



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Community Nursing Unit Abbeyleix
Name of provider:	Health Service Executive
Address of centre:	Ballinakill Road, Abbeyleix, Laois
Type of inspection:	Announced
Date of inspection:	06 August 2019
Centre ID:	OSV-0000527
Fieldwork ID:	MON-0023492

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The Community Nursing Unit, Abbeyleix, is a 20 bed facility set in mature grounds on the outskirts of the town of Abbeyleix. The Community Nursing Unit is located on the ground floor of a two-storey building. The centre provides care for three residents on a continuing care basis and care for 17 residents with respite, convalescence and short-term care needs. The centre consists of eight twin and four single bedrooms. Wheelchair accessible toilets and shower rooms were conveniently located for residents' use. Other accommodation included a dining room, large sitting room, visitors room, quiet sitting room, an oratory, and a kitchen along with staff offices, a sluice room, treatment room and a laundry. . There is a secure internal garden with a water feature and seating areas. In addition, there are extensive well maintained garden areas around the front and side of the building. Parking is available at the front and rear of the building. Residents have access to a well-maintained enclosed garden. Adequate parking is available at the front and back of the premises. The centre currently employs nursing staff, care staff, catering, household, laundry, administration and maintenance staff. Residents with health and social care needs with low, medium, high and maximum dependency needs are considered for admission.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

17

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
06 August 2019	10:00hrs to 17:30hrs	Catherine Rose Connolly Gargan	Lead
07 August 2019	09:00hrs to 13:50hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Residents returned six pre-inspection questionnaires distributed prior to the inspection by staff in the centre for residents' feedback on the service they received. All feedback was very positive on all aspects of the service. Residents expressed high levels of satisfaction with the care and service they received. Residents admitted on a short-term basis said they really appreciated the facility, looked forward to coming in and always enjoyed their time in the centre. A small number of residents who were admitted for the first time told the inspector they were apprehensive about coming in to stay in the centre but were enjoying every minute and would come back again. One resident receiving long-term care said she loved meeting and chatting to new people every week.

Residents were particularly positive in their feedback about the centre's staff and management. The inspector was told by residents that they felt 'valued' and 'cared for' by staff. Residents told the inspector that the activities in the centre were 'fantastic' and really interested them. They said the activity coordinator always made sure they were 'involved' and that they were present for the activities that interested them. Residents spoke highly of the home baking and the baking they participated in as part of their activity programme. The musicians who were volunteers in the centre encouraged and facilitated residents to sing their favourite songs and to share their jokes.

Residents said they liked living in the centre, they felt safe and that there was a 'lovely' atmosphere in the centre.

Residents knew they could make a complaint or raise issues as they wished and senior staff were always around to sort out any issues they had without delay.

Residents said their visitors were always made to feel welcome into the centre.

Capacity and capability

This was an announced inspection to monitor ongoing compliance with the Regulations. The inspector followed up on progress with completion of the compliance plan from the last inspection in October 2018. All identified areas of non-compliance with the regulations were completed. The inspector also followed up on notifications submitted to the Office of the Chief Inspector since the last inspection and confirmed that the issues notified were appropriately managed.

The provider ensured that the centre's governance and management structure was

clearly defined and all staff were aware of their roles and responsibilities. A new full-time person in charge of the centre was appointed in July 2019. This strengthened the management structure in the centre and provided assurances regarding oversight of the service. The appointment of a person in charge on a full-time basis also gave assurances of timely resolution of any issues that impacted on the service and address queries as they arose.

While there was a system in place to monitor the quality and safety of the service and residents' quality of life and several examples of improvements made to enhance the comfort of residents' living environment and to ensure they had a meaningful life in the centre. However, improvements were necessary to the monitoring system in place to ensure it comprehensively informed continuous improvement in the centre.

Maintenance of records required by the regulations was confirmed. Information to complete the records of emergency fire drill records in place was found to be necessary. All records were accessible and stored securely.

Staffing resources were closely monitored and were informed by residents' dependencies and service requirements. Staff were appropriately supervised and facilitated to attend mandatory and professional development training.

Sufficient resources were provided to ensure the service was provided in accordance with the centre's statement of purpose. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Regulation 14: Persons in charge

The person in charge of the centre has recently changed. The new person in charge works full-time in the centre and is a registered nurse. She has the required experience in nursing older persons. The new person in charge has a qualification in management in healthcare. The person in charge was undergoing induction supported by the outgoing person in charge. Arrangements were in place to ensure the new person in charge could access senior support and advice following her induction.

The new person in charge demonstrated a good knowledge of the regulations and standards.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate staff numbers and skill mix to meet the assessed needs of residents. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and legislative requirements.

An actual and planned staffing roster was maintained in the centre with any subsequent changes recorded. Arrangements were in place to provide relief cover for planned and unplanned leave. The staffing roster reflected the staff on-duty on the day of inspection

There was no delays in staff attending to residents personal care and assistance needs.

Judgment: Compliant

Regulation 16: Training and staff development

A programme of training for staff was in place. A staff training matrix record was maintained by the person in charge. Staff training records confirmed all staff had completed mandatory training in safe moving and handling procedures and fire safety. While all staff were facilitated to attend training in safeguarding and prevention of abuse, repeat training for several was overdue. Repeat safeguarding residents from abuse training was scheduled for dates in the weeks following the inspection.

Staff were facilitated to attend professional development training to ensure they were skilled in meeting the needs of residents in the centre. All staff in the centre were facilitated to attend training in dementia and in managing and supporting residents with responsive behaviours, infection prevention and control, cardiopulmonary resuscitation, end-of-life care and care planning among others. Staff training needs were informed by residents' needs. The inspector was told that annual staff appraisals by the person in charge were scheduled to commence for 2019.

All staff were supervised in accordance with their roles.

Judgment: Compliant

Regulation 21: Records

A sample of staff files was examined by the inspector and contained the information as required in Schedule 2 of the regulations. All staff files examined contained vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The Inspector received assurances that all staff working in the centre had completed An Garda Siochana vetting disclosures in their

staff files.

Further information was required in the records of emergency evacuation drills examined by the inspector. The records available needed further detail to comprehensively inform all aspects of the procedure. The inspector was told that the records available were a summary record of the emergency evacuation drill and were comprehensively detailed in a report being prepared by the fire safety training officer employed by the provider at the time of the inspection. The inspector was provided with a copy of this report. The report comprehensively detailed the procedure but did not provide assurances that the simulated emergency evacuation involved full compartment evacuation,

Daily records of each resident's condition and treatments received was maintained by night and day nursing staff. A register of any restrictive procedures used in residents' care was also maintained and available to the inspector.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management structure in the centre was clear and included the procedures for escalation of issues to the provider. The management structure was strengthened since the previous inspection with the appointment of a new person in charge on a full-time basis in the centre. This arrangement provided assurances regarding sufficient oversight of the service and ensured the person in charge was available to ensure timely resolution of any issues that impacted on the service and to address queries as they arose.

Monthly management meetings with the person in charge were attended by the provider representative or general manager. Review of risk management, complaints, adverse incidents involving residents, quality of the service provided and resource requirements were standing agenda items. Communication with the staff team by the person in charge was assured with regular staff meetings.

The person in charge monitored key service parameters such as falls, hospital admissions, infections, medications, any use of restrictive equipment, pressure related skin damage, incidents of responsive behaviours and resident dependencies. This information was analysed by the person in charge to inform effectiveness of clinical care. Systems were in place to monitor the quality and safety of the service and quality of life for residents in the centre. This monitoring process was used to inform quality improvements in some areas of the service such as hand hygiene and care planning but this process needed development to provide robust assurances regarding the quality and safety of other relevant areas of the service provided. Improvement plans were not consistently developed from analysis of the information collated in the audits done and therefore did not inform improvements made or improvements needed.

Sufficient resources were provided to meet residents' needs.

An annual review report on the quality and safety of care and quality of life for residents was prepared for 2018. The report was completed in consultation with residents and service improvements for 2019 were described.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the new management structure, the facilities and the service provided.

The centre's statement of purpose was updated with some minor revisions and forwarded to the Chief Inspector.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge confirmed that two volunteers provided live music for residents in the centre. The contribution made by these volunteers to residents' quality of life was valued by residents and staff. A vetting disclosure, role description and supervision arrangements were available for the centre's volunteer workers.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. The person in charge submitted notifications of incidents involving residents to the Chief Inspector within the specified timescales required by the regulations.

Judgment: Compliant

Quality and safety

The health and nursing needs of residents in the centre were met to a good standard. Each resident's healthcare needs were assessed. With the exception of some minor improvements in the documentation to guide residents' care, care plans were informed by person-centred information that clearly reflected residents' individual wishes and preferences regarding their care. The majority of residents in the centre were admitted on a short-term respite or convalescence basis. Comprehensive pre-assessment procedures were in place to ensure their needs could be met by the service. Robust discharge planning arrangements ensured residents' discharge process was optimised and that any issues that may cause delay were addressed at an early stage.

General practitioners (GPs) visited the centre three times each week and as necessary, ensuring residents had timely access to medical care. The provider had arrangements in place to ensure there was no delay in residents accessing physiotherapy, speech and language therapy, dietitian and tissue viability services.

Residents were facilitated and supported to enjoy a meaningful and fulfilling life in the centre. They were provided with opportunities to pursue their interests with access to a variety of interesting activities and opportunity to go outside the centre on outings into the local community with assistance from staff or family members.

The layout and design of the centre was spacious, bright and assured residents privacy and dignity in their bedrooms. A variety of communal rooms provided residents with opportunities to meet with other residents or to enjoy quiet relaxation. Assistive equipment, such as coloured handrails were fitted along corridors and grab rails were fitted in toilets. Additional grab rails were necessary in residents' showers to ensure their safety and to promote their independence. Signage was in place to clearly identify key areas. There was opportunity to improve residents' access to their bedrooms and the centre in general with review of the arrangement where all bedroom doors were painted the same colour and room numbers were not clearly visible. Residents could access a well-maintained sensory garden/courtyard area as they wished.

Residents' civil and religious rights were respected. Residents confirmed they felt safe in the centre and felt they were consulted with and enabled to participate in the organisation of the centre. Ongoing efforts were underway to ensure that in-house voting arrangements was available to residents to meet their political rights.

Staff who spoke with the inspectors knew residents' well and were knowledgeable regarding their individual needs. A safeguarding policy was in place and while staff were facilitated to attend training on safeguarding residents from abuse, several staff were overdue for repeat training. Staff told the inspectors they were aware of their responsibilities to report and stated there was no impediment to them reporting any suspicions, disclosures or incidents they may witness. The inspector observed that staff had developed good relationships with

residents and were committed to ensuring residents were provided with good standards of care. Residents who were newly admitted to the service on a respite and convalescence basis were made to feel welcome and supported to familiarise themselves with other residents, staff and their new environment. The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent when requested, and arrangements were in place to afford residents adequate protection and access to their finances as they wished.

While, the provider took a proactive approach to managing risk in the centre and had measures and procedures in place to ensure residents health and safety needs were met, improvements were necessary to ensure all risks were identified and controls consistently implemented. Measures and procedures were in place to ensure residents were protected from the risk of fire. All staff were facilitated to attend fire safety training and evacuation procedures.

Residents were safeguarded with safe medicine management practices and procedures. Each resident's medicines were stored in secure facilities in their bedrooms. There was opportunity to promote independence and person-centred care for residents admitted to the centre on a short-term basis. Residents who independently managed their own medicines at home prior to their admission did not self administer their medications when admitted for short-term respite or convalescence care.

Regulation 11: Visits

An open visiting policy was in place in the centre. Visitors were welcomed and residents were facilitated to meet their visitors in private if they wished in comfortable areas outside of their bedrooms. A record of all visitors to the centre was maintained.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had sufficient facilities to store and to maintain control of their clothing and personal possessions. Residents were provided with a lockable space in their bedrooms to secure their valuables if they wished. The personal clothing belonging to three residents living in the centre on a continuing basis were laundered by the service and returned to them. A seamstress employed by the provider was available to carry out repairs and alterations to residents' clothing as they wished.

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for collection of some residents' social welfare

pensions. Arrangements were in place to afford residents protection and access to their finances as they wished. Internal and external audits were carried out to ensure compliance with the policies in place and compliance with the legislation. Small amounts of residents' money for their day-to-day expenses was kept by the provider in safekeeping on behalf of a small number of residents. The records of transactions examined by the inspector were transparent and balances were accurate.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the centre meets residents' individual and collective needs. Residents' bedrooms were spacious and comfortable. The floor space in residents' bedrooms varied but each room met the privacy and dignity needs of residents residing in them. Residents in the centre were accommodated at ground floor level in single and twin bedrooms. Because many of the residents were admitted on a short stay basis, they had limited opportunity to personalise their rooms. However, staff had made efforts to make these rooms homely and comfortable with the use of pot plants, bright fresh curtains and bed linen, pictures and memorabilia. Residents living in the centre on a continuing basis were encouraged and supported to display their photographs, ornaments and favourite items.

Residents had access to a variety of comfortable and therapeutic communal rooms including a spacious sitting room decorated and fitted with furnishing and fittings that were familiar to residents including an open simulated lighted fire with a kettle hanging on a hook and a dresser filled with colourful china tea-sets. Colourful and interesting art projects and paintings worked on by residents were displayed in the communal sitting room. A room designed for residents' comfortable, quiet relaxation and rest was also available to them. The dining room for residents' use was spacious, easily accessible and comfortable. Access from the dining room to a small outdoor patio area facilitated residents to enjoy outdoor refreshments when weather was warm. Toilet facilities were within close proximity to the dining and sitting rooms.

Circulating corridors were wide and ensured residents' ease of access. Handrails along the corridors were in a contrasting colour to the surrounding walls to promote residents' safe independence. Adequate provision was made for storage of residents' assistive equipment. Toilet facilities were appropriately equipped with grab-rails. However, grab rails were not fitted in some showers. The location of privacy screen curtain rails in some twin bedrooms required review to remove redundant curtain rails and optimise residents' bed space areas. Call bells were in place by each resident's bed.

Judgment: Substantially compliant

Regulation 26: Risk management

The health and safety of residents, visitors and others was generally promoted and protected by the risk management procedures. A safety statement reviewed for 2019 and a risk management policy for the centre was in place. The measures and actions to control the risks specified in regulation 26(1)(c) were stated. Areas needing improvement and to inform learning were identified as outcomes of investigation and were implemented.

Arrangements were in place to identify, record, risk assess and investigate adverse events involving residents or others but needed improvement. A register of hazards in the centre was available with controls stated to mitigate level assessed risk posed by the hazards identified. While, there were comprehensive controls in place to mitigate risk posed by some hazards noted by the inspector, these hazards or the controls in place were not identified in the risk register. For example, stairs to the first floor and a raised area of the front door that posed a trip hazard. The inspector also found that not all controls were consistently implemented. For example, a stair-gate on the stairs was not closed for prolonged periods during the inspection and signage to alert the trip risk posed by the raised area at the front door was removed to facilitate painting.

An emergency plan was in place to inform response to major incidents that posed a threat to the lives of residents.

Judgment: Substantially compliant

Regulation 27: Infection control

A policy informing infection and prevention and control procedures was available and included management of communicable infections and any infection outbreaks. Hand hygiene dispensers were located at various and frequent locations throughout the centre. An infection prevention and control link nurse facilitate staff training in hand hygiene procedures and completed audits to ensure compliance with infection prevention and control standards. The cleaning system in place reflected best practice cleaning procedures and the centre was visibly clean throughout.

Arrangements for storage of potentially hazardous clinical waste required improvement to ensure unauthorised access to this waste was prevented at all times.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Procedures and practices were in place to protect residents from risk of fire. Arrangements to ensure residents could be safely evacuated to a place of safety in the event of a fire in the centre were in place. Fire fighting equipment was observed to be in place throughout the building and emergency exits were clearly displayed and free of obstruction. Each resident's evacuation needs were assessed and their needs in terms of staffing and equipment resources were described. However, this information did not detail assessment of each resident's level of cognition to inform supervision arrangements that may be necessary to ensure their safety needs are met during an emergency evacuation. Compartmentation for the purpose of fire containment and control was detailed in a floor plan by the fire alarm panel. However, needed clarity to ensure this information was readily accessible in the event of an emergency.

Staff training records examined confirmed that all staff were facilitated to attend annual fire safety training. Staff who spoke with the inspector were familiar with the emergency evacuation procedures in the centre. Simulated evacuation drills were completed to test the efficacy of day and night time conditions including staffing arrangements. Staff were facilitated to participate in simulated emergency evacuation drills to ensure they were familiar with this procedure in the centre. Arrangements were in place to carry out daily and weekly fire safety equipment checking procedures. The centre's fire alarm was sounded on a weekly basis to check that it is operational at all times. Arrangements were in place for quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor. This contractor also provided an on-call repair service.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management practices and procedures in the centre. There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing, administration and review of medications met with regulatory requirements and reflected professional guidelines. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked on a daily basis.

The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents and made themselves available to answer any queries individual residents had regarding their medicines. Arrangements were in place to ensure residents admitted on a short-term basis had their prescribed medicines.

There were procedures in place for the returning out-of-date or unused medicines to the pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Arrangements for comprehensive pre-assessment procedures were in place to ensure the service can meet the needs of residents seeking admission on a respite or other short-term basis. A multidisciplinary approach was taken to ensure residents' discharge back into their community was effective and any issues that potentially hindered residents' discharge were addressed at an early stage. Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs within 48 hours of their admission and at regular intervals thereafter. This process included assessment of each resident's risk of falling, malnutrition, pressure related skin damage, depression and their mobility support needs among others. These assessments informed care plans to meet each resident's needs. Good detail was provided regarding interventions needed to meet residents health needs. However, improvement was necessary to ensure that each resident's individual care preferences and wishes were clearly described in their care plans.

Where possible, residents were consulted with regarding their care plan development and subsequent reviews. If a long-term resident was unable to be involved in this process, their relative was consulted on their behalf. Records were maintained of this consultation process.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to medical and allied health professional services as necessary. Allied Health Professional services worked from offices on the centre campus. Their recommendations regarding residents' care needs were described in residents' care plans. Residents in the centre were cared for by general practitioners from a local practice as they wished and their wellbeing was regularly reviewed by the GPs who routinely attended the centre on four days each week and as necessary. There were robust arrangements in place to ensure residents admitted for respite or other short-term care needs were reviewed by a GP on the day of their admission. Community psychiatry of older age services and palliative care services were also available to residents as appropriate. Residents were facilitated and supported to attend their hospital out-patient appointments.

Residents were given opportunity and supported to access national health screening programmes.

Judgment: Compliant

Regulation 8: Protection

There were systems and procedures in place to ensure residents were safeguarded and protected from abuse. A policy was available that informed staff on responding and managing any incidents, suspicions or disclosures of abuse in the centre. Staff who spoke with the inspector were knowledgeable regarding the different kinds of abuse and presentation. Staff clearly articulated their responsibility to report any safeguarding concerns they may have. Staff were facilitated to attend training in recognising and responding to suspicions, incidents or disclosures of abuse. However, greater than 50% of staff in the centre were overdue for repeat mandatory safeguarding training at the time of the inspection. The inspector was told that training was scheduled for staff in the weeks following the inspection to ensure all staff had completed this mandatory training.

Staff had good rapport with residents and residents told the inspector that all staff were kind and respectful towards them and that they felt safe in the centre. All interactions by staff with resident observed by the inspector were respectful, polite and kind.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were supported and encouraged to participate and influence the running of the centre especially residents living in the centre on a continuing care basis. Feedback from residents was valued and was used to inform actions taken to enhance the service.

Residents' privacy and dignity rights were respected. Staff knocked on residents' bedroom doors before entering and ensured privacy curtains and doors were closed during residents' personal care procedures. Privacy locks were fitted on all bedrooms, toilet and shower doors. However, residents' choice of television viewing and listening was not assured in the twin bedrooms as only one television was available for both residents.

A sensory enclosed garden/courtyard was accessible to residents at will from a circulating corridor. The outdoor area had a variety of shrubs, small trees and seating areas and provided residents with an interesting and attractive outdoor

space. Residents with assessed risk of leaving the centre unaccompanied could access this secure garden independently as they wished.

Work was ongoing to enhance directional signage to help residents and visitors with accessing the centre. The doors to key areas such as toilets were painted in a different colour to bedrooms. However, further work was necessary to enhance access for residents and to support them with way finding in the centre. For example, all bedroom doors were painted with the same colour and the room numbers were not clearly visible. The layout of the centre was confusing for residents not familiar with the location of the sitting and dining rooms. This finding would be improved with clear directional signage on corridors.

Residents were supported and facilitated to pursue their interests with participation in meaningful and fun activities. The activity programme for residents in the centre is led by two activity coordinators who were committed to ensuring residents' quality of life was optimised. Facilities were recently put in place so residents could participate in baking. The live music sessions were reported by residents to be one of their favourite activities. Residents were encouraged to integrate with the local community with regular outings and events hosted by the service.

Each resident's activity needs were comprehensively assessed and individual plans were developed to meet their needs. A small number of residents had one-to-one needs which were met with a variety of sensory focused activities. Records were maintained of the activities that residents participated in but needed improvement in terms of their level of engagement to provide assurances that the activities provided for them met their interests and capacities.

Residents were facilitated and supported to meet their wishes to practice their religious faiths and a small oratory was available for their quiet reflection and prayer if they wished. All residents were provided with access to a telephone if they wished. Newspapers and magazines were also available to residents. Residents were supported to vote in elections and referenda.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Community Nursing Unit Abbeyleix OSV-0000527

Inspection ID: MON-0023492

Date of inspection: 07/08/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Senior Fire Officer has forwarded the report of the most recent Emergency evacuation drill undertaken by him. This record includes all aspects of the procedure inclusive of full compartment evacuation. He has scheduled the next Emergency Evacuation Drill for 04 September 2019 at 11am</p> <p>A localised daytime simulated emergency evacuation drill was undertaken on 02 August 2019 at 3pm. The record of this drill includes comprehensive details of the procedure inclusive of the learning outcomes</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Audit Tools have been reviewed and re-configured. An Improvement Plan has been developed to analyse the information collated in the completed audits. This plan will inform continuous quality improvement for resident's complex needs and dependencies.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: Grab rails have been fitted in all shower areas identified on the day of inspection. A plan has been discussed to reconfigure the privacy screens in 4 twin bedrooms. This will optimise bed space area's for the residents. This work is expected to commence on 09 September 2019.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: The Risk Register has been updated to reflect ongoing risks. The Stair gate remains closed at all times.</p> <p>Supplier has been contacted to re-configure raised area at the entrance door to the unit and appropriate signage is displayed. Plan to complete work by 06 September 2019.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: A locked cleaning trolley has been delivered and is in use from 02 September 2019.</p> <p>Arrangements for the provision a hazardous waste compound have been agreed to ensure no unauthorized access to hazardous waste at any time.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Residents individual PEEPs have been reviewed to include assessment of their level of cognition which ensures their safety needs are fully met during an emergency evacuation.</p> <p>Updated floor plans are now displayed in the front hall at the Assembly Point.</p>	

<p>These plans clearly identify the compartmentation of the building for the purpose of fire containment.</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Person centred care plans, reflecting the individual's preferences and wishes have been developed for each resident.</p> <p>Ongoing auditing of care plans allow us to monitor and ensure that person centred care plans are implemented for each resident.</p>	
<p>Regulation 8: Protection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Safeguarding Training is ongoing for all staff and will be completed by October 2019</p>	
<p>Regulation 9: Residents' rights</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Records relating to meaningful activities have been reviewed. A document, for use by all staff has been developed which indicates the resident's level of engagement and participation in line with their preferences and wishes.</p> <p>Televisions have been sourced to allow each resident choice of television viewing and listening.</p> <p>Internal signage to assist residents and visitors to navigate the unit in a safer and easier manner has been sourced and will be fitted by 20 September 2019.</p> <p>External directional signage to allow for easier access to the unit has also been sourced</p>	

and will be fitted by 20 September 2019.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	05/09/2019
Regulation 23(c)	The registered	Substantially	Yellow	05/09/2019

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Compliant		
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/09/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	05/09/2019

Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	05/09/2019
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	05/09/2019
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	31/10/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	05/09/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise	Substantially Compliant	Yellow	30/09/2019

	choice in so far as such exercise does not interfere with the rights of other residents.			
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