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Plunkett Community Nursing Unit, Elphin Street, Boyle, Roscommon

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Plunkett Community Nursing Unit
Centre ID:	OSV-0000653
Centre address:	Elphin Street, Boyle, Roscommon.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Julie Silke-Daly
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	9

About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

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

The inspection took place over the following dates and times

From: 10 August 2017 10:30 To: 10 August 2017 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		Compliant
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Substantially Compliant
Outcome 04: Complaints procedures		Substantially Compliant
Outcome 05: Suitable Staffing		Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises		Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection that focused on dementia care. As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. A self-assessment document was issued to the centre to enable the provider compare 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.

The inspector observed the delivery of care, reviewed the systems in place in relation to admissions, discharges, assessments and care plans and viewed the premises layout during the inspection. Staff, residents and day care clients that the inspector

talked to provided their views on the operation of the centre and the services provided. The inspector found staff conveyed positive and well informed views about the care of older people and dependent people. They were familiar with the life style routines and choices of individual residents and the varied ways dementia impacted on the lives of residents. For example, they could describe the varied supports that were needed during activities to enable residents to participate fully and the activities that were most relevant and stimulating when residents had varied levels of dementia.

The inspector observed the delivery of care and staff/resident interactions using the validated observation tool, the quality of interactions schedule, (QUIS) to rate the quality of interactions between staff and residents. The observations took place in the communal areas and included times when scheduled activity was underway. Staff were respectful and friendly to residents and demonstrated that they were familiar with their dementia care needs and took these in to account during interactions and when delivering personal care. Residents were given time to make decisions about meal time choices and where they liked to sit during the day for example and staff communications were clear to avoid causing confusion and distress from excessive information. Residents were greeted warmly by staff when they met and visitors were welcomed throughout the day. The inspector was told by residents that staff worked hard to ensure they were comfortable and satisfied with their care. One resident said "staff never stop working to give us everything we need" and another said "this is a good place and I have been very happy since I moved here".

The Plunkett Community Nursing Unit is purpose built and provides a comfortable environment that meets the needs of dependent people including people who have dementia. It is located a few minutes' walk from the shops, business premises and restaurants in the town of Boyle. The staff team had been proactive in the creation of an environment that enabled residents with dementia to live life as independently as possible. A number of changes had been made to create a more "dementia friendly" environment that suited the individual needs of residents with dementia. Signage had been placed on the doors of facilities such as dining and sitting rooms to help residents identify these areas. Further signage to help residents find their way around was being considered. The main sitting area was home like and there was adequate space for residents to sit together and talk in comfort. Hallways were unobstructed and there was good colour contrast used to highlight wash hand basins and handrails that made them more visible and accessible. There were two safe garden areas that were attractively cultivated and were safe for residents to use independently. The centre had undergone a major refurbishment during 2016 and rooms were now single or double occupancy with the exception of one room that accommodated four residents.

The inspector judged there was an adequate complement of staff deployed with the appropriate skills and experience to effectively meet the needs of residents. The inspector found that residents were well cared for, that their nursing and care needs were being met and that there was a programme of interesting activity to ensure social care needs were addressed. Activity staff facilitated the varied activities which were noted to address individual needs and entertained and engaged residents.

There was access to general practitioners (GP) several days a week and to allied health professionals including twice weekly visits from a pharmacist. The treatment plans and recommendations made were incorporated into care plans and followed by nurses and care staff. Residents have access to well established pastoral care and spiritual support from local clergy who visit the centre regularly.

There were 29 residents including two residents in receipt of respite care accommodated during the inspection. Over 40% had been assessed with a dementia related condition either as their primary diagnosis or as an underlying condition. The inspection focused on six outcomes relevant to dementia care and reviewed the actions taken to address non compliances identified during the last inspection which was conducted in June 2016.

A self assessment document completed by the provider reflected similar judgments to those made by the inspector except for one outcome on staffing where the inspector made a judgment of moderate noncompliance due to the outstanding moving and handling training that was required. The Action Plan at the end of this report identifies the 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. The areas where improvements are required include premises signage to assist residents with way finding around the building, a revision of the sitting room layout and the way activities are organized in this area to ensure all residents can participate as fully as possible in the scheduled activities and improvements in statutory training provision to improve compliance with regulatory requirements.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, medication and the provision of social care. There were twenty nine residents in the centre when the inspection was undertaken. Half of the resident group had medium or low dependency care needs and half were assessed to have high or maximum care needs. Approximately a third of residents had a diagnosis of dementia or some degree of cognitive impairment. Two residents had been admitted for short periods of respite care and the remainder were living in the centre long term. In the self-assessment the centre was judged compliant and the inspector's findings supported this judgment.

The inspector found that the wellbeing and welfare of residents including people with dementia was promoted and protected. The inspector based this judgement on observations of the delivery of care and feedback from residents that indicated that residents felt safe, had appropriate care when they were unwell and experienced a good quality of life from day to day. The inspector tracked the journey of three residents with dementia and also reviewed specific aspects of care such as nutrition, medication management, wound care and end of life care in relation to other residents.

Comprehensive assessments were undertaken prior to and following admission. The person in charge and clinical nurse manager said that care was taken to ensure that the centre was an appropriate setting for each resident admitted. The assessment process included the use of validated tools to assess varied aspects of each resident's health condition and included nutrition needs, medical conditions present, level of cognitive impairment and general dependency, Staff also assessed vulnerability to pressure area problems and skin integrity. Care plans based on the completed assessments were prepared to guide and inform staff and ensure that residents were appropriately supported. The inspector noted that a number of residents were mobile and could undertake a range of activities independently. There were care plans in place that described what residents could do for themselves and the ways that staff ensured that their capacity was sustained and promoted. The inspector found that admission information described residents' needs appropriately and that dialogue took place with other agencies including primary care staff regarding care needs where necessary to ensure that the centre had all the information needed to care for residents safely.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process. Relatives confirmed that staff consulted with them regularly. The inspector saw information in care records that confirmed that staff met relatives, discussed changes in health, planned interventions and progress.

The standard of care planning in relation to dementia care was good with details available on residents' backgrounds and lifestyles that were used to inform care practice. There were for example information that described where people lived, their occupations, interests, family and community connections. The way residents liked their daily routines to be managed and what they liked to do in the centre was also described.

Sensory problems such as difficulty hearing, eyesight problems and communication difficulties were described and these areas were outlined in care plans with the associated assessments and care plans to guide staff interventions.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed on a monthly basis thereafter. Residents' weights were also checked on a monthly basis and more frequently if required. 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. The inspector found that individual preferences and habits around mealtimes were known to staff and observed by them to ensure that residents had appropriate diets and fluids.

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place to ensure that residents received end-of-life care in a way that met their individual needs and wishes. There was a policy on end-of-life care and care plans described how residents wished to be cared for at this time where it was possible to complete this information.

Residents had access to GP services and out-of-hours medical cover was provided. A doctor visited the centre four days a week to review and assess residents. There was also a twice weekly visit from a pharmacist who reviewed medication needs, dealt with orders and audited medication practice. A full range of other services was available on referral to primary care and private services. This included speech and language therapy (SLT), dietetic services and occupational therapy (OT) services. A physiotherapist visited the centre three times a week to provide rehabilitation and ongoing exercise plans. The inspector reviewed residents' records and found that where residents had been referred to these services the results of appointments and recommendation were written up in the residents' notes and transferred to care plans. Residents with complex care and mobility needs were assessed and had assistive wheelchairs and supportive arm chairs to promote their comfort and mobility needs. Periods of restlessness and emotional distress displayed at times by residents was well understood by staff who said that they talked to residents, provided reassurance and involved them in an activity to alleviate their distress. The inspector saw this took place with good outcomes for residents.

The inspector reviewed the medicine arrangements and a sample of administration and prescription records to assess how medicine regimes were managed. The inspector found that good practice in administration, storage and prescribing was evident. The nurses on duty were knowledgeable about the system in place and provided a detailed overview to the inspector. Medicines management practices were found to meet good practice standards. Some residents required medication on an "as required" (PRN) basis or in crushed /liquid formats. This was identified on the prescriptions and the appropriate format made available to residents.

The inspector found that risk assessments to determine pressure area risk were completed on admission and were regularly reviewed. Many residents were provided with pressure relieving mattresses and seating. Wound care management procedures were reviewed and were found to be satisfactory on this inspection. There was one resident with a wound care problem and this was under regular review due to an underlying medical condition. Prescribed dressing regimes were outlined, progress was recorded and monitored and it was easy to determine change in the condition of the wound. Nutritional assessments were completed and dietary supplements added to promote healing.

There were systems in place to ensure that adequate information was relayed to acute hospitals when residents were admitted and there was also information provided to inform the centre on health condition at the time of discharge. Copies of transfer documentation to and from hospital in residents' files contained appropriate information about their health, medications and their specific communication needs.

Residents and their families, where appropriate were involved in the care planning process and their contributions to critical decisions for end of life care and active interventions were recorded. Single rooms were available for end of life care and relatives were supported to be with residents during this time. There was space for them to stay overnight and facilities for making beverages were also available. Community palliative care services were available if required and inspectors saw that the interventions outlined for pain relief and comfort had good outcomes for residents.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration or deficits in nutrition. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of hot meal at mealtimes. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. An inspector observed the lunchtime meal and found that all opportunities were not availed of to make mealtimes in the dining room a social occasion for residents. There was good interaction between staff and residents while the meal time progressed.

There were arrangements in place to review accidents and incidents and residents were regularly assessed for risk of falls. A falls prevention programme was in place and there was clear identification of residents' falls risks by beds to alert staff. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

There was a comprehensive programme for social care that was facilitated by the staff team. The inspector saw that varied interesting activities were organised each day and that residents were supported to participate to their maximum capacity. The regular activities that took place included exercise sessions, bingo, reading newspapers, telling stories about times past and the local area and music sessions. Residents had a plentiful supply of books, local and national papers and access to radio and television. Activities were observed to be facilitated well however as described in outcome- 6 Premises the location and layout of the sitting room where activities were delivered required review. The level of activity and several activities underway at once created a noise level that detracted from how residents could participate in each activity. An action plan to address this is described in outcome 6

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were measures to protect residents being harmed or suffering abuse in place and staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. A policy and associated procedures for the prevention, detection and response to allegations of abuse was in place. Staff had received training and information on this topic to ensure they could safeguard residents appropriately however further training on this topic was required as staff had not completed training on the new safeguarding of vulnerable adults at risk of abuse procedures introduced by the Health Service Executive which staff were expected to follow. The self assessment described this outcome as substantially compliant and the inspector made a similar judgment based on the information and systems in place to protect residents

There were no active incidents, allegations, or suspicions of abuse under investigation.

There was a visitors' record located in the reception area at the main entrance. This enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment and staff were aware of the instances

when bedrail use was selected to protect residents such as when falls were a significant risk that other measures had failed to prevent. However the inspector noted that there was high bedrail use as reported in the notifications each quarter to HIQA and formed the view that ongoing work was required to ensure that bedrails were only put in place when all other safety measures had failed and residents and family members were fully aware of the risks associated with the use of this equipment. There were 22 bedrails in use regularly when the inspection was undertaken.

Judgment:

Substantially Compliant

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:

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice when talking to residents. The inspector spent time observing the delivery of care and staff interactions with residents. A validated observational tool (the quality of interactions schedule - QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents. 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 observations took place at two different times for intervals of 30 minutes. The observations took place in the sitting room where residents were spending time engaged in activity during the afternoon and also after evening tea. Staff were observed to engage positively with residents, to talk and chat to them about the news and to check on their well being regularly. There was plenty of light hearted friendly conversation between activities and all residents including residents who spent time in their rooms had regular staff contact. Several staff were observed to engage with residents who had difficulty communicating and advised them about meal times, upcoming visits from family and the time of the rosary which was said each evening.

After evening tea when residents were relaxing and some were having visitors staff were observed to ensure family members were kept up to date in relation to residents' well being and matters relating to their health. There were no restrictions on visitors and the inspector noted that residents received visitors at varied times of the day. There was space where residents could see visitors in private. It was evident from the engagement that staff knew residents well and were familiar with their individual preferences and personalities. Consultation with families was a high priority according to staff particularly when residents were in either the assessment or final stages of their dementia journey as communication could be limited. Family members told the inspector that staff asked

them about aspects of residents' lives to help them understand residents' needs better. The observations enabled the inspector to conclude that residents experienced positive connective care that enhanced their well being and quality of life.

Residents' privacy was respected and staff knocked on doors or announced their presence where residents had hearing or vision problems. They received personal care in their bedroom areas and curtains were fully drawn around beds in double rooms.

Residents' capacity to make decisions and give consent was described in care plans. Staff could outline how they ensured that residents had meaningful choices and their dignity was promoted. They said they ensured that they had ready access to their clothing and possessions. Residents could choose what they liked to wear and the inspector saw residents were well dressed and well groomed. The day to day routine reflected residents' choices and behaviour patterns. Residents got up and went to bed at times that suited them. Their meal preferences were facilitated.

There was regular consultation including meetings with residents and their views on varied aspects of the service were sought. The meetings were facilitated by a clinical nurse manager and the chef. The inspector reviewed the records of the February and July meetings for 2017. Records indicated that residents' views were taken seriously and responded to when meals, activities and outings were planned. Residents had recently been on a number of trips to local areas that they had chosen to visit. Trips to local farms, nearby towns and hotels were popular. The inspector was told that efforts were being made to have an advocacy service representative attend some meetings to share information. Presently there is access to advocacy services and information on how to contact the confidential recipient was prominently displayed in an areas that residents walked through several times a day. The self-assessment indicated the centre was in substantial compliance with this outcome and the inspector's findings were similar as residents' meetings while they took place they were not regular and did not provide a consistent forum for them to relay their views.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A complaints procedure was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and addressed. The process included an appeals procedure. The complaints procedure was displayed and

met regulatory requirements.

Residents the inspector talked to described how they would make a complaint and said they had confidence that staff would address concerns or complaints.

There was a system in place to record complaints assessed as serious that required management attention however more minor matters raised for attention were not recorded. The process for recording complaints was identified in the self-assessment for review. The person in charge said that a system to record all complaints was due to be introduced to ensure the complaints procedure was fully complaint and to ensure that all matters were addressed effectively. The inspector made a similar judgment of substantial compliance to that described in the self-assessment judgment. Regulation 34-Complaints procedures describes that "all complaints and any actions taken on foot of a complaint are fully and properly recorded".

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The staff team were observed to positively engage with residents through the inspection. All staff could describe their roles and the range of duties that they undertook on a day to day basis. Staff interviewed had a good understanding of the impact of dementia and the problems that it caused in relation to memory and orientation. They were observed to prompt residents when it was time for meals or activities and ensured that residents could participate fully in what was going on. Residents said that staff were kind, diligent and always available to sort out problems when needed.

There were a number of staff absences due to planned leave such as maternity leave and also absences due to long term illness and unexpected illness that was of short duration. The inspector examined the staff duty rota for a two week time span. The rota showed the staff complement on duty over each 24-hour period. The inspector found that there was a planned staff rota and absences were covered by agency staff. The staff numbers and skill mix on duty were appropriate to meet the needs of residents during the day and at night. This judgement was based on observations of care practice, staff interventions, feedback from residents and the availability of social activity. A review of staff documentation conveyed that all the required schedule 2 documents were obtained for staff. The person in charge was aware of the requirement to have

appropriate vetting documentation in place for staff employed before April 2016. Arrangements were in place with personnel staff from the Health Service Executive to have vetting disclosures in the required format available by 31 December 2017. There were records for agency staff employed and these conveyed that staff were vetted and had the required mandatory training. Staff had an induction period that included time becoming familiar with residents care needs and the building layout.

There was a training programme for staff and staff had received training in fire safety, moving and handling and the protection of residents. There were however some staff who had not attended moving and handling refresher training within the required time frame. This was scheduled for attention when the summer leave period concluded the inspector was told. Staff had attended training on other topics that included cardiopulmonary resuscitation, food safety and infection control. The self-assessment indicated substantial compliance with this outcome however the inspector judged the centre as moderately non-compliant due to the training deficit.

The person in charge has a full time role and has responsibility for this centre and another designated centre in the area. He has set days allocated to the management of each centre and staff were aware of the arrangements in place. There was an identified nurse at clinical nurse manager level to take charge in his absence.

Systems to support communication between staff to enable them to provide safe and appropriate care were in place. There were daily handovers to ensure good communication and to promote the continuity of care from one shift to the next. The nurse in charge met doctors, pharmacist and other health professionals during their visits to review residents or provide treatment.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The Plunkett Community Nursing Unit is a purpose-built, single-storey nursing home that provides a day care service and 24 hour care to dependent persons on a long and short term basis. The centre can accommodate 38 residents. The layout reflected a number of good dementia design features to help residents become orientated to their surroundings however signage throughout the building required review to ensure it was meaningful and enabled residents to maintain their independence. There was some good signage to help residents locate the dining room and gardens however some signs

while available in Irish and English had no pictorial symbols and were on a grey background and in a font size that many people with vision problems would find it difficult to decipher.

The entrance opens into the reception area which leads to the dining room on one side and the main communal sitting room and bedrooms on the other. The majority of residents were accommodated in the centre on a long-term basis. Residents' rooms viewed were personalised with photographs and ornaments. The bedroom accommodation was extensively upgraded during 2015 and 2016. Bedrooms are now single or double occupancy with the exception of one bedroom that can accommodate four residents. This room was noted to be large enough to enable equipment such as specialist chairs to be moved in and around beds. It had three large windows, screens around beds and an en-suite toilet and wash hand basin. A shower area is located across the hallway. This room was not in use when the inspection was conducted. Many bedrooms were noted to have a tracking hoist system which eliminates the need to use mobile hoists and enhances the space available to residents. The standard of decoration in bedroom areas was noted to be good with attractive bed linen and curtains provided to help create a home like atmosphere.

There was adequate communal space for the number of residents accommodated including residents who attended for day care services however the way the sitting area was organised required review and the decor showed signs of wear. The area was used as the main sitting area and for the provision of activities throughout the day. Sometimes there were several activities going on at one which compromised they way some residents could participate due to the volume of noise and high activity level. The inspector observed a bingo and an exercise session underway at the same time and as both activities demanded a level of instruction to participants there was a constant volume of noise which made it difficult for everyone to hear and intrusive for people who did not wish to participate in any activity. The area was home like with fire places, book display cases contributing to making it a relaxed space. The inspector was told that a renovation plan had been drawn up to make the area more comfortable and to define the sitting spaces more effectively. The inspector judged that these renovations were required to ensure residents social care activity could be delivered effectively. The centre had accessible outdoor gardens that were attractively cultivated and were used well when the weather was fine the inspector was told.

Dementia friendly design features had been included as part of the premises upgrade. These included good contrasts in the colours used for floors and walls, good use of natural light and fixtures such as wash hand basins which were white were set against a distinct background colour-orange to improve visibility. Shower areas had appropriate accessible aids and residents had a choice of having a bath or shower.

Bedrooms had sufficient storage with a double wardrobe and additional cupboard space available to store residents' belongings. There was over bed lighting to enable residents to use lights independently if accommodated in shared bedrooms. A range of specialist pressure relieving equipment, hoists, wheelchairs and specialist chairs was available when residents required such equipment.

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:

Geraldine Jolley
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

Centre name:	Plunkett Community Nursing Unit
Centre ID:	OSV-0000653
Date of inspection:	10/08/2017
Date of response:	27/09/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

There was a significant use of bedrails and all instances of use were supported by an assessment however the inspector concluded that bedrail use should be reviewed to ensure that this was the most appropriate method to protect residents from falls and was only used when other methods had not provided the required level of safety.

1. Action Required:

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

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

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

Each resident who has bedrails will be reviewed to ensure they are most appropriate method to protect residents from falls.

Proposed Timescale: 31/10/2017

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:

While there was consultation with residents and meeting were arranged these were irregular and did not provide a consistent forum for residents to air their views.

2. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

A timetable for residents meetings to be displayed on notice board for the next year.

Proposed Timescale: 06/10/2017

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:

The complaints record did not include minor matters brought to the attention of staff and the complaints procedure required revision to ensure that all complaints were recorded.

3. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Review of the complaints policy and new form to be implemented to ensure all

complaints are recorded

Proposed Timescale: 31/10/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Training for staff on some topics such as moving and handling that had to be updated within a required timeframe had not been completed by all staff according to the records provided.

4. 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:

We are currently looking at providing this training by both internal HSE trainers and external trainers, some staff have attended Sacred Heart Roscommon already.

Proposed Timescale: 30/11/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The following premises areas required attention:

While there was some signage that provided effective guidance to locations in the building the format of some signs required review as they were not easy to see and there were some areas with no signage to guide residents around the building.

The main sitting area required an upgrade of the décor and a review of the way it was used to ensure that it provided a space that all residents could use in comfort.

5. 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:

There is an estates plan to do work on the ceiling within the day area, when this is complete the day room will be repainted. We are currently looking to see if we can relocate Day Care within the building.
I am seeking a quote presently to reinstate previous dementia friendly signage that was previously there

Proposed Timescale: 30/11/2017