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## Birr Community Nursing Unit, OSV-0000522, 04 June 2020

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**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People

## Issued by the Chief Inspector

Name of designated centre:	Birr Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Sandymount, Birr, Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	04 June 2020
Centre ID:	OSV-0000522
Fieldwork ID:	MON-0029584

## About the designated centre

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

Birr community Nursing Unit is a single-storey facility located in a quiet residential area, within walking distance of Birr town centre. The centre can accommodate 76 residents over the age of 18 years, both male and female for long term and respite care. Two beds are also dedicated to rehabilitation care. Accommodation is set out in three suites, Laurel, Sandymount and Camcor with communal dining and sitting rooms in each suite. Bedroom accommodation for residents is provided in two bedrooms with four beds, 13 bedrooms with three beds, eight twin bedrooms and 13 single bedrooms. Twenty six bedrooms have en suite toilet, wash basin and shower facilities and 10 bedrooms have toilet and wash basin facilities only. A palliative care suite is available in the centre. Services provided include 24 hour nursing care of residents with the following needs; general care, mental health, palliative care and dementia. A medical officer and health and social care professionals are provided as part of the service to residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	64
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 4 June 2020	10:50hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

Feedback received from residents was very positive regarding their experiences and their level of satisfaction with living in the centre. A number of residents confirmed that they had everything they needed and wanted nothing changed in the centre. Residents told the inspector that they liked living in the centre and had 'plenty to keep them occupied', 'never had so many things to do' and were 'so busy that time goes past quickly'. One resident sitting by a window looking out onto a rose garden told the inspector that they 'loved the colour of the roses' and that the roses were never looking so good'. It was a warm sunny day on the day of inspection and the doors from the sitting rooms to the outdoor gardens were wide open. One resident was observed out walking in the garden and other residents told the inspector that they loved going out into the gardens in the warmer weather. The inspector saw that seating in one of the two courtyards was sheltered by branches from a large leafy tree and provided shade from the sun in warmer weather.

All residents who spoke with the inspector spoke positively about the service they received in the centre and the staff caring for them. However, some residents said that although the centre was a 'good place' to be in, they worried about their families in the current Covid 19 pandemic. Residents told the inspector that they listened to the news but were 'saddened' listening to how the Covid 19 virus was affecting people in the community. Residents confirmed that they were supported and encouraged to keep in contact with their families by phone and some looked forward to window visits but wondered if they would ever be able to 'hug' their families again. On asking residents about their views of the current visiting restrictions, they said they 'miss their family but understand it's for the best', 'a small sacrifice' and 'if some good comes out of it, it will be worth it'.

Staff were observed to be respectful, very kind and gentle towards residents and to utilise all opportunities to interact positively and chat with residents. All residents had high praise for staff in the centre and the care they gave them. One resident said 'they (staff) would do anything for you' and 'only for the staff here, life would be terrible'. Residents said that they always felt safe in the centre.

When asked about their views on shared three and four bedroom accommodation, residents said that they 'didn't really mind' because they were 'so well looked after' and two male residents said they liked 'the company' of other people in their bedroom. One resident concluded that alternative accommodation wasn't available in the centre as all the 'single rooms had people in them'.

Residents told the inspector that they knew they could make a complaint if they were dissatisfied with any aspect of the service and felt that they were always listened to. They singled out various staff members they said they would be happy to talk to regarding any dissatisfaction they experienced or anything they were worried about.

## Capacity and capability

The inspector acknowledged that residents and staff living and working in centre has been through a challenging time and that staff and management always had the best interest of residents at the forefront of everything they did at the height of the outbreak and at the present time. However, significant improvement and focus is now required under management systems to ensure that the quality and safety of care delivered to residents achieves regulatory compliance.

This was a one day short-term announced inspection to monitor compliance with the regulations. The inspector followed up on progress with completion of actions from the last inspection in September 2018. Four of nine actions were completed with the exception of improvements to ensure the layout and design of bedrooms accommodating three and four residents met residents' needs, the other actions required were in progress. The inspector also followed up on notifications received by the Health Information and Quality Authority (HIQA).

Although improvements to bring the premises into compliance since the last inspection in September 2018 had not yielded any physical changes to the three and four bed multiple occupancy bedrooms at the time of this inspection, the person in charge confirmed that discussions had occurred and draft floor plans were in progress.

There was a clearly defined management structure in the centre and there were organised systems and processes in place to monitor the quality and safety of care delivered to residents and their quality of life in the centre. Arrangements were in place to monitor the standard of care delivered to residents and outcomes of audits, key clinical parameters and feedback from residents regarding their quality of life in the centre informed improvements in the centre.

There was sufficient staff available with appropriate skills to meet the needs of residents. Required information to be held in the centre in respect to each staff member employed in the centre was complete on this inspection. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

The centre was managed by an appropriately qualified person in charge. The person in charge was the COVID 19 lead in the centre and following a small contained outbreak of Covid 19 that was over at the time of this inspection, was reviewing and updating the centre's preparedness plan in the event of a further Covid 19 outbreak. The person in charge reported to and formally met with the registered provider representative (RPR) to review the quality and safety of the service on a monthly basis. The person in charge participated in regular regional teleconferences in relation to Covid 19 with the RPR, public health representatives and other nurse

managers in the region.

The provider and person in charge welcomed feedback on the service provided, investigated all complaints received and implemented any learning identified. Complainants were informed of the outcome and records were maintained regarding their satisfaction with the outcome. An appeals process was in place.

There was sufficient staff available to meet residents' needs and a comprehensive programme of training for all staff was facilitated, including mandatory training requirements and additional staff training in response to the Covid 19 pandemic.

### Regulation 15: Staffing

Sufficient numbers of skilled staff were available to meet the assessed needs of residents and as described in the centre's statement of purpose. Each member of staff were aware of their roles and responsibilities regarding providing person-centred care and timely assistance for residents. Residents confirmed there were no delays in staff attending to their personal care and assistance needs.

An actual and planned staffing rota was maintained in the centre. The staffing roster reflected the staff on-duty on the day of inspection. Arrangements were in place to replace any planned or unplanned leave. A staffing contingency plan was prepared in readiness for any future outbreaks of Covid 19 infection in the centre necessitating staff increases to meet residents' needs and replacement of unplanned leave by staff.

No volunteers were operating in the centre at the time of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The training needs of staff was informed by residents' needs and annual staff appraisals completed by the person in charge. A staff training matrix record was maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training done by staff. Mandatory staff training in safeguarding residents from abuse, safe moving and handling procedures and fire safety had commenced in early 2020 for a large number of staff and was deferred for other due restrictions implemented in response to the national emergency. Alternative arrangements were in progress or being planned by the person in charge to ensure all staff in the centre completed mandatory training as required. Staff were facilitated to attend professional development training to ensure they were skilled in meeting the needs of residents in the centre. Staff were facilitated to attend additional training to ensure they were skilled in timely

recognition of and caring for residents with or suspected of having Covid 19 infection and competent with implementing a high standard of infection prevention and control practices and procedures.

Arrangements were strengthened since the last inspection in September 2018 to ensure all staff were supervised on an appropriate basis. Staff were recruited, selected and vetted in accordance with best practice and legislative requirements. A staff recruitment policy was available.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents in the centre was maintained and made available to the inspector. The directory of residents detailed all information regarding each resident as required by the Regulations.

Judgment: Compliant

### Regulation 21: Records

A sample of staff files were examined by the inspector and were found to meet the requirements of the Regulations on this inspection. An Garda Síochána (police) vetting disclosures were available in all of the staff files examined. The person in charge gave assurances that all staff had completed satisfactory vetting prior to commencing employment in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and their staff files contained the necessary disclosure documentation. All nursing staff files examined contained confirmation of their up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

A record of simulated emergency evacuation drills and tests of fire equipment and actions taken to remedy any defects found was maintained.

There was some gaps evident in the daily records of each resident's condition and treatments given by nursing staff.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The centre's management structures were clear and ensured the service delivered appropriate, accountable, safe and consistent care to meet the needs of residents. Monthly regional and local governance meetings were held to ensure continuing review and oversight of the service provided. The provider representative and the person in charge met on a monthly basis and effective team communication was promoted locally by the person in charge, with regular staff meetings. The person in charge were supported in their role by an assistant director of nursing and clinical nurse managers.

An on-call senior management rota was in place to support staff in the centre out-of-hours if necessary. Arrangements were also in place where the clinical nurse managers worked over seven days each week to provide ongoing senior management cover. This arrangement ensured consistent supervision of residents' clinical care and on-site availability of senior management staff to support staff with addressing any issues that may arise and to meet with residents and their families.

Management arrangements and monitoring systems were in place to review the quality and safety of care delivered to residents and informed quality improvements in the centre. Key areas of practice and resident outcomes were monitored by the person in charge on a weekly basis. Information collated from quality and safety audits was analysed, including infection prevention and control, care planning and medication management audits completed in May and June 2020. Deficits identified informed corrective action plans which were progressed. There was also evidence of improvements made in response to service audits and feedback from residents. For example, a number of communication tools were recently purchased with funding provided to promote residents' remote communication with their families during the current restricted visiting arrangements.

The provider ensured that adequate resources were provided to meet residents' needs.

Judgment: Compliant

### Regulation 3: Statement of purpose

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

Judgment: Compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

### Regulation 34: Complaints procedure

An up-to-date policy was available to inform management of complaints in the centre. Residents' feedback was sought and welcomed and was used to improve the service as necessary. Information on the complaints procedure in the centre and accessing support was communicated to residents and the complaints procedure was displayed.

A person in the centre was nominated to ensure that complaints were responded to appropriately and records were kept as required and this role was detailed in the complaints policy. The records confirmed that a small number of complaints were received and they were appropriately recorded, investigated and the outcome was discussed with complainants. The satisfaction of complainants with the outcome of investigations was recorded and an appeals procedure was in place.

An independent advocacy service was available to residents to assist them with raising a concern and the contact information for this support was made available to residents. Independent advocacy were supporting some residents in the centre with voicing their preferences.

Complaints were reviewed at the monthly governance and management meetings. Residents who spoke with the inspector confirmed that they were aware of the complaints procedure and said that if they were dissatisfied with any area of the service they would talk to the person in charge, staff that they knew well or their family members.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre's operating policies and procedures were made available to the inspector. Policies and procedures were recently updated, centre-specific and available to staff. All policies and procedures were reviewed and updated at intervals not exceeding three years to ensure the information in them reflected best practice.

All relevant policies such as, end-of-life care of residents, infection prevention and control and visiting procedures were updated to describe the procedures in place during the Covid 19 national emergency.

Judgment: Compliant

## Quality and safety

Residents nursing and health care needs were met to a good standard and they were assured of timely access to medical and health and social care professionals as necessary. The centre was comfortable and warm. The layout and design of the communal areas, single and twin bedrooms met residents' needs to a good standard, However, as identified on previous inspections, multiple occupancy three and four bed bedrooms did not afford residents sufficient privacy and dignity or personal space. The provider committed to optimise the layout and design of these bedrooms but little progress had been made since February 2016 to improve these bedroom facilities. This finding continued to detract from good efforts made in other parts of the centre to create a homely and personalised environment for residents living in this environment.

Living in multiple occupancy three and four bed bedrooms in the centre, posed a risk to residents of cross infection in the current COVID 19 pandemic crises. The centre's management team were aware of the Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units issued by the Health Protection and Surveillance Centre (HPSC). These guidelines recommend that residents be encouraged and supported to maintain two meter physical distancing. However, due to the close proximity of all residents' beds in two bedrooms with four beds in each and 13 bedrooms with three beds, the option to socially distance was not possible and therefore increasing residents' risk of contracting an infection.

A dedicated staff team had responsibility for residents' social and recreational activities in the centre and they ensured residents were supported to participate in a variety of meaningful activities that met their interests and capabilities. There was good use of colour and traditional domestic memorabilia that enhanced residents' familiarity and comfort in their environment. Attractive wall hangings, paintings and ornaments were displayed, many of these were produced by residents who participated in arts and crafts as part of the activity programme in the centre. These approaches to providing activities and person centred engagement enhanced the quality of life for residents in the centre.

Residents had good access to a number of safe, enclosed gardens with safe pathways and outdoor seating. Mature trees provided shading and a variety of small trees, shrubs and flowers made these areas interesting and colourful retreats.

Residents enjoyed spending time in these gardens and staff optimised this residents' interest in the outdoors by hosting barbecues for them, rearing hens and with raised vegetable planters.

Supporting residents to exercise choice in their activities of daily living was important to the person in charge and staff. With the exception of choice of television viewing in shared bedrooms, residents' preferences and wishes were listened to and met, if possible.

Inspectors observed positive interactions between residents and staff. Residents stated they felt safe in the centre and were complimentary in their feedback about the staff team and centre's management. A safeguarding policy was in place and all staff were appropriately trained in safeguarding residents from abuse.

Residents were protected from risk of fire and their evacuation needs were appropriately assessed. Arrangements were in place, supported by policies and procedures to ensure residents health and safety needs were met. All hazards including risk of Covid 19 infection were identified, assessed and controls were in place to mitigate risk levels. Systems were in place to manage critical incidents. A post Covid 19 outbreak review was in progress by the person in charge to identify any areas needing strengthening and learning. Accidents and incidents to residents in the centre were recorded, investigated and appropriate action was taken with follow up and review procedures.

### Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from risk of contracting Covid 19 infection. Staff were committed to ensuring residents and their families remained in contact by means of regular window visits, telephone and video calls. Plans to commence controlled visits for residents by designated family members at the end of June 2020 were being discussed in consultation with residents.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had sufficient space to store their clothes and other possessions. Residents were supported and facilitated to retain access to and control over their personal clothing and possessions. Residents' wardrobes were conveniently located by their bedside. Residents' clothing was maintained and laundered in the centre to a good standard.

The provider is a pension agent for collection of eight residents' social welfare

pensions on their behalf. The procedures in place for managing these monies were transparent and reflected best practice and the legislation. Residents' money was held securely for them and all transactions were transparent, recorded and signed. Residents had access to their money as they wished.

Judgment: Compliant

## Regulation 17: Premises

The centre was spacious and bright and was well-maintained and the layout and design of communal rooms provided a comfortable and homely environment for residents.

The centre is arranged in three separate units with sitting and dining facilities in each. Residents' bedrooms consisted of;

- 13 single bedrooms, eight of which had full-en suite facilities and five had an en suite toilet and wash basin only,
- eight twin bedrooms, six of which had full-en suite facilities and two had an en suite toilet and wash basin only,
- 13 bedrooms with three beds in each, 10 of which had full-en suite facilities and three had an en suite toilet and wash basin only,
- two bedrooms with four beds in each had full en suite facilities.

Fifteen of the 28 bedrooms accommodated three or more residents. While some bedrooms with four beds had previously been reduced to three beds by removing one bed, this action did not change the overall layout or space available to give additional personal space or privacy to each resident. Residents were encouraged to personalize their bedrooms but shelf space for residents to display their personal photographs and mementos remained limited in most bedrooms with three and four beds. These findings have been identified to the provider in previous inspections since February 2016 and to date actions taken by the provider to address these findings have been limited.

Safe floor covering, appropriate signage, hand rails in circulating corridors and grab rails in toilets/showers were available throughout the building to support residents' independence and to support them to safely navigate their way around the centre. Some residents used motorised wheelchairs and the wide corridors throughout optimised access for them. Servicing of equipment used for residents was undertaken as required.

Sufficient storage was available for residents' equipment.

Judgment: Substantially compliant

## Regulation 25: Temporary absence or discharge of residents

A policy was available in the centre to inform the procedures for the temporary absence or discharge of residents. Records were maintained regarding residents who leave or are temporarily absent from the centre. Arrangements were in place for communication of all relevant information regarding residents' transfer or discharge to the hospital or back into their community.

Judgment: Compliant

## Regulation 26: Risk management

The health and safety of residents, visitors and others was promoted and protected by the provider with proactive and responsive risk management procedures in the centre. An up-to-date safety statement and risk management policy was in place.

The centre's risk management policy included the measures and actions to control the risks specified in regulation 26(1)(c). Hazards including Covid 19 infection in the centre were identified, risk assessed and documented in the centre's risk register. Controls were specified to effectively mitigate levels of assessed risk. Arrangements were in place to identify, record, risk assess and investigate any adverse events involving residents or others. A review was underway of a recent outbreak of Covid 19 infection to identify any areas that needed improving and to ensure any learning was implemented and risk of recurrence was effectively mitigated.

An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any major incidents that posed a threat to the lives of residents.

Judgment: Compliant

## Regulation 27: Infection control

The centre recently had a small Covid 19 outbreak and the centre's Covid 19 outbreak preparedness plan was effective in controlling and containing the infection. The centre was free of Covid 19 infection at the time of this inspection.

An action plan developed following a recent environmental hygiene audit included the replacement of two bedpan washers. The inspector noted that this action was completed. Environmental cleaning was increased throughout the centre and the

centre was visibly clean.

An area of the centre was designated as an isolation area in preparedness for any further infection outbreaks. This designated isolation area included a multiple occupancy bedroom that was reduced from four beds to one bed to facilitate effective isolation procedures. Appropriate signage was displayed and access by all persons into this area was controlled by staff. Health care risk waste bins, personal protective equipment (PPE) and hand hygiene facilities were also provided and placed for convenient accessibility.

All staff had completed training in hand hygiene and donning and doffing PPE procedures. The provider fitted hand gel dispensers by each resident's bed throughout the centre in addition to hand gel dispensers fitted by doors to all rooms and along corridors. Staff were observed by the inspector to consistently complete appropriate and frequent hand hygiene. Residents were also encouraged and supported to perform hand hygiene, respiratory etiquette and social distancing in corridors and communal areas.

However, 15 multiple occupancy bedroom with three and four residents in each room, did not ensure that residents would be protected from risk of cross infection in the event of a further outbreak of Covid 19 infection in the centre. Social distancing guidelines of two meters between each two residents in these multiple occupancy bedrooms could not be assured as residents' beds were spaced between 100 and 115cms apart. Five single bedrooms, two twin bedrooms and three bedrooms with three beds had an en suite toilet and wash basin but no shower facility. Residents in these bedrooms had to travel to another part of each unit to access washing facilities. These findings did not reflect the national standards for infection prevention and control.

Judgment: Not compliant

## Regulation 28: Fire precautions

Fire safety management procedures were completed with scheduled servicing and maintenance of the centre's fire warning system and safety equipment. Arrangements were in place for completion of routine fire safety checking procedures including daily checks that all fire exits were free of any obstructions and weekly tests that the fire alarm system was operational. There were gaps evident in this information. Quarterly service records were completed for the first quarter of 2020 for the emergency lighting and the fire alarm system.

Procedures were in place to ensure residents could be safely evacuated in the event of a fire. Each resident had their evacuation needs individually assessed and documented. These assessments took account of residents with cognitive or physical conditions that could potentially delay their evacuation. Staff were facilitated to attend annual fire safety training and to participate in simulated emergency

evacuation drills to take account of day and night time conditions. The records of simulated emergency evacuation drills demonstrated timely evacuation procedures and identified areas for learning as appropriate.

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, depression and their supports needed regarding their mobility needs. Residents were closely monitored for any deterioration in their health and wellbeing.

Care plans were developed to inform the care supports and assistance each resident needed. The information in the sample of residents' care plans examined by the inspector was improved since the last inspection in September 2018 and clearly described interventions staff must complete that were reflective of each resident's individual preferences and wishes regarding their care. Residents' risk of developing pressure related skin damage was assessed and closely monitored and no residents in the centre had developed any pressure related skin wounds.

The inspector saw that residents or their families on their behalf were involved in the development of residents' care plans and subsequent reviews. The records maintained since the last inspection provided assurances that this consultation process occurred. The person in charge and staff team had identified that this consultation record could be improved with greater detail of the consultation process and any changes made as a result and were working to implement improvements.

Judgment: Compliant

### Regulation 6: Health care

Residents health care needs were met to a good standard with timely access to a GP in the centre, out of hours GP services, community psychiatry of older age, palliative care, tissue viability nursing services and a geriatrician. Health and social care professionals including physiotherapy, occupational therapy, speech and language therapy and a dietician supported residents' care as needed. Residents care documentation and maintenance of their care records was improved since the last inspection.

Residents were supported to attend out-patient appointments as appropriate.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to ensure residents were safeguarded and protected from abuse. All staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse.

Residents confirmed to the inspector that they felt safe in the centre. All staff interactions observed by the inspector with residents were respectful, courteous and kind.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were being kept informed regarding arrangements in place to safeguard them from Covid 19 infection by staff in each of the three units in the centre. They were consulted with where possible and their views were valued. A survey was completed with residents and their families to ensure they were satisfied with the arrangements in place for keeping in contact with each other.

Staff in the centre made efforts to ensure each resident's privacy and dignity needs were met by knocking on bedroom and bathroom doors before entering. Staff were respectful and discreet when attending to the personal needs of residents ensuring bed screens and bedroom and bathroom doors were closed when assisting residents with their personal care. However, residents' privacy and dignity needs could not be met to an optimal standard in bedrooms accommodating three and four residents due to the following;

- screening curtains within close proximity to some beds did not ensure residents' privacy during hoist transfers.
- screening provided did not provide sufficient protection from noise and odours.

Residents were supported and facilitated to participate in meaningful activities that reflected their interests and capabilities. Information about each resident's previous life, significant events and places and their individual interests were collated and used to support their social engagement and to inform an activity programme that met their needs. A designated staff member with responsibility for facilitating residents' activities was appointed in each unit. As barbecues in the enclosed gardens were a favourite activity for many residents, a barbecue for each of the three units was purchased by the provider enabling them to continue to enjoy barbecued meals outdoors during the summer while social

distancing. Additional funding also facilitated purchase of smart televisions, record players and radios for residents' enjoyment. Part of one of the enclosed gardens was fenced off as a run for four hens which two residents enjoyed looking after. A raised vegetable bed in another garden was tended by residents who had an interest in gardening. The records of the activities residents participated in concurred with feedback from residents who told the inspector that they participated in several different activities during each day. However, these records did not record each resident's level of engagement in the various activities provided to give assurances that the activities met their interests.

Local and national newspapers were made available for residents. Residents were facilitated to exercise their religious rights and clergy from the locality held services from the enclosed gardens in the centre.

Some residents in twin bedrooms and bedrooms with three and four beds in each did not have choice of television viewing as they shared a television with a resident in the adjacent bed and could not view programmes of their choice or when screen curtains were closed around the adjacent bed. Their choice of listening was also negatively impacted by this arrangement in the absence of appropriate discreet listening equipment.

Judgment: Not compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Birr Community Nursing Unit OSV-0000522

Inspection ID: MON-0029584

Date of inspection: 04/06/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The importance of completing a daily recording of the residents health, condition and treatment given in the narrative notes has been discussed at staff team meetings.</p> <p>The Clinical Nurse Manager or designated person is carrying out care plan audits with the recording of narrative notes a key indicator within the audit scope.</p> <p>The feedback from audits is discussed with nursing staff, both collective and individually to inform continuing best practice in documenting a record on a daily basis in accordance with professional guidelines.</p> <p>Actions plans have been developed to address the deficits identified within audits undertaken.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The layout and configuration of the multi-occupancy bedrooms has being reviewed to meet the assessed needs of residents to ensure adequate personal space to meet their needs for privacy and dignity.</p> <p>The 15 multi-occupancy bedrooms were reviewed with Estates Management and Senior Management in Older Persons Services to ascertain accurately the space available between each occupied bed.</p>	

In each case the space measurements between individual beds meets the 2 meters distance in line with National Guidance on Physical Distancing. Attached are scale drawings identifying in each multi-occupancy bedroom the space available between each resident's beds.

The five single bedrooms, two twin bedrooms and three bedrooms with three beds which presently have en-suite facilities comprising of a toilet and wash hand basin only will each be provided with an easily accessible shower. This will ensure sufficient bathing facilities are available to meet the needs of all residents within each bedroom ensuring their privacy and dignity needs are met. One single en-suite has a new wet area installed recently.

Costings in line with HSE protocol on procurement are in the process of being sourced and once received a tracking hoist system will be fitted in multi-occupancy bedrooms to ensure the moving and handling needs of residents can be met in a dignified manner within the screened bed space to protect their privacy and minimize any intrusion on other residents' personal space.

Additional shelving space is being erected to allow residents store personal items within the vicinity of their bed space.

A development control plan is being prepared to identify the proposal for the development of all single en-suite room accommodation within Birr CNU. The development control plan will be complete within 6 months. However the implementation of the development control plan is subject to securing capital funding.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

The 15 multi-occupancy bedrooms were reviewed with Estates Management and Senior Management in Older Persons Services to ascertain accurately the space available between each occupied bed.

In each case the space measurements between individual beds meets the two meters in line with National Guidance on Physical Distancing. Attached are scaled drawings identifying in each multi-occupancy bedroom the space available between each resident's bed.

A designated isolation area is available in Birr CNU for any residents who are required to isolate.

The infection control precautions in place are under constant review and updated to take account of emerging best practice. Staff have recently completed hand hygiene and

Personal Protection Equipment training.

All admission to Birr CNU follow public health guidance with regard to the 14 day isolation requirement.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Ten en-suite bathrooms in multi-occupancy bedrooms are being upgraded with the installation of easily accessible shower facilities. This will ensure all residents bathing needs are met within their bedroom area ensuring their privacy and dignity is maintained at all times.

The installation of an overhead tracking hoist system within multi-occupancy bedrooms will ensure the moving and handling needs of residents can be met in a dignified manner within their screened bed space to protect their privacy and minimize any intrusion on other residents personal space.

Residents' level of engagement in activities has been added to the outstanding activity record sheet. This information will be utilized to inform planning the activity schedule.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall 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.	Substantially Compliant	Yellow	31/12/2020
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	31/10/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Not Compliant	Orange	31/12/2020

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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.	Substantially Compliant	Yellow	31/12/2020
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/12/2020