



# 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:	23 and 24 July 2018
Centre ID:	OSV-0000525
Fieldwork ID:	MON-0022310

## 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 divided into two separate areas, one on each 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.**

Current registration end date:	31/05/2020
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
23 July 2018	10:30hrs to 17:30hrs	Sheila Doyle	Lead
24 July 2018	09:00hrs to 16:30hrs	Sheila Doyle	Lead

## Views of people who use the service

Residents were satisfied with the service provided and spoke very highly of the staff. Some residents said that staff were very busy and didn't seem to get a break some days.

Residents also said they were happy with the meals provided. They said there was always a choice.

Residents said they were happy with their rooms with one resident saying it was like a hotel. Residents felt their privacy and dignity was respected, with staff being courteous, and always asking ahead of entering bedrooms or delivering any support required

## Capacity and capability

The governance and management arrangements in place in this designated centre did not ensure the delivery of safe appropriate care to residents. Further improvements are required to ensure effective oversight and resourcing arrangements.

Governance of the centre was not sufficiently robust, a notable deterioration since the last inspection. There had been unplanned changes in personnel, in particular the person in charge. Deputising arrangements were in place but lacked adequate supervision to maintain the previous level of governance.

On the days of the inspection, the person deputising for the person in charge was on leave and another staff member was in charge. However, the staffing deficits in the centre meant that the staff member was fully engaged in providing care to residents and did not have protected time for management duties. A similar situation arose on day two of the inspection.

Consequences of the ineffective and unsafe management system included:

- Poor risk management in particular in relation to fire
- Inadequate oversight and review of the quality of care
- Inadequate staffing levels
- Non compliance relating to documents required under regulation.

As a result of the reduced staffing levels, staff described being rushed in completing their work and not always having the time to engage with the residents in a

meaningful way. The inspector noted that some staff in order to provide care and supervise residents did not take their scheduled breaks. This issue was discussed with the provider representative and the management team at the feedback meeting and agreement was reached that this would be addressed as a matter of urgency.

The actions required from the previous inspection had been addressed although other issues were identified during this inspection.

Changes were required to ensure effective oversight to deliver a safe, quality service to enable positive outcomes for residents. There was a dearth of evidence that the quality and safety of care had been reviewed. The only audits available for inspection related to care plans and restraint. Further attention is required to ensure that issues identified were actioned and followed up on, as part of their quality improvement cycle.

Staff training records were poor and it was not possible for the person in charge on the day or the inspector to determine if all staff had completed the mandatory training required under the regulations.

A sample of staff files and staff records were reviewed and none of four reviewed were in compliance with the regulations. Assurance was not available that Garda Síochána (police)

### Regulation 15: Staffing

At the time of inspection, it was noted that staffing was below the normal staff levels as described in the statement of purpose. Staff spoken with said this was usual on most days due to various leaves and inability to secure additional staff. This was discussed at the feedback meeting and management were requested to address this issue, to ensure that appropriate staff numbers and skill-mix were available in line with the statement of purpose, to meet the assessed needs of residents and the safe delivery of services.

Judgment: Not compliant

### Regulation 19: Directory of residents

The directory of residents was not available. The document provided only contained details of current residents and not the information required by the regulations.

Judgment: Not compliant

### Regulation 21: Records

The sample of staff files reviewed did not meet the requirements of the regulations. Assurance was not available that Garda Síochána (police) vetting was in place for all staff as the necessary documentation was not on site as required by the regulations. Other gaps were also noted such as lack of references and gaps in employment history. Immediate action was required to address this.

Judgment: Not compliant

### Regulation 23: Governance and management

Based on the cumulative findings of this inspection and notifications submitted by the provider, the management systems in place were inadequate and could not ensure the delivery of safe appropriate, consistent care to residents.

Audits completed by management to ensure the safety and the quality of care did not include a meaningful review of the quality and safety of care or any quality improvement plans for the service.

The centre was not adequately resourced with staff.

A new management team was in place without sufficient supports to effectively manage the service. There appeared to be insufficient resources in place to ensure the delivery of safe, quality care services as staff were not always replaced when on leave.

It was unclear if the annual review into the quality and safety of care was completed as it was not made available to the inspector.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Contracts for the provision of care were in place and outlined the services to be provided and the fees to be charged.

Judgment: Compliant

## Regulation 30: Volunteers

Documentation for volunteers relating to Garda Síochána (police) vetting and the setting out of roles and responsibilities was complete. In addition, other information such as an information booklet was also available to volunteers.

Judgment: Compliant

## Regulation 34: Complaints procedure

Residents' complaints and concerns were listened to and acted upon in a timely manner. However, the policy needed to be amended to include details of the persons nominated for specific roles as required by the regulations.

The number of complaints received was minimal.

Judgment: Substantially compliant

## Quality and safety

Overall, residents in the centre were well cared for. There were some proactive health and safety practices and accident prevention measures in place and there was a low level of accidents recorded in the centre. However, some improvements were required in relation to fire evacuation drills and ensuring that all staff are aware of the procedure to follow in case of fire.

Care planning documentation demonstrated a better oversight of residents' needs and outcomes although some improvements were still required to ensure that adequate detail was included to guide practice.

Residents' health, well-being and rights were safeguarded by the systems in place. For example:

- there was a very low incidence of restrictive practices with various alternative measures such as low low beds in use.
- safe management of residents' finances with detailed record keeping was in place.
- infection control procedures, in line with national guidelines, were in place.



## Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in any of the communal areas throughout the centre. The inspector saw visitors coming and going during the inspection and they confirmed they were welcome to visit at any time.

Judgment: Compliant

## Regulation 20: Information for residents

The inspector read the residents' guide and saw that it included the information required by the regulations.

Judgment: Compliant

## Regulation 26: Risk management

Although risk management procedures were in place, the policy did not meet the requirements of the regulations. It did not outline the measures and actions in place to control the risks specified.

Judgment: Substantially compliant

## Regulation 27: Infection control

Infection control procedures, in line with national guidelines, were in place.

Judgment: Compliant

## Regulation 28: Fire precautions

Although fire safety procedures and servicing records were up to date, sufficient assurance was not available that appropriate evacuation procedures were in place for all residents. The inspector noted that fire drills were carried out. However, they tended to be on one side of the building and the inspector could not find evidence

that these has taken place to reflect the requirements for the second unit. This was discussed with the management team and immediate action was taken to address this. Appropriate fire drills were organised to be carried out the week of inspection and the provider undertook to inform the Authority when these were complete.

In addition, the inspector could not find sufficient evidence to confirm that all staff had attended fire training.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

On admission to the centre, each resident's needs were comprehensively assessed. Risks assessments were completed for a number of areas such as falls and pressure area care. Each resident had a care plan completed. This mostly identified their needs and the care and support interventions that would be implemented by staff to meet their assessed needs. Action required from the previous inspection relating to care plans had been partially completed. It was noted at the previous inspection that improvement was required to ensure that care plans were updated to reflect residents' changing needs. The inspector saw that an audit had been carried out and some of the recommendations had been implemented. However, some gaps were still evident. This included providing sufficient detail to guide staff and reviewing the care plans as required.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Procedures were in place to ensure that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However the inspector noted that care plans did not provide details of possible triggers or intervention to use for individual residents.

Ongoing improvements were noted around the use of restrictive practices. The inspector saw that no bedrails were in use at the time of inspection.

Judgment: Substantially compliant

### Regulation 8: Protection

Robust policies were implemented, including staff training, to ensure that residents were protected from all forms of abuse.

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for a number of residents, and arrangements were in place to afford adequate protection and access to these finances.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 19: Directory of residents	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Edenderry Community Nursing Unit OSV-0000525

Inspection ID: MON-0022310

Date of inspection: 23 and 24/07/2018

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>A)</p> <p>1 WTE staff nurse is being transferred from another site. A current staff member is increasing her hours from 19.5 to 32/week. The CNM2 is Acting Director of Nursing and Person in Charge as an interim arrangement pending the processing of the short term temporary appointment. The number of staff and skill mix is reviewed and managed on a daily basis by the Person in Charge.</p> <p>B)</p> <p>General Manager is acting on vacancies. Vacancies will be advertised locally. The Director of Nursing is out on extended sick leave and a short term temporary appointment will be advertised.</p>	
Regulation 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Directory of residents, including RIP residents, has now been updated for 2018 and will be kept up to date by admin staff.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>A) Garda disclosure documentation for all staff members is now on site and stored securely.</p> <p>B) As appropriate, references and gaps in employment history are being addressed to ensure full compliance with regulations.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A further review of the governance and management of the centre has been initiated by the provider representative to address failings identified in this inspection and ensure full compliance with regulations.  </p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints procedure policy has now been updated to take account of the failings identified during the inspection and is now fully compliant with the regulation.  </p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Risk Management policy has been updated to include measures and actions in place to control the risks specified.  </p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire officer has carried out two fire drills to simulate day and night evacuations in unit of concern. Both drills were satisfactory. Reports have been completed and forwarded to HIQA. A detailed training matrix has now been completed which contains fire training documentation of all staff.  </p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans are currently being reviewed and updated as necessary. The Person in Charge is monitoring it on a weekly or needs led basis to ensure the care plans reflect the needs of the individual residents. Increase in staff nurse levels will help improve same.  </p>	

Regulation 7: Managing behavior that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Individual care plans now provide details of possible triggers of challenging behaviour in order to avoid same, and also the interventions to be utilised if behaviour should occur.</p>	



## 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 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 of the designated centre concerned.	Not Compliant	Orange	A) 22 August 2018 B) 31 October 2018
Regulation 19(1)	The registered provider shall establish and maintain a Directory of Residents in a designated centre.	Not Compliant	Yellow	22 August 2018
Regulation 19(2)	The directory established under paragraph (1) shall be available, when requested, to the Chief Inspector.	Not Compliant	Yellow	22 August 2018
Regulation 19(3)	The directory shall include the information	Not Compliant	Yellow	22 August 2018

	specified in paragraph (3) of Schedule 3.			
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.	Not Compliant	Red	A) 01 August 2018 B) 31 October 2018
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 October 2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31 October 2018
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	Not Compliant	Yellow	31 October 2018

	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.			
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Substantially Compliant	Yellow	22 August 2018
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	22 August 2018
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Substantially Compliant	Yellow	22 August 2018
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Not Compliant	Orange	16 August 2018

	that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	22 August 2018
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	22 August 2018
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with	Substantially Compliant	Yellow	22 August 2018

	the resident concerned and where appropriate that resident's family.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	22 August 2018