



**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:	Announced
Date of inspection:	29 May 2024
Centre ID:	OSV-0000522
Fieldwork ID:	MON-0043076

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 74 residents over the age of 18 years, both male and female for long term and respite care. Six 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 15 bedrooms with three beds, eight twin bedrooms and 13 single bedrooms. All bedrooms have en suite toilet, wash basin and shower facilities. 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:	71
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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
Wednesday 29 May 2024	09:50hrs to 17:15hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were complimentary about staff, who they described as kind, patient, and respectful. Staff were observed to deliver care and support which was in line with residents' assessed needs.

This announced inspection was carried out over one day. There were 71 residents accommodated in the centre on the day of the inspection, and three vacancies.

The inspector was met by the person in charge on arrival to the centre. Following an opening meeting, the person in charge accompanied the inspector on a tour of the centre which provided an opportunity to meet residents and staff. The majority of residents were up and about in the various areas of the centre. Some residents chose to sit together in the communal areas, while other residents chose to remain in their bedrooms. The inspector observed that other residents were having their care needs attended to by staff. Staff were observed assisting the residents in a relaxed and attentive manner. There was a pleasant atmosphere throughout and friendly, familiar chats could be heard between residents and staff.

Birr Community Nursing Unit is located in the town of Birr, County Offaly. The centre is a single-storey purpose-built facility which provides accommodation for 74 residents. The living and accommodation areas were spread over three suites, Camcor, Laurel and Sandymount. Bedroom accommodation in the centre comprised of single and multi-occupancy bedrooms, all of which were ensuite. Residents' bedrooms were bright and spacious, and provided residents with sufficient space to live comfortably, and with adequate space to store personal belongings. Many bedrooms were personalised with photos, ornaments and other items of significance. Residents had access to bright communal spaces including day rooms, dining rooms, an oratory and a multi-sensory room. There were a number of quiet rooms available, providing residents with a comfortable space to enjoy quiet time or to meet with friends and family members in private.

The centre was found to be laid out to meet the needs of residents. The centre was warm and well ventilated throughout. There were appropriate handrails available and corridors were unobstructed to allow residents with walking aids to mobilise safely. There was a sufficient number of toilets and bathroom facilities available to residents. Call-bells were available in all areas and answered in a timely manner. There were appropriate sluicing facilities in the centre. The centre was very clean, tidy and all areas were styled to create a homely environment.

There was safe, unrestricted access to outdoor areas for residents to use. These areas included landscaped gardens and courtyards which contained a variety of suitable garden furnishings, a polytunnel and several seasonal plants. There were seating areas provided beside the doors to the gardens which provided residents

with pleasant views of the exterior. A number of residents told the inspector that they were actively involved in managing the various planters for flowers and vegetables in the garden described the importance of this to their daily lives. The inspector observed numerous residents enjoying the outdoors throughout the day of the inspection including a gardening session in the afternoon which was well attended.

As the inspector walked through the centre, residents were observed in the various areas, and it was evident that residents' choices and preferences in their daily routines were respected. Some residents were relaxing in the communal areas, while other residents mobilised freely or with assistance around the building. As the day progressed, residents were observed in the communal areas participating in activities, watching TV, chatting to one another and staff. Staff were knowledgeable about residents and their individual needs. The inspector observed that personal care was attended to a high standard. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms were monitored by staff throughout the day.

Residents were happy to chat with the inspector, and to provide an insight of their lived experience in the centre. The inspector spoke in detail with a total of 12 residents. When asked what it was like to live in the centre, one resident told the inspector 'I love it here, couldn't fault staff who have time to talk to you'. Another resident said 'you wouldn't meet staff like it anywhere in the world', while another resident said they scored the staff '100 out of 100'. One resident described how they spent their day and told the inspector that they were very happy, that they loved their room and that they could come and go as they wished. Other residents told the inspector that there was plenty to do every day including trips out. A small number of residents explained that they preferred to spend their day in their bedrooms relaxing, watching television and reading. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. Residents stated that staff were kind and always provided them with assistance when it was needed. Residents who were unable to speak with the inspector were observed to be content and relaxed in their surroundings.

There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal sitting rooms or their own bedrooms. Residents were also provided with access to television, radio, internet, newspapers and books. There was a schedule of activities in place including gardening, baking, board games, arts and crafts, and quizzes. The activity co-ordinators on duty on the day was very knowledgeable about the social care needs of residents. Residents told the inspector that they were free to choose whether or not they participated in planned activities.

Visitors were observed coming and going throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. During

mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

In summary, the inspector found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in July 2023. The inspector found good compliance across all regulations reviewed.

The provider of this centre was the Health Service Executive (HSE). There was a clearly defined management structure in place with identified lines of authority and accountability. There was a new person in charge of the centre since the last inspection. The person in charge facilitated this inspection. They demonstrated a good understanding of their role and responsibility. They were supported in this role by an assistant director of nursing and a full complement of staff including clinical nurse managers, nursing and care staff, activity, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. Management support was also provided by the service manager for Older Person Services.

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to achieve positive outcomes for residents who lived in the centre. The provider had addressed the actions required following the last inspection in relation to Regulation 23: Governance and management, Regulation 28: Fire precautions, Regulation 5: Individual assessment and care planning and Regulation 7: Managing behaviour that is challenging. The inspector found that this was a well-managed centre. The governance and management was well organised, and the centre was sufficiently resourced to ensure that residents were supported. The inspector found that the quality and safety of the services provided were of a good standard.

The designated centre had sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of at least three registered nurses on duty at all times supported by a team of healthcare staff. The person in charge, assistant director of nursing and the clinical nurse managers provided clinical supervision and support to all staff. Communal areas were appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents. Staff were observed working together as a team to ensure residents' needs were addressed.

The provider had systems in place to monitor and review the quality of the service provided for the residents. There was a schedule of clinical and environmental audits in place which reviewed areas of the service such as care planning, restrictive practice, falls management, medication management, infection prevention and control, and wound care. Where areas for improvement were identified, action plans were developed and completed. In addition, key aspects of the quality of the service were reviewed by the person in charge on a regular basis. This included information in relation to falls, weight loss, nutrition, complaints and restrictive practices. An annual review of the quality and safety of the services in 2023 had been completed. There was a quality improvement plan in place for 2024.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

Staff had access to education and training appropriate to their role. Staff were facilitated to attend training appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and had completed all necessary training appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph three of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 31: Notification of incidents

All relevant adverse incidents were notified to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that the standard of care which was provided to residents living in this centre was of a good quality. Residents were satisfied with the care and support they received and spoke highly of the staff who cared for them. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Staff were respectful and courteous with residents.

Care delivered to the residents was of a good standard, and staff were knowledgeable about residents' care needs. The inspector reviewed a sample of seven residents' care records. A range of clinical assessments were carried out for each resident on admission to the centre to identify care and support needs. Validated clinical assessment tools were used to identify potential risks to residents such as risk of malnutrition, poor mobility, impaired skin integrity and dependency level. The outcomes of assessments were used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed were person-centred, holistic and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents had access to medical and healthcare services. Residents were reviewed by their general practitioner (GP) as required or requested. Systems were in place

for residents to access the expertise of health and social care professionals when required.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were a number of residents who requested the use of bed rails, and records reviewed showed that appropriate risk assessments had been carried out. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place which described potential triggers and de-escalation techniques to support their care.

Residents' rights were promoted in the centre. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose. Activities were observed to be provided by dedicated activities staff, with the support of nursing and health care staff. Residents complimented the provision of gardening activities on offer in the centre. Residents attended regular meetings and contributed to the organisation of the service. Satisfaction surveys were carried out with residents with positive results. Residents were kept informed about services they could access, if needed. This included independent advocacy services.

Residents who were assessed as being at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents assessed as at risk of malnutrition were referred for further assessment by an appropriate health professional.

All areas of the centre were observed to be very clean and tidy and the premises was well-maintained on the day of the inspection. Cleaning schedules were in place and equipment was cleaned after each use.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Staff with whom the inspector spoke with were knowledgeable about what to do in the event of a fire.

There was effective oversight of medicines management to ensure that residents were protected from harm and provided with appropriate and beneficial treatment.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to appropriate space and facilities within their bedrooms to store their personal belongings, including lockable storage.

Judgment: Compliant

Regulation 13: End of life

Arrangements were in place to provide residents with appropriate care, and comfort, during their end-of-life. Staff consulted residents and, where appropriate, their relatives to gather information with regard to residents needs and wishes to support the provision of person-centred, compassionate, end of life care.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of

choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included the all of required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were processes in place for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. Each resident had a risk assessment completed prior to any use of restrictive practices. The use of restrictive practises were regularly reviewed to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector observed that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant