



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

Issued by the Chief Inspector

Name of designated centre:	Abbeyleix Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Ballinakill Road, Abbeyleix, Laois
Type of inspection:	Unannounced
Date of inspection:	27 October 2022
Centre ID:	OSV-0000527
Fieldwork ID:	MON-0034390

About the designated centre

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

The Community Nursing Unit, Abbeyleix, is a 10 bed facility set on mature grounds on the outskirts of the town of Abbeyleix. The Community Nursing Unit is located on the ground floor of a two-storey building. The centre provides care for one resident on a continuing care basis and cares for nine residents with respite, convalescence and short-term care needs. The centre consists of four twin rooms and two single bedrooms. One single room has an ensuite with an accessible shower, WC and WHB. Wheelchair-accessible toilets and shower rooms are conveniently located for residents' use. Other accommodations included a large sitting, dining room, visitors room, quiet sitting room, an oratory, and a kitchen along with staff offices, two sluice rooms, a treatment room and a laundry. There is a secure internal garden with a water feature and seating areas. In addition, there are extensive, well-maintained garden areas around the front and side of the building. Parking is available at the front and rear of the building. The centre currently employs nursing staff, care staff, catering, household, laundry, administration and maintenance staff. Residents with health and social care need with low, medium, high and maximum dependency needs are considered for admission.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 27 October 2022	08:50hrs to 15:00hrs	Helena Budzicz	Lead
Thursday 27 October 2022	08:50hrs to 15:00hrs	Frank Barrett	Support

What residents told us and what inspectors observed

The inspectors arrived unannounced at the centre. On arrival, they were met by the person in charge, and after a short introductory meeting, inspectors completed a tour of the designated centre. There was a confirmed resident case of COVID-19 within the designated centre, who was being isolated in their bedroom.

The atmosphere was relaxed and calm on the day of the inspection. There were seven residents living in the centre on the day of the inspection. Six residents were receiving short-term care for 10 days only, and one resident was receiving long-term care. The inspectors reviewed the newly refurbished premises on side A of the centre. The bedrooms were refurbished and decorated with new modern furniture, and some bedrooms and bathrooms had a ceiling hoist to assist residents with impaired mobility. Assistive call-bells were available in both the bedroom and en-suite for residents' safety. Clinical hand wash sinks were available within each bedroom for staff use. There was a modern and spacious nursing station. Large communal areas contain sitting and dining rooms and two large patios with a view of Abbeyleix town.

Inspectors also viewed the older part of the centre, called side B, where the residents resided on the day of the inspection. Inspectors saw a number of residents' bedrooms and found they were personalised with family photographs, throws, and decorative ornaments. They were bright and homely spaces with nice furniture and fixtures. Some residents were observed chatting with each other in the sitting room, while others preferred to stay in their bedrooms. Residents were observed to be well-dressed, with individual styles evident.

Staff were observed to be following appropriate infection prevention and control guidelines in their work practices. Alcohol-based hand gel dispensers were readily available along corridors and within residents' rooms. Some small improvements were needed in the bathroom facility located in the newly refurbished part of the centre, as further outlined under Regulation 27.

Throughout the day, the inspectors observed staff speaking with residents in a positive and friendly manner which respected residents' dignity and independence. There were opportunities for recreation and activities. Mass for residents was scheduled weekly. Residents were encouraged to participate in activities in accordance with their interests and capacities. Advocacy services were available via an external advocate. Residents were encouraged and facilitated to participate in the organisation of the centre through surveys and resident meetings.

The following two sections, capacity and capability and quality and safety, will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The designated centre had a well-organised management structure, which ensured good quality clinical care was being delivered to the residents. This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 following an application to vary condition 1 of the registration of the centre. The person in charge demonstrated knowledge of the regulatory requirements and had improved systems in place to ensure that the care provided was safe, appropriate and effectively monitored.

Abbeyleix Community Nursing Unit is a designated centre for older persons that is operated by the Health Service Executive (HSE), who is the registered provider. There was a clearly defined management structure in place that identified the lines of authority and accountability. The person in charge held the post of interim Director of Nursing (DON) and reported to the manager of older person service. The person in charge is supported in her role by a team of nursing, care, household, maintenance and catering staff.

Staffing levels were appropriate for the size and layout of the centre and the number of residents being accommodated at the time. Staff were supported and facilitated to attend professional development training, including COVID-19 infection prevention and control training.

There was evidence of quality improvement strategies and monitoring of the service through a schedule of internal clinical and environmental audits such as medication, mattress, falls, care plans and infection control and prevention audit. Audits were found to have associated action plans in place to mitigate against risk and to improve the service provided.

The centre's COVID-19 Contingency and Response management plans were updated regularly. Inspectors acknowledged that the centre did not experience a COVID-19 outbreak since the start of the pandemic.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider had submitted an application to vary condition 1 of registration. The proposed variation involves transferring residents from side B to the renovated part

A of the centre, which will provide an enhanced quality environment for all the residents.

Judgment: Compliant

Regulation 15: Staffing

The review of the staff rosters found that the number and skill-mix of staff rostered each day was appropriate to meet the collectively assessed needs of the residents, having regard for the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to various online and in-house training. The inspector saw that almost all training was up-to-date, with training dates scheduled for those requiring refresher training.

Judgment: Compliant

Regulation 21: Records

Records, as set out in Schedules 2, 3 and 4, were kept in the centre and were made available for inspection. An Garda Síochána (police) vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was available for each member of staff.

Judgment: Compliant

Regulation 23: Governance and management

The provider had management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. The centre was adequately resourced by the registered provider.

An annual review was prepared for 2021 in consultation with the residents and their families, which identified areas for improvement in 2022.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports, as set out in schedule 4 of the regulations, were notified to the office of the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A summary of the complaints procedure was displayed and was included in the centre's statement of purpose. The complaints log confirmed that all complaints were processed in accordance with the centre's policy and procedure and recorded the satisfaction levels of the complainant.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed an appropriately qualified and experienced person in the role of the person in charge of the centre who met the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors observed that residents' rights were respected. Residents' nursing, health care, and social needs were met to a high standard, and residents' care was person-centred.

Inspector reviewed a sample of residents' records. Care plans for new residents who were admitted to the centre for short-term care were developed within 48 hours of

the resident's admission, and inspectors saw that care plans were reviewed at intervals not exceeding four months. There was also evidence that residents had timely access to medical, health and social care professionals.

The centre had arrangements in place to protect residents from abuse. The registered provider had taken steps to ensure the full workforce had undertaken safeguarding training. All interactions by staff with residents on the day of the inspection were seen to be respectful.

Staff had up-to-date fire safety training, and regular fire drills were occurring, including the completion of a fire drill based on the designated centre's largest compartment with night time staffing levels. The fire drills for the newly refurbished part of the centre were also completed. A review of records indicated that the fire alarm, emergency lighting and fire safety equipment had preventive maintenance conducted at the recommended intervals. However, some improvements were required in relation to fire safety, and these are discussed under regulation 28 of this report.

Overall, the centre was clean, with the registered provider providing adequate cleaning resources, including cleaning staff and equipment. The provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018); however, further action is required to be fully compliant.

Regulation 11: Visits

Visiting was facilitated within the centre in line with the requirement of Regulation 11.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured having regard to the needs of the residents of a designated centre and provided premises which conform to the matters set out in Schedule 6.

Inspectors saw that the Community Nursing unit Side B consisted of 3 single-occupancy bedrooms with one en-suite and four twin-occupancy bedrooms with one room for single-occupancy only. The newly refurbished part of the building - Side A - consisted of 10 single occupancy bedrooms with en-suite. The person in charge clarified that all residents would be moved to the new part after the application to vary would be processed.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018); however, an area of improvement was identified in the management of the environment to ensure that the risk of transmitting a healthcare-associated infection was minimised in all areas. This was evidenced by the following;

- The bathroom area in the new part of the centre required a review as the wooden part around the toilet was bulging, and the grabrails were worn out, which did not support effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider was required to make adequate arrangements for reviewing current practices in respect of fire precautions as the following risks were identified on the day of inspection:

- Two fire doors were seen to be held open by a chair, and a fire extinguisher, on the day of the inspection. This was promptly addressed on the day of the inspection.
- Fire evacuation routes were partially obstructed by the trolleys, a car and waste wheelie bins.
- Waste bins were being stored around the generator, posing a risk of damage. Furthermore, there is an oil tank in close proximity to the generator, so in case the bins damage the generator, there is a possibility of a fire due to that damage, and the risk of fire spread to the oil storage is increased.
- The automatic fire suppressant system was not installed in the boiler house to prevent the spread of the fire.
- There was no fire blanket or dedicated fire extinguisher in the smoking shed assigned for residents' use.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with residents and their families in relation to care plans.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to their general practitioners (GPs), and residents are supported to retain the GP they attended before admission to the centre. Residents also had access to a range of health and social care professionals such as a physiotherapist, dietitian, speech and language therapist, tissue viability nurse (TVN), and psychiatrist of old age.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse, including an up-to-date safeguarding policy, and all staff had received training in safeguarding.

The registered provider did not act as a pension agent for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted in relation to the operation of the centre through residents' meetings and surveys. The residents had access to individual copies of local newspapers, radios, telephones and television. Residents have access to advocacy services.

Judgment: 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
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbeyleix Community Nursing Unit OSV-0000527

Inspection ID: MON-0034390

Date of inspection: 27/10/2022

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Bathroom area in the newly refurbished designated centre will be painted. New Grabrails and a mirror have been ordered and will be installed. The bulging wooden area around the toilet will be rectified.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Fire escape route from kitchen is cleared. All fire doors are checked daily and the importance of not wedging fire doors has been discussed with all staff. 2. All bins have been removed from the vicinity of the generator 3. A designated area for the storage of waste wheelie bins has been identified onsite. This is located away from the generator, Oil tank, Flogas tanks, Medical gas shed to ensure the risk of fire is mitigated 4. The area external to the emergency exit fire doors will be kept clear at all times. 5. Automatic fire suppressant System for the newly refurbished Boiler house has been requested with Estates. Installation is awaited. 6. A fire blanket and fire extinguisher will be provided in the smoking area assigned for residents use. 	

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	19/12/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	19/12/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2022