

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Edenderry Community Nursing Unit |
| Centre ID: | OSV-0000525 |
| Centre address: | St. Mary's Road, Edenderry, Offaly. |
| Telephone number: | 046 973 1285 |
| Email address: | ofaliahouse@hse.ie |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Dorothy Mangan |
| Lead inspector: | Catherine Rose Connolly Gargan |
| Support inspector(s): | Leanne Crowe |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 27 |
| Number of vacancies on the date of inspection: | 2 |

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.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 June 2016 09:00 To: 03 June 2016 19:00

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

| Outcome | Provider's self assessment | Our Judgment |
|---|-----------------------------------|--------------------------|
| Outcome 01: Health and Social Care Needs | Substantially Compliant | Non Compliant - Moderate |
| Outcome 02: Safeguarding and Safety | Substantially Compliant | Non Compliant - Major |
| Outcome 03: Residents' Rights, Dignity and Consultation | Substantially Compliant | Non Compliant - Moderate |
| Outcome 04: Complaints procedures | Substantially Compliant | Non Compliant - Moderate |
| Outcome 05: Suitable Staffing | Substantially Compliant | Non Compliant - Moderate |
| Outcome 06: Safe and Suitable Premises | Non Compliant - Moderate | Substantially Compliant |

Summary of findings from this inspection

This report sets out the findings of an unannounced dementia thematic inspection by the Health Information and Quality Authority (HIQA). This inspection focused on specific outcomes relevant to dementia care. The inspection also followed up on progress with completion of the action plan from the last inspection of the centre in December 2013, self-assessment documentation, notifications and other relevant information. There were six actions for completion detailed in the action plan from the last inspection. The findings supported satisfactory completion of three actions and partial completion of one action evidenced by refurbishment works to the layout of the premises which is in progress. The other four actions referencing regulatory non-compliances with complaints procedure and care planning practice were not satisfactorily completed.

As part of the thematic inspection process, providers were invited to attend

information seminars given by HIOA. 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 provider nominee completed the self-assessment document by comparing the service provided 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 Settings for Older People in Ireland.

Inspectors met with residents and staff members during the inspection. They tracked the journey of four residents with dementia within the service and reviewed aspects of the care for others. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and staff files. Inspectors examined the relevant policies including those submitted prior to inspection. Day-to-day management of the centre is with the person in charge supported by three clinical nurse managers.

Residents' accommodation in the centre comprises of three linked areas, Units 1 and 2 and a high dependency unit. Residents with dementia were integrated with the other residents in the centre. Completion of refurbishment works proposed by the provider to address non-compliances with the regulations and national standards by end of February 2017 is a condition of the centre's registration. Overall the inspectors found that the refurbishment work completed to-date was to a good standard and on completion would provide all residents, including residents with dementia with comfortable and fit for purpose communal space, single and twin en-suite bedroom accommodation and an additional safe internal garden area.

There were policies and practices in place for the use of restraint and around managing behaviors that challenge. There were also policies and procedures in place around safeguarding residents from abuse. Staff were knowledgeable about the steps they must take if they witness, suspect or were informed of any abuse taking place. However, staff training in protection of vulnerable adults was overdue and documentation was not available to provide assurance that all staff were appropriately vetted. Control of access to the centre required urgent review to ensure residents were protected at all times. Following the inspection, the person in charge confirmed that this action would be completed and provided a schedule of dates for staff training in protection of vulnerable adults.

Inspectors findings identified that improvement is required in where appropriate and management of the nutritional needs of residents with dementia. Findings also supported that improvement was required in other areas including:

- * the activation needs of residents with dementia
- * development of care plans that comprehensively inform residents' care needs reflecting evidence based care practices and documentation,
- * end of life care plans did not reflect residents' wishes,
- * medication management practices in relation to stock control practices,
- * documenting interventions to support residents with communication difficulties when residents accessed services outside the centre
- * staff training to ensure residents' needs are met

The Action Plan at the end of this report identifies areas where improvements are required to comply 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.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

On the day of inspection there were a total of 26 residents in the centre and one resident was in hospital. 18 residents had assessed maximum dependency needs, three had high dependency needs and four residents had medium and one resident had assessed low dependency needs. 54% of the residents were diagnosed or were suspected to have dementia. Five residents had a formal diagnosis of dementia and a further nine residents had symptoms of dementia.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out on all residents admitted to the centre and care plans were developed based on assessments of need and in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process. End of life care planning required improvement. Residents were protected by safe medication policies and procedures. However, medication stock management required improvement to ensure out of date or unused medications were removed from medication trolleys.

Medical services were provided by two medical officers. Documentation reviewed by inspectors and residents spoken with confirmed timely access to medical care. Residents also had access to palliative care and mental health of later life services and allied healthcare professionals including physiotherapy, dietetic, occupational therapy and speech and language therapy services. Staff told inspectors that access to a dentist for residents was no longer available to residents on site. The inspectors observed that some residents receiving medications that caused dry mouth and high sugar supplements that increased risk of dental decay. There was no evidence that these residents had been supported to access dental services. Inspectors also observed that other residents who didn't have natural teeth had not been assessed to determine if

they might benefit from dentures.

Inspectors focused on the experience of residents with dementia. They 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 were systems in place for communications between the resident/families, the acute hospital and the centre. In order to determine the suitability of the placement, the person in charge visited prospective residents in hospital prior to admission or residents were admitted to full-time care from respite care. The inspectors were told that prospective residents and their families were welcomed into the centre to view the facilities and discuss the service provided before making a decision to live there. Residents' files held their hospital discharge documentation on their admission to the centre including a medical summary letter, details of multidisciplinary team assessment details and a nursing assessment. Copies of the Common Summary Assessment (CSARs), which details the assessments undertaken by the multidisciplinary team for residents admitted under the 'Fair Deal' scheme and pre-admission assessment documentation were not available to inspectors on this inspection

Inspectors saw that there were systems in place for communication of appropriate transfer information about the health, medications and specific communication needs of residents who were transferred to services external to the centre. A 'Getting to know Me' form containing key information about residents was used as part of transfer documentation for residents going to hospital.

Residents had a comprehensive nursing assessment completed within 48 hours of their admission to the centre. The assessment process involved the use of validated tools to determine each resident's risk of malnutrition, falls, their level of cognitive impairment and skin integrity. Care plans were in place for each resident. However, many care plans required up-dating to ensure the interventions prescribed, clearly informed appropriate actions to be taken by staff to address each resident's needs. Daily progress entries were detailed and while not comprehensively linked to care plans, described the care given to residents on a daily basis. Care plans were updated routinely on a four-monthly basis, however as found on the last inspection in December 2013, some care plans did not reflect residents' changed care needs. There was evidence that residents and family, where appropriate, were invited to participate in care plan review meetings. Inspectors found that all staff spoken with were knowledgeable regarding residents' likes, dislikes and needs. Inspectors observed that seven of the 11 residents in the high dependency unit were in bedbound on the day of inspection. Inspectors observed and care documentation confirmed that a number of residents did not get up from bed at any time. Some of the residents who remained in bed had reference recorded to deterioration in their health as being the rationale for their continuing bed-rest. However, residents' documentation did not comprehensively reference the decision making process or the rationale for other residents not getting up from bed on the day of inspection or for prolonged periods of time.

Staff provided end-of-life care to residents with the support of the medical officer and community palliative care services. No residents were receiving 'end of life' care on the day of inspection. The inspectors reviewed a number of residents' 'end of life' care

plans; however, they were not person-centred, were not regularly reviewed and did not outline the physical, psychological and spiritual needs of the residents including their preferred place for end of life care. While there were advanced directives in place for some residents, they did not evidence involvement of residents in decisions where appropriate. Some residents were receiving medication to manage pain; a validated assessment tool was not in use to determine the effectiveness of analgesia administered.

As part of the refurbishment project, the provider refurbished a sitting room with kitchenette facilities in the centre for use by residents to meet their visitors and as an amenity to relatives who wished to be with residents who were ill. Single rooms were available for end of life care. Staff outlined how religious and cultural practices were facilitated within the centre. Inspectors noted that staff were trained to administer subcutaneous fluids to treat dehydration and percutaneous endoscopic gastrostomy (PEG) tube replacement in order to avoid unnecessary hospital admissions.

The Health Information and Quality Authority (HIQA) were notified of one incident of pressure-related skin ulcer since 01 June 2015. Inspectors tracked wound care for one resident and found that wounds were appropriately assessed and treated. Staff Residents had access to tissue viability specialist services. Pressure relieving equipment was provided to ensure pressure related skin damage to residents at risk was prevented. There were no recorded incidents of pressure related skin damage to residents' skin since June 2015..

There were systems in place to meet residents' nutritional needs, and to ensure that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked routinely on a monthly basis or more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents on weight-reducing, diabetic and fortified diets, and also residents who required modified consistency diets and thickened fluids, received the correct diets.

There were arrangements in place to review accidents and incidents within the centre, and residents were assessed on admission and regularly thereafter for risk of falls. The centre's physiotherapist was not routinely involved in assessment of residents at risk of falls or in treatment plans development for residents who remained in bed to ensure their limb function was maintained and complications of prolonged bed rest was prevented.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented for the residents who were case tracked. Inspectors found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. While there were systems in place for removal of unused or out-of-date medications from stock, inspectors found that this procedures was not consistently implemented as a medication that was unused and out-of-date was

found in the medication trolley. Residents had access to a pharmacist and the pharmacist completed four-monthly medication audits.

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:

While there were some systems in place for the prevention, detection and response to abuse, inspectors found that safeguarding practices required improvement in relation to control of public access to the centre. The centre shares its premises with adjacent day care services, however, the door between the day care unit and the residential section of the designated centre was observed to be unsecured throughout the day. This allowed unrestricted access throughout the building, including residents' private accommodation. Inspectors noted that an incident was recorded of unauthorised access by a member of the public resulting in theft of a resident's property had taken place in the centre in the past. It was not evident that there was learning from this incident in order to prevent a reoccurrence.

Records provided to inspectors confirmed that staff had been trained in the prevention, detection and management of abuse in 2013. However new and current staff required mandatory training in protection of vulnerable adults informed by the national policy. Staff spoken with on the day of the inspection were knowledgeable about identifying and responding to abuse. A sample of staff files was examined and inspectors found that evidence of An Garda Síochána vetting was not contained in several of these files. These findings did not provide satisfactory assurances that residents were safeguarded in the centre.

There was a policy in place for responding to behaviours and psychological symptoms of dementia. Some staff had also attended training on responding to behaviours and psychological symptoms of dementia in addition to dementia care training. However, while staff could describe effective interventions in managing behaviour that challenges, behavioural support care plans were not person-centred and did not detail interventions to inform care.

A policy for the use of restraint was operational within the centre. Inspectors observed that the centre promoted a restraint free environment in care of residents. For residents using bed rails, alternatives trialled by staff had been documented in the relevant care plans. Many residents were provided with foam floor mats and low-low beds as an

alternative to bedrails. A restraint register was in place and risk assessments were carried out for those using restrictive measures.

There were policies in place for the management of residents' property and finances. However documentation was not available to inspectors due to staff leave on the day of inspection. An inventory of residents' valuables was maintained, and a weekly audit was carried out by staff.

Judgment:

Non Compliant - Major

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:

While residents with dementia were consulted and supported to participate in the organisation of the centre, there was opportunity for improvement in some areas. Overall residents' privacy needs were respected, however aspects of service provision required significant improvement to ensure some residents received dignified care and were supported and facilitated to make choices and decisions about their day-to-day lives. Inspectors' findings did not provide assurances that residents had opportunities to participate in activities that suited their interests and capabilities.

Residents had access to independent advocacy services. Relatives were consulted regularly regarding care decisions for residents with dementia. Residents, including residents with dementia participated in regular forum meetings, the minutes of these meetings referenced active discussion and were made available to inspectors. There was also evidence that improvements were made in response to issues raised. However, there was no evidence referencing consultation with residents regarding their satisfaction with their dining room been used for persons attending day-care or evidence that this was a purposeful arrangement where residents in the centre and people from the community were integrated to maintain residents' links with the local community

Residents were facilitated to exercise their civil, political and religious rights. Staff sought the permission of residents with dementia before undertaking care. Residents expressed their satisfaction with the food they received and the staff team caring for them. Residents had opportunities to practice their religions and Mass was held weekly in the centre and also available to residents via web-cam from a local church on Sunday. Arrangements were also in place to ensure residents had opportunity to exercise their right to vote.

There were no restrictions on visitors and there were a number of areas in the centre on both floors, where residents could meet visitors in private. Residents had access to a

kitchenette where they could enjoy refreshments with their relatives.

Residents had access to a safe and secure garden with a patio area and shaded seating. The doors were open to this area on the day of inspection and residents were observed sitting outside in the sunshine. A new internal garden area was at an advanced stage of development as part of the refurbishment of the centre. Pathways were laid in this new garden and were meandering in design which will facilitate residents including residents with dementia to enjoy walking through changing scenery. The provider and staff also demonstrated resourcefulness and imaginative creativity with work done to date on the fabric of the premises in making it comfortable for residents with dementia through art work, homely furnishings and the use of old memorabilia. Residents were also supported to personalise their bedrooms with their personal possessions. Many residents displayed their photographs, pictures, books and other personal items.

Inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record the quality of interactions between staff and residents at five minute intervals in the sitting and dining areas. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the effect of the interactions on the majority of residents. Inspectors observations found that while there was good evidence of positive connective care with individual residents, the experience for many residents with severe dementia was task orientated or neutral care. While, task orientated interactions were generally of a good quality and referenced episodes of care provision, neutral care interactions were mostly observed for residents with dementia who remained in bed and a resident with communication needs who were not facilitated to participate in suitable activation during the observation periods.

An activity co-ordinator was employed with responsibility for coordinating the activation needs of residents; however, this staff member also had responsibility for coordinating activities in the adjacent day-care centre and was not on-duty on the day of inspection. The activation needs of residents were assessed; however, they did not state the activities available that would meet the interests and capabilities of each resident. The records of residents' day to day social activities for residents with dementia reviewed by inspectors were infrequent and were not documented in sufficient detail to inform a conclusion that the interests and capabilities of residents with dementia were met. Episodes of activation were generally once daily on a one-to-one basis such as hand massage. Inspectors also saw that residents who remained in bed on the day of inspection did not receive appropriate activation to meet their interests and capabilities. The inspectors observed that residents who remained in bed on the day of inspection had their beds reclined and they slept for most of the day. Two other residents in the high dependency unit spent their day in the sitting/dining room supervised by one staff member who chatted at various times with them about the past, people they knew in their community and sport. While inspectors were told that one resident enjoyed a quiet environment, they were not given choice to join the other residents in the centre or go outside in the sunshine. Residents in the second sitting room participated in the rosary, one resident read the local newspaper and completed puzzles. Doll-therapy was also used for another resident. Three residents attended the adjacent day-care centre on a daily basis.

The activity schedule notice board was not up to date and referenced a Christmas party. This finding did not ensure that residents could independently choose to attend scheduled activities that interested them. While, a communication policy was available. One resident with communication needs was observed to sleep for periods of the day and told an inspector that they didn't do anything to pass the day.

Inspectors saw that a choice of hot meal was offered at mealtimes. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents on weight-reducing, diabetic and fortified diets, and also residents who required modified consistency diets and thickened fluids, received the correct diets and the meals were attractively presented. There was a main dining room and dining facilities in the day room in the area designated as a high dependency unit. Each of the dining areas was decorated in a traditional domestic style. Mealtime in the main dining room was a social occasion. The area was spacious and tables were dressed attractively. The menu was displayed on a white board in this area. A large hatch was located in the wall linking the dining room with the kitchen. The chef and catering staff were seen to mingle amongst the residents in this area during mealtimes. Residents were given choice and alternative meal options were available if necessary. All residents were provided with napkins as clothes protectors. The inspectors also observed the lunchtime meal in high dependency unit was not to a similar standard. Two residents dined in the sitting/dining area in this unit. Neither resident was seated at the dining table for this meal. One resident ate independently from a bed-table and the other resident's meal was held in the hand of a staff member whilst providing assistance to this resident with eating. The staff member was also engaged in supervising and intermittently supporting the other resident eating independently. The menu was not displayed and pictorial menus kept in the kitchen were not used to assist residents with making an informed choice about what they ate. Modified consistency meals provided to residents in the area designated as a high dependency area were not appropriately served and required review to ensure residents' dignity and choice needs were met at all times. Staff were unable to tell inspectors what foods were contained in the modified meals.

Inspectors saw that staff worked to ensure that each resident with dementia received care in a way that respected their privacy. All residents were accommodated in single or twin bedrooms and with the exception of bedroom where refurbishment had not occurred to-date, had en suite facilities. Staff were observed knocking on bedroom and bathroom doors and privacy locks were in place on bedroom, bathroom and toilet doors. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff and residents knew each other well.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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| <p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: The complaints process was displayed prominently in the reception of the centre, and was also included in the Residents' Guide. The complaints procedure included the appeals process and also identified the nominated person to investigate complaints. However, it was not clear if a person had been nominated to ensure that all complaints were responded to and documented as required by regulation 34(3). This non-compliance was also found on the last inspection of the centre in December 2013 and was not satisfactorily completed.</p> <p>A complaint log was viewed by inspectors and was found to contain details of the complaints made, the outcome of complaints and whether the complainants were satisfied with the outcomes. However, the dates of closure of complaints were not consistently recorded. An audit of complaints had been carried out in January 2016 for the previous year.</p> <p>Staff were spoken with and were aware of the complaints procedure and what action to take should they receive a complaint. Inspectors also spoke with a number of residents who could identify the person to whom they would direct a complaint to if necessary.</p> <p>Judgment: Non Compliant - Moderate</p> |
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Outcome 05: Suitable Staffing

Theme:
Workforce

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| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors found that improvement was required in staff deployment to ensure staff were appropriately deployed to ensure residents' activation/social needs were met, especially residents who stayed in bed during the day. Inspectors observed that residents with dementia were not provided with activities to meet their interests and capabilities. While, designated activity co-ordination staff were not available to residents on the day of the inspection, co-ordination of activities was not part of the care staff role.</p> <p>Records contained in staff files confirmed that staff engaged in continuous professional development, however inspectors' findings including review of practices and residents' documentation did not provide satisfactory assurances that care was person-centred and</p> |
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informed by comprehensive evidence based care planning.

Training records viewed, indicated that staff in the centre had completed mandatory training in fire safety and safe moving and handling procedures. However, five staff had no record of attendance at mandatory training events. Attendance by all other staff at refresher mandatory training in protection of vulnerable adults was last provided in 2013 and was although due in 2015 was not completed. The inspectors were provided with a schedule of training dates for staff training in protection of vulnerable adults by the person in charge following the inspection. Staff spoken with by inspectors on the day of inspection were knowledgeable regarding the training they had undertaken in fire safety and safe moving and handling procedures.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Parts of the design and layout of the centre, where residents with dementia are integrated with the other residents was undergoing refurbishment on the day of inspection to address non-compliances with the regulations and national standards. Completion of this refurbishment work by end of February 2017 is a condition of the centre's registration. The internal areas completed to-date were finished to a good standard providing single and twin en-suite bedrooms and communal accommodation for residents.

The centre is a single-story premises with an adjacent day-care facility and community physiotherapy, occupational therapy and speech and language community clinics. The refurbished interior accommodation provided a spacious and comfortable environment for residents with dementia. Residents had access to a spacious dining room two sitting rooms, one of which also had dining facilities, a family room and a seated area in the entrance lobby. This seated area opened out to an internal garden with shaded seating on a safe patio area. Some residents' bedrooms were observed to not meet their stated purpose; however, as newly refurbished bedroom accommodation was being completed, residents were moving out of these rooms to provide all residents with accommodation that meets their needs. An additional external secure garden area was at an advanced stage of completion. The inspectors found that the refurbished accommodation met its stated purpose and provided a comfortable and therapeutic environment for residents with dementia.

The floor space in newly refurbished residents' bedrooms met size, privacy and dignity requirements as outlined in HIQA's Standards and the legislation. Each bedroom was serviced with full en-suite facilities which were spacious and contained a toilet, shower and wash-hand basin. These bedrooms were fully fitted with lighting, heating and bedroom furniture consisting of beds, lockers, spacious wardrobes, a comfortable chair, bed tables, call bells and televisions. Reading lights were also fitted and in working order. A smoke and heat detection unit was fitted in each bedroom. Support rails were fitted in en suites.

The spacious and bright layout and design of communal accommodation provided residents with choice and promoted their independence. Use of natural light was optimised to support the quality of life of residents with dementia. A neutral colour and bold patterns were avoided in floor covering in newly refurbished areas to promote ease of access for residents with dementia. Handrails were fitted both side of the corridors and were in a contrasting colour to the walls to enhance independence and safety for residents with dementia. Clocks located throughout the centre also promoted orientation. These actions optimised residents' independence and quality of life. The centre was decorated and fitted with domestic style furnishings and memorabilia in communal areas to support the comfort of residents with dementia. As the centre was in the process of refurbishment, signage and cues to key areas was in progress.

Inspectors observed that there was suitable assistive equipment to support residents including grab rails in toilet/shower facilities, handrails along corridors, hoists, pressure relieving mattresses and cushions, profiling and low level beds among other equipment was also available with adequate storage facilities.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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| Centre name: | Edenderry Community Nursing Unit |
| Centre ID: | OSV-0000525 |
| Date of inspection: | 03/06/2016 |
| Date of response: | 20/07/2016 |

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

Many care plans required up-dating to ensure the interventions prescribed clearly informed appropriate actions to be taken by staff to address each resident's needs.

Some care plans did not reflect residents' changed care needs.

Some residents' assessment documentation did not comprehensively reference the

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

decision making process or the rationale for not getting up from bed. .

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

A comprehensive nursing re-assessment has taken place of the residents' care plans, reflecting their changing needs. This has been carried out in conjunction with the relevant multi-disciplinary team members.

Proposed Timescale: 20/08/2016

Theme:

Safe care and support

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

While there was evidence that residents were receiving medication to manage pain, a validated assessment tool was not in use in line with evidence based nursing practice.

Residents who remained in bed did not have treatment plans in place to ensure their limb function was maintained.

2. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

A validated pain assessment tool is currently in use to assess the level of pain each resident may have. Medication is reviewed accordingly, in line with this practice. Discussions have taken place with the on-site physiotherapist, highlighting the need for treatment plans to be developed for the residents who remain in bed. A passive movement programme is currently being designed specific to each resident, together with an educational programme for staff to partake in for each resident's individual exercise regime.

Proposed Timescale: 31/08/2016

Theme:

Safe care and support

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

Residents did not have access to a dentist

3. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Discussions are taking place with HSE senior dentists in the region. All residents with medical cards can access dental services. Residents who can attend their own dentist in the locality can be facilitated to do so.

Discussions with local dentists are currently being explored.

Proposed Timescale:

Theme:

Safe care and support

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

'End of life' care plans were not person-centred, were not regularly reviewed and did not outline the physical, psychological and spiritual needs of the residents including wishes regarding location for care.

While there were advanced directives in place for some residents, they did not evidence involvement of residents in decisions where appropriate.

4. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Care plans are now being developed. A prompt tool was developed locally to assist staff to commence discussions around end of life care, in conjunction with "Let Me Decide" programme.

This care plan is drawn up with the resident and/or family members, to ensure all specific details are entered into the care plan, to included physical, social, emotional, psychological and spiritual needs.

Proposed Timescale: 20/10/2016

Theme:

Safe care and support

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

Unused and out-of-date medications were not removed from the medication trolley

5. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

A schedule has been drawn up to check medication stock, to ensure that medication no longer used or out of date is stored in a secure manner and returned to the local pharmacy according to the national legislation.

Proposed Timescale: 20/07/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Inspector's findings did not provide adequate assurances that all residents were safeguarded from abuse.

6. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Work has already commenced to the installation of the swipe card system to safeguard residents against unauthorised entry of members of the general public. It is expected that this work will be completed by the end of August. The only delay here is that the builders are on holidays at present. In the interim, staff are vigilant in monitoring access to the unit.

Proposed Timescale: 31/08/2016

Theme:

Safe care and support

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

Ensure all staff are trained in the detection, prevention of and responses to abuse.

7. Action Required:

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

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

Training courses are booked in June, July and September for all staff to attend.

Proposed Timescale: 20/11/2016

Theme:

Safe care and support

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

Documentation available to inspectors did not provide assurances that robust systems are in place to manage residents' finances.

8. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

On the day of the inspection, there was no clerical staff present to show the inspector the systems that are in place to manage residents' finances.

At present, there is documentation and evidence of measures taken to protect residents' finances from abuse. This is kept in a secure and safe environment.

Proposed Timescale: 20/07/2016

Outcome 03: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

Improvements were required to ensure residents were afforded choice regarding the food they ate, opportunity to eat their meals at the table provided in the sitting/dining room and join other residents in the centre during the day.

9. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

Residents from both units now come together for their meals. This commenced on 20/06/16. Residents are given the choice to join other residents in the care centre

during the day.

Proposed Timescale: 20/06/2016

Theme:

Person-centred care and support

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

The activation needs of some residents were not adequately assessed or met with provision of activities to meet their interests and capabilities.

10. Action Required:

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

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

All residents' needs have been re-assessed and programmes have been developed to meet their specific interests and capabilities. These programmes have been developed with the residents, giving them a choice in all the activities they are participating in.

Proposed Timescale: 20/08/2016

Theme:

Person-centred care and support

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

Arrangements in place to meet the communication needs of some residents were not sufficiently assessed and addressed with a plan of care.

11. Action Required:

Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident's care plan prepared under Regulation 5.

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

Residents with communication needs have been consulted with and activity plans put in place accordingly, with the resident advising what they want to participate in.

Proposed Timescale: 20/07/2016

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

It was not clear if a person had been nominated to ensure that all complaints were responded to and documented as required by regulation

12. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

A person has been nominated to ensure that all complaints are responded to and followed up on. This has now been added to the complaints policy and procedure.

Proposed Timescale: 20/07/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Improvement was required in staff deployment to ensure staff were appropriately deployed to ensure residents' activation needs were met especially residents who stayed in bed during the day.

13. 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:

Staff have been allocated on a daily basis to carry out activities appropriate to the residents' interests and capabilities.

Proposed Timescale: 20/07/2016

Theme:

Workforce

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

Inspectors' findings including review of practices and residents' documentation did not provide satisfactory assurances that care was person-centred and informed by

comprehensive evidence based care planning.

14. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Refresher care plan training for nurses to commence in September 2016.

Proposed Timescale: 20/10/2016

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:

Some residents' bedrooms did not meet their stated purpose.

15. Action Required:

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

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

As the refurbishment is halfway through at present, it is anticipated that the project will be completed in December 2016, which will ensure that all bedrooms will meet the needs of the residents.

Proposed Timescale: 20/01/2017