Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Edenderry Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	St. Mary's Road, Edenderry, Offaly
Type of inspection:	Unannounced
Date of inspection:	01 November 2018
Centre ID:	OSV-0000525
Fieldwork ID:	MON-0024570

About the designated centre

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

This centre is a single-story premises which can accommodate 28 residents. There is an adjacent day-care facility. It caters for male and female residents aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency.

The centre is set into two separate areas, on either side of the nicely decorated reception area. In total there are 10 twin rooms, eight of which have en suite facilities. The remaining two share en suite facilities. There are 8 single rooms with en suite facilities. One of these is set aside specifically for palliative care.

All bedroom accommodation has been refurbished to a high standard. Other areas include a large dayroom, sunroom, activity room, oratory and visitors' room as well as offices, storage, cleaners' room, nurses' station and staff facilities.

All walkways and bathrooms were adequately equipped with handrails and grab-rails. Working call-bells were evident in all areas. There was adequate appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Servicing contracts were in place and servicing was up to date. Appropriate arrangements were in place for the disposal of clinical and general waste.

There are two well-maintained internal courtyards one of which is newly developed. There are additional grounds around the building and ample parking is available at the front. This centre is situated in a town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27

How we inspect

To prepare for this inspection the inspector or 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
01 November 2018	10:30hrs to 18:30hrs	Catherine Rose Connolly Gargan	Lead

Views of people who use the service

Residents told the inspector that their health needs were well met by staff. When asked by the inspector about their satisfaction with the refurbished facilities, residents said the centre was very comfortable and they had a lot more space in their bedrooms.

Some residents said they experienced pain but staff ensured that any pain they experienced was addressed quickly.

Residents who spoke with the inspector said that while their care and assistance needs were met to their satisfaction, their social needs were not sufficiently met and that they found the day very long. They looked forward to their visitors coming to see them and one resident said that without his visitors his life would be meaningless.

One resident said that attending the day service next door was a highlight for her. She enjoyed meeting everyone and often met somebody she knew. She particularly enjoyed doing arts and crafts in the day service.

Residents said they had good choice regarding their food menu and if they did not feel like the food on the menu, they would be provided with another dish to meet their choice.

All residents spoken with said that staff were always kind to them and 'did their best' to make sure they were comfortable and satisfied with the service.

Capacity and capability

As found on the last inspection, the governance and management of the centre was not sufficiently robust regarding oversight and resourcing arrangements. The person in charge was a clinical nurse manager until June 2018 when they were appointed assistant director of nursing and person in charge. The person in charge is not adequately supported to fulfill the role because two vacant clinical nurse manager posts, including the post she had vacated were not filled. There were no formal arrangements in place for induction of the new person in charge into their role.

The centre was not in compliance with 16 regulations as found on the last inspection, eight were found to be satisfactorily addressed on this inspection. While some actions had been taken to bring the other eight regulations into compliance, the timescales as stated by the provider in the compliance plan had expired. There

was no evidence available that this had been reviewed or escalated. Non compliance with other regulations were found on this inspection and are stated in this report.

On the day of the inspection, the person in charge facilitated the inspection and was working to ensure the service was safe and effective. However, the system in place for monitoring the quality and safety of the service was not comprehensive and did not adequately inform areas needing improvements. For example, residents' dissatisfaction regarding their quality of life in the centre was directly attributable to insufficient staff with appropriate skills to meet their needs. As found on the last inspection, improvements continue to be required to ensure effective oversight to deliver a quality service that positively impacts outcomes for residents.

Residents' safety in the centre was improved since the last inspection in July 2018 with assurances available that residents could be evacuated in the event of an emergency and that all staff are appropriately vetted.

Staff contracted from an external agency replaced nursing and care staff vacant posts and leave. The provider had recruited one nurse and increased another nurse's hours since the last inspection. The person in charge told the inspector that where possible she ensured continuity of staff by employing the same agency staff. However nursing and care staff positions were replaced by agency staff for nearly 24 months. Staff access to appropriate training to ensure they had sufficient skills to meet the needs of residents required improvement.

Regulation 15: Staffing

While there were sufficient staff available to meet the clinical needs of residents, staff numbers, skill mix and allocation required review to ensure residents' social needs were met. Staff who spoke with the inspector stated that staff were always replaced as necessary with agency staff. This finding was discussed at the inspection feedback meeting with the person in charge. Insufficient staffing numbers and skill mix was a finding from the inspection completed in July 2018.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were facilitated to attend mandatory training. Training for staff to ensure they were appropriately skilled to meet residents' needs required improvement. Some staff had completed training in dementia care but their training needs in care of residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were not addressed. As responsibility for facilitating suitable activities for residents was an integral part of

the carers' role in the centre, training in this area of care was necessary to ensure they had the necessary skills to meet residents' activity needs.

Supervision of staff according to their role required improvement to ensure residents were facilitated and supported to engage in activities that met their interests and capabilities.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents was maintained as an electronic record. All items of required information were included with the exception of the cause of death in one of the records examined.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff files was examined. Garda vetting disclosures were completed and available for all staff. Various items of required information required by schedule 2 of the regulations was not consistently maintained in each staff employment file examined. For example, details of previous experience and a full employment history was not available for review in some files examined. This non compliance with the regulations was also found on the last inspection in July 2018.

All records as required by schedule 4 were maintained including fire evacuation drills completed in July 2018.

Judgment: Substantially compliant

Regulation 23: Governance and management

The senior management structure in the centre required strengthening. Two senior nursing positions amounting to 1.5 WTE (whole time equivalent) were vacant since June 2018 when the person in charge was appointed to the position of acting director of nursing and person in charge. While a clinical nurse manager supported the person in charge in her role, this assistance was not assured as the clinical nurse manager was rostered on the staff duty roster. Arrangements for the induction of the new person in charge were not formalised.

The person in charge reports to the general manager of older persons services and they meet formally on a monthly basis. While aspects of the service were reviewed at these meetings, this process was not informing improvements in residents' quality of life, staffing, staff training and timely completion of the compliance plan from the last inspection in July 2018 to bring the centre into compliance with the regulations.

Systems in place to monitor the quality and safety of the service and the quality of life for residents required improvement. Key performance care indicators were monitored regarding the health status of residents', for example responsive behaviours, psychotropic medication use, falls, infections, complaints, pressure sores, weight loss and any other significant events. This information was analysed by the person in charge. While some audits were done to inform the quality and safety of the service, care plan audits did not identify areas needing improvement as found on inspection. Residents' quality of life was negatively impacted by the absence of meaningful activities and restrictions on their freedom.

A report detailing an annual review of the quality and safety of the service and quality of life for residents was not available for 2017.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was recently revised and forwarded to the Office of the Chief Inspector. The revised document detailed the information as required by schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

All complaints were responded to appropriately and in line with the time lines as specified in the revised complaints policy. There were no open complaints on the day of inspection. The designated complaints officer is the person in charge and an appeals process is specified. The complaints policy was reviewed in August 2018 addressed the requirement for nomination of a person other than the complaints officer to ensure all complaints are appropriately responded to and recorded. Residents who spoke with the inspector confirmed that they would have no hesitation in expressing their concerns if necessary and they stated they were always listened to.

Judgment: Compliant

Quality and safety

Overall, residents in the centre were well cared for and their clinical needs were met. The health and safety needs of residents were found to be promoted and protected. There was a low incidence of accidents involving residents recorded in the centre and alternatives to bed rails were in use throughout to mitigate residents' assessed risk of falls. Comprehensive procedures were in place to ensure residents' skin integrity and no incidents of pressure related skin injuries to residents occurred in 2018 to date.

Care planning documentation was generally person-centred and informed care interventions that reflected residents' preferences and
wishes. Further improvements were found to be required to ensure some residents' needs were informed by a care plan, that they were involved in their end-of-life decisions and some residents' care interventions were not sufficiently detailed to guide practice.

Residents evacuation needs and staff training were satisfactorily addressed since the last inspection and provided assurances regarding their safety in the event of a fire in the centre.

While residents' religious, civil and privacy rights were met to a good standard, their right to access activities that they were meaningful to them were not satisfactorily met. Staff with responsibility for facilitating activities were also engaged in assisting residents with their personal care. Residents unable to participate in groups did not have access to suitable activities.

While use of restrictive equipment was minimised in the centre, the internal premises security system restricted the freedom of movement for residents in one side of the centre, Their access to the garden, oratory and the main dining room was restricted.

The centre was well-maintained. Safe floor covering, signage, hand rails in circulating corridors and grab rails in toilets/showers were in place throughout the building to support residents' independence in navigating their way around the centre. While the layout and design of the centre provided a comfortable and homely environment for residents, their access around the centre was compromised by the fitting of electronic locks on internal doors. This action had been taken by the provider to mitigate the risk to residents posed by members of the public entering the centre when accessing the physiotherapy and occupation therapy departments. This action restricted residents freedom of movement within their home and access to the secure garden. In addition there was no evidence of consultation with, or agreement by residents regarding this measure. The inspector asked that this arrangement be reviewed to ensure residents rights in relation to

freedom of movement were respected.

Regulation 13: End of life

Staff provided end-of-life care to residents with the support of their general practitioner and the community palliative care team. A designated palliative care room was available in the centre. Each resident's end-of-life care wishes were obtained and when available, were described in their care plans. Some residents with dementia had advanced decisions in place regarding their end-of-life plans. While there was evidence that staff make efforts to get information that reflected residents' wishes from their relatives, there was limited evidence that residents with dementia were involved in this decision making process.

Residents were provided with good support to meet their spiritual needs and had access to an oratory for their funeral services if they wished.
Measures were taken to ensure residents did not experience pain, residents' level of pain and the effectiveness of pain management medicines administered were closely monitored and recorded.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Evacuation drills were completed since the last inspection in July 2018 to simulate evacuation of the high dependency unit in the centre and provided assurances that residents evacuation needs could be met in the event of an emergency in the centre. Staff training records confirmed that all staff had attended fire safety training. Staff who spoke with the inspector were aware of the procedures in the event of a fire occurring in the centre. Each resident's evacuation needs were assessed and recorded.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Safe medicines management procedures and practices were in place to protect residents. Practices in relation to prescribing and medication reviews met with regulatory requirements and nursing staff practices reflected professional guidelines. The nurse administering residents' medicines wore a red apron to minimise any interruptions while completing this procedure. Residents had access to the pharmacist responsible for dispensing their medicines. The pharmacist completed

regular audits, reviewed medicine prescriptions and communicated findings with residents' GPs and the person in charge. The pharmacist was also involved in staff education on medicine management and was available to advise staff as necessary.

Medicines controlled by misuse of drugs legislation were stored securely and the balances were checked by two staff at each staff changeover. Medicines that required refrigerated storage were stored appropriately and storage temperatures were checked daily. Multidose medicine preparations were dated on opening to ensure use did not exceed timescales as recommended by the manufacturers. Procedures were in place for return of unused or out-of-date medicines to the pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and regularly thereafter, using a variety of accredited assessment tools. This process included assessment of each resident's risk of falling, malnutrition, pressure related skin damage, cognition and their mobility support needs. Residents were closely monitored for any deterioration in their health and wellbeing and their care plans were updated as necessary.

Care plans were developed to inform the care supports and assistance each resident needed. Although each resident's care needs were met in practice, the inspector found that not all residents' assessed needs were informed with a care plan. For example, in the sample of residents' documentation examined, a resident with natural teeth did not have a oral care plan and a resident with assessed maximum dependency needs did not have a care plan describing the staff interventions necessary to support them with meeting their personal care needs. The information in residents' care plans was generally person centred and reflected each residents' individual preferences and wishes regarding their care. No residents had any pressure related skin wounds on the day of inspection.

The inspector saw that that residents, or their families on their behalf were involved in their care plan development and subsequent reviews.

Judgment: Substantially compliant

Regulation 6: Health care

Residents health care needs were met to a good standard with timely access to a medical officer in the centre, out of hours GP services, community psychiatry of

older age and palliative care. Allied health professionals including physiotherapy, occupational therapy, speech and language therapy and a dietician supported residents' care as necessary. While residents had access to an optician who completed assessments in the centre, one resident with diabetes was waiting for a retinal screening programme since April 2018.

Residents nursing needs were met to a good standard. However, improvements in residents care documentation and maintenance of their care records was necessary to reflect a high standard of professional practice. For example, the frequency of blood glucose monitoring and the parameters with which blood glucose levels should be maintained within for residents needing insulin to control their diabetes.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

A low number of residents were predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents were supported to ensure any behaviour that caused them distress was minimised. Episodes of responsive behaviours that occurred were tracked, recorded and analysed to identify triggers. Staff who spoke with the inspector were knowledgeable regarding the support needs of residents' with responsive behaviours, the triggers to the behaviours and effective person-centred de-escalation strategies. Behaviour support care plans were person-centred and detailed the triggers to the behaviours and the most effective person-centred strategies to be used for individual residents. The person in charge was working to arrange training for staff to support their skills with caring for residents with responsive behaviours. This was an action from the last inspection. The provider stated in their compliance plan that this staff training would be completed by 31 August 2018.

Use of PRN (a medicine taken as the need arises) psychotropic medicines was closely monitored and reviewed. PRN psychotropic medicines were used only with all other de-escalation strategies failed.

Use of equipment that restricted residents in the centre reflected National Restraint policy guidelines. There were no restrictive bedrails used in the centre. Alarm mats were used as alternatives to restrictive bedrails for 22 residents to meet their safety needs. However, the internal premises security system whereby internal doors were locked restricted residents' freedom in one side of the centre to access the garden, oratory and the main dining room was restricted.

Judgment: Not compliant

Regulation 8: Protection

Residents were protected and safeguarded from abuse in the centre. Residents who spoke with the inspector confirmed that they felt safe and that staff were respectful and kind towards them. All interactions observed by the inspector between staff and resident were courteous and kind. Staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspector confirmed that they had attended safeguarding training and clearly articulated their responsibility to report any suspicions, disclosure or incidents they may witness.

Access was controlled to the centre and a record of all visitors was maintained.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to participate in the running of the centre with residents' committee meetings. However the meetings were held infrequently, the most recent residents' committee meeting was held in July 2018.

Local and national newspapers were made available for residents. Residents were facilitated to exercise their civil, political and religious rights. Residents had appropriate access to independent advocacy services.

Residents' privacy and dignity needs were met. Staff were respectful and discreet when attending to the personal needs of residents ensuring bed screens in twin bedrooms and bedroom and bathroom doors were closed when assisting residents with their personal care.

Residents were not sufficiently facilitated to participate in activities that met their interests and capabilities. Although each resident's activity needs were assessed and information about their life, significant events and their interests were collated. However this information was not used to inform activities that suited their interests and capabilities. A member of staff had responsibility for coordinating residents' activities for 12 hours and the inspector was told that facilitating activities for residents was also an integral part of the role of care staff. While residents were supervised by a carer, most of the residents were not engaged in any meaningful activities. The staff member facilitating activities was involved in assisting residents to the bathroom and with other personal care needs. Residents with dementia also did not have access to accredited sensory based activity programmes. A number of residents told the inspector that they were bored and that many of the group activities did not interest them. The records of the activities residents participated in referenced engagement in activities as per care plan but residents' care plans did not detail the activities that were available that suited their needs. A small number

of residents were supported to continue to attend the adjacent day services attended by them before coming to live in the centre.

An arrangement in place where internal doors were electronically locked necessitated staff input to unlock them impacted negatively on residents' freedom and choice to move around the centre at will. Residents residing in one side of the premises could not independently access the outdoor gardens, oratory or main dining room without the assistance of staff to unlock the doors for them. There was no evidence of consultation with residents regarding this arrangement that negatively impacted on their quality of life and choice regarding freedom of movement around their home. Residents in twin bedrooms had individual choice regarding their television viewing as each twin bedroom was fitted with two televisions.

Judgment: Not compliant

Regulation 17: Premises

The centre premises was recently refurbished and was maintained to a good standard. Residents' bedrooms consisted of single and twin bedrooms and met their needs. All bedrooms had an en-suite toilet, shower and hand basin fitted. Residents were encouraged and supported to personalize their bedrooms.

Two landscaped enclosed gardens were provided for residents' use and the inspector observed residents using one garden area on the day of inspection.

Handrails and grab rails were provided to assist and promote residents' independence. A variety of comfortable communal areas were available to residents. Sufficient storage was available for residents' equipment.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was reviewed in August 2018 and the revised policy detailed the measures and procedures in place to the control the risks specified by regulation 26(1)(c). Each resident was assessed to identify any risks to them from leaving the centre unaccompanied. Missing person profiles were completed for residents who were at assessed risk of leaving the centre alone.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant

Compliance Plan for Edenderry Community Nursing Unit OSV-0000525

Inspection ID: MON-0024570

Date of inspection: 01/11/2018

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge ensures that there is a roster in place to meet the needs of the residents of this centre based on dependency levels and skill mix. When planned vacancies arise there is a process in place though Pay Bill to have these vacancies approved and HR policies are followed in this regard through HBS. A HSE Midlands staff nurse recruitment process has been completed in November 2018 and a panel has been formed. Day to day unplanned vacancies are managed through the HSE agency Framework, overtime is offered or the roster is revised to reflect the unplanned vacancy based on need. In addition to the above a review of staffing levels and work practices in the centre is currently being undertaken by the senior management, person in charge and union officials to ensure that skill mix and staffing levels in place fully meet the assessed need and wishes of the residents.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: MAPA and dementia care training has been organised for all disciplines of staff in the centre. This training commenced in December 2018 with an ongoing plan for 2019.	

A full re-assessment of individual activities is currently taking place in the centre by the person in charge to ensure that the activities residents engage in are relevant and meaningful. Sonas training has commenced and is being rolled out for all staff by a specialist provider.

Staff providing activities will be supervised by the nurse in charge to ensure residents are supported and facilitated to engage in activities. Records of all activities provided and participation by residents will be maintained.

Regulation 19: Directory of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 19: Directory of residents:
The directory of residents has been updated and is now fully complete and in compliance with the regulation.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Staff files in the unit will be reviewed to ensure that they contain all items of information required under regulations.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Senior management formally meets with the person in charge on a monthly basis to support, monitor and address all issues pertaining to the centre. Formal minutes are maintained and are held in the centre. Agenda items include:

- Cost of Care
- Occupancy levels
- Staffing/Agency

• HIQA compliance
• AOB

A PIC Quality Assurance Committee is in place to support PIC's in their role with specific geographical areas and they meet on a monthly basis. Senior management meets with all three PIC Quality Assurance Committees across Midlands Louth Meath on a quarterly basis. Formal minutes are maintained.

A Midlands Louth Meath (MLM) Older Person Service Governance Committee is also in place which is a Committee established to further strengthen the governance of Older Person Services. Committee members include General Manager, Older Persons Managers, PIC/DON, Finance Manager, HR Manager, Risk Manager, Business Manager, Quality and Safety Manager and Health and Social Care Professionals. A Laois/Offaly Older Person Service Governance Committee will be established by the end of March 2019 comprising Older Persons Manager, all PICs in the area Health and Social Care Professionals, Risk Manager, Finance Manager and HR. This committee will meet every six weeks in advance on the MLM Older Persons Governance Meetings of which their representative will bring forward any issues to the MLM OPS Governance Committee.

In addition, mentoring and support for the PIC in this center is being provided by an experienced Director of Nursing/PIC from another location and they formally meet on a fortnightly basis. This will follow a structured format to develop specific skills and knowledge that will enhance the PICs professional development. Senior management are also available outside of these structured times to offer support.

A formal system to review residents' care plan to enhance quality of life is being put in place by the PIC and mentoring DON. Actions arising from the review of the care plan will be reviewed on a monthly basis by the PIC and mentoring DON with specific time frames to allow for action to be completed. In addition, an audit of the actions will be carried out by the PIC on a three monthly basis.

The annual review of the quality and safety of the service and quality of life for residents will be undertaken by the PIC and mentoring DON.

Regulation 13: End of life	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: End of life:
All residents are involved in their end of life decision-making process. This is now reflected in their care plans.

It will be ensured that end of life care plans for our residents with advanced dementia will be completed in their presence.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
The two care plans identified by the Inspector as incomplete have been reviewed by staff and the necessary changes made.

An audit of the residents' care plans will be undertaken to ensure there is sufficient detail recorded on their needs of care. The current system to ensure care plans are in compliance with regulations will be reviewed.
The person in charge will monitor this, to ensure all care plans are up to date, evidence-based, and demonstrate person-centred care, and they also reflect the residents' wishes/preferences regarding their care.

Care plans will be audited on an ongoing basis, with identification of action plans and defined timeframes for completion.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
On investigation of the prolonged waiting period for a retinal screening programme for one resident, it was discovered it had been cancelled by next of kin. Same has been discussed with next of kin. This resident has now been re-registered on the programme and will be seen before end of January.

A full review of residents' care plans that require monitoring of blood glucose levels has taken place and care plans now contain the necessary information on frequency of monitoring and the parameters with which blood glucose levels should be maintained.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Managing Actual and Potential Aggression (MAPA) and dementia care has commenced in December 2018 with an ongoing plan for all staff to be trained in 2019.

Mobile residents have unrestricted access to each unit as they can activate the door release button inside the units.

The HSE Estates department has assessed the works required for an alternative separate entrance for people accessing the day and primary care services. In this regard options are currently being devised to enable unrestricted access for residents from one unit to the other and controlled access would be required at main entrance only.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: All staff are involved in the provision of activities within the centre. A dedicated member of staff has been allocated to support and complement the work of the activities co-ordinator. Activities are provided in the centre seven (7) days per week.

A full re-assessment of individual activities has commenced in December 2018 in the centre by the PIC to ensure that the activities residents engage in are relevant and meaningful. Sonas training has commenced and is being rolled out for all staff by a specialist provider.

Staff providing activities will be supervised by the nurse in charge to ensure residents are supported and facilitated to engage in activities. Records of all activities provided and participation by residents will be maintained.

Mobile residents have unrestricted access to the outdoor gardens, oratory and main dining room as they can activate the door release button inside the units.

In order to ensure complete freedom of movement for the residents in this centre the HSE Estates department has assessed the works required for an alternative separate entrance for people accessing the busy day and primary care services provided within the centre. In this regard, options are currently being explored to provide a separate entrance which when complete will enable unrestricted access for all residents to the outdoor gardens, oratory and main dining room. Controlled access would be required at main entrance only.

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 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.	Substantially Compliant	Yellow	31/12/2018
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout	Not Compliant		30/06/2019

	of the designated centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/03/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	04/12/2018
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	31/03/2019
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/03/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	31/03/2019

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	31/01/2019
Regulation 23(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	31/01/2019
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	31/12/2018
Regulation 6(1)	The registered	Substantially	Yellow	31/01/2019

	provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Compliant		
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	31/01/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	30/06/2019
Regulation 9(2)(b)	The registered provider shall	Not Compliant	Orange	31/01/2019

	provide for residents opportunities to participate in activities in accordance with their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/06/2019