. The incident was fully investigated at unit level on the date of its occurrence. All residents are provided with a facility for locked storage in which to store valuables, and are encouraged to utilize it appropriately. All staff have received Safeguarding Vulnerable Adult training. Staff have been advised that any losses sustained will be treated as potential cause of concern in relation to possible material abuse and will be managed accordingly.

Proposed Timescale: 30/04/2017

Outcome 05: Suitable Staffing

Theme:
Workforce
The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
To ensure that the number and skill mix of staff is appropriate to the needs of the
residents, assessed in accordance with Regulation 5 and the size and layout of the
designated centre.

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

Please state the actions you have taken or are planning to take:
Management discussed the assessed needs in line with resident dependency with the
inspectors..
Staffing and Skill mix will be reviewed to ensure adequate staffing levels available at all
times to ensure safe practice, and to provide a person centred care approach. A review
of the activity programme in the evenings is being considered to address behaviours of
residents with a profile of dementia.

Proposed Timescale: 31/07/2017

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
To provide premises which conform to the matters set out in Schedule 6, having regard
to the needs of the residents of the designated centre including the provision of an
emergency call facilities accessible and in every room used by residents.

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

Please state the actions you have taken or are planning to take:
Maintenance dept have been consulted and emergency calls bells will be provided in all
the areas identified on the day of inspection.

Proposed Timescale: 31/07/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
To provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre including suitable storage in the designated centre.

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

Please state the actions you have taken or are planning to take:
Storage of equipment is under review in the centre, options on providing extra storage are being discussed with the maintenance department.

Proposed Timescale: 30/06/2017

Outcome 07: 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:
To ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre including the following;
• the doors to a number of rooms such as bedrooms, kitchenettes and offices were held open by wooden wedges therefore potentially compromising fire safety
• the storage of kettle in the family room required risk assessing
• unrestricted access to a kettle and unsecured cupboards' containing cleaning chemicals in the therapeutic kitchen required risk assessing
• unrestricted access to the outside area to the rear of the centre required risk assessing
• unrestricted access to cleaners rooms on two units where the combination locks had been disengaged required risk assessing
• unrestricted access to a sluice room on one unit where the combination lock had been disengaged required risk assessing
• the absence of any hand rails at the entrance of the centre and into the enclosed gardens required risk assessing
• unrestricted access to the kitchen required risk assessing
• unrestricted access to staff tea room required risk assessing
• unrestricted access to a nurses' office on one unit that contained staff bags required risk assessing.

10. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.
Please state the actions you have taken or are planning to take:
A full review of the Risk assessments required on the day of inspection has been completed. Staff education has been done in relation to appropriate use of fire doors. Risk assessments requested have been completed. Residents are being consulted in relation to handrails. Maintenance department are assessing suitable options.

Proposed Timescale: 31/07/2017