



**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:	Abbeyleix Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Ballinakill Road, Abbeyleix, Laois
Type of inspection:	Unannounced
Date of inspection:	13 November 2024
Centre ID:	OSV-0000527
Fieldwork ID:	MON-0045074

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 10 single ensuite rooms. One of these single room can accommodate Bariatric equipment. 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 glass terraced seating area accessed off the dayroom. 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:	10
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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 13 November 2024	09:00hrs to 16:20hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Abbeyleix Community Nursing Unit were complimentary of the quality of care they received from staff who they described as caring, patient, and kind. Residents told the inspector that the management and staff valued their feedback and made them feel included in the decision about how the service is run, and how the quality of the service could be improved. Residents told the inspector that staff were attentive to their needs and made them feel safe living in the centre.

The inspector was met by the clinical nurse management team on arrival at the centre. Following an introductory meeting, the inspector walked through the centre and met with all of the residents who spoke in detail about their experience of living in the centre.

The centre provided care for one resident on a continuing care basis and cares for nine residents with respite, convalescence and short-term care needs. All ten bedrooms are single occupancy and provide full en-suite facilities for residents.

During the morning, staff were observed to respond to residents requests for assistance promptly. Residents described how staff were attentive to their requests for assistance both day and night. Residents never felt rushed by staff, and they reported that they were always greeted with respect and friendliness. Residents told the inspector that they enjoyed engaging with all staff, and that they spent time chatting with them throughout the day.

The centre was visibly clean throughout. Housekeeping staff were observed to clean the centre according to a schedule, and cleaning practices were observed to be consistent to ensure all areas of the centre were cleaned. Residents complimented the cleanliness of the communal areas, bedrooms and toilets.

The premises was laid -out to meet the needs of residents. There were appropriately placed hand rails to support residents to walk independently around the centre. There was a large enclosed garden accessible to residents. The garden area was appropriately furnished and maintained to a satisfactory standard. Toilet facilities were equipped to support residents with a range of dependencies and needs. The inspector observed some areas of the premises that had wear and tear. This included damaged paintwork along corridors and damaged floor coverings in a communal toilet.

As residents were mainly admitted to the centre on a short-term basis, the majority of resident's personal clothing was laundered by their relatives or friends. There were laundry facilities available should a resident wish to have their clothing laundered on-site. Residents confirmed that they were aware of this service and were satisfied with the arrangements in place. Residents described how staff took

care with their personal clothing and helped them to tidy and organise their wardrobes.

Residents said that they had plenty space to store their personal possessions in the large wardrobes. They felt that it was great to have a choice of outfits in the wardrobe, similar to their home arrangements. They were glad that staff in the centre accommodated their need to have their personal possessions around them. This added to their feeling of being welcome in the centre, describing it as 'a home from home'.

Residents expressed a high level of satisfaction with regard to the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request. Residents described the food as 'high quality' and attractively presented. Meals were served to residents in the main dining room. Some residents attended the dining rooms, while others chose to have their meals in their bedrooms. Staff were available to provide discreet assistance and support to residents, if required.

Residents spoke with the inspector about the daily events which kept them occupied and they talked about the variety of activities offered. This included bingo, board games, arts and crafts and live music. Alternative therapy sessions were available and residents had participated in pumpkin carving during the Halloween period. The inspector found that there was a great sense of well-being generated among residents who were seen to be smiling, chatting and generally enjoying their day.

Staff kept residents up-to-date with news from the community. Daily newspapers were available and activity staff were heard to discuss local news with them. Residents told the inspector that staff sought feedback about the service on a daily basis and always made them feel like their feedback was valued.

The following sections of this report detail the findings with regard to the capacity and capability of the provider and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This one day unannounced inspection, 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 findings of this inspection reflected a commitment from the provider to on-going quality improvement that enhanced the daily lives of residents. The governance and management was well-organised, and the centre was well-resourced to ensure that residents were supported to have a good quality of life. This inspection found that some areas of the physical environment were not appropriately maintained, and that

the management of some records did not ensure full compliance with the requirements of the regulations.

The Health Service Executive is the registered provider of Abbeyleix Community Nursing Unit. The provider had a clear governance structure in place, with lines of authority and accountability clearly defined. The centre had access to resources within the provider organisation, such as human resources, and infection prevention and control nursing expertise. The person in charge was supported by a general manager.

Within the centre, the person in charge was supported by a team of clinical nurse managers, with one working in a supervisory role and the other working in direct care delivery. Recruitment was progressing to fill a vacancy in the clinical nurse management structure. On the day of inspection, the person in charge was on leave. Arrangements were in place to ensure that one of the clinical nurse managers deputised in the absence of the person in charge. There was a team of nursing, care and support staff in place.

The provider had systems in place to ensure that there was effective oversight of the quality of care received by residents. A schedule of clinical and environmental audits were in place for 2024 to monitor, evaluate and improve key aspects of service. This included audits of infection prevention and control practices, restrictive practices, incidents and falls, and clinical records. Audits were effective to support the management team to identify risks and deficits in the service. The audits informed the development of improvement action plans, and records showed that the action plans from these audits were communicated to the relevant staff.

There were systems of communication in the centre between management and staff. Staff were provided with information pertinent to providing safe, person-centred, and effective care to residents through a structured clinical handover, staff meetings and reflective practice committee meetings.

The centre was proactive in identifying, recording and managing risks that may impact on the safety and welfare of residents in the centre. The risk management system was underpinned by a comprehensive risk management policy. The centre maintained a risk register that contained clinical and environmental risks. Risks, and the controls in place to manage risks, were monitored for their effectiveness, and staff were kept informed with regard to the actions to be implemented to manage and reduce risks to residents.

There were systems in place to record, investigate and learn from incidents involving residents.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

Record keeping systems comprised of electronic and paper-based systems. Records were securely stored. The inspector reviewed a sample of four staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting

Bureau (Children and Vulnerable Persons) Act 2012. However, some records were inconsistently maintained with regard to staffing rosters.

The centre had sufficient staff to ensure effective delivery of good quality care and support to residents. This ensured that residents benefited from continuity of care from staff who knew their individual needs. The team providing direct care to residents consisted of registered nurses, and a team of health care assistants. There were sufficient numbers of housekeeping, catering and maintenance staff in place.

There was a comprehensive training and development programme in place for all grades of staff. Records showed that all staff had completed training in fire safety, safeguarding of vulnerable people, and supporting residents living with dementia. Staff demonstrated an appropriate awareness of their training, with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse.

Staff were provided with additional opportunities for continuous learning through frequent reflective practice meetings. For example, a quality improvement programme was in place to support and improve the delivery of compassionate, person-centred, palliative, end of life and bereavement care to residents and family members.

There were systems in place to induct, orientate and support staff. The person in charge and clinical nurse managers provided clinical supervision and support to all staff.

The service was responsive to the receipt and management of complaints. Records of complaints were maintained in line with the requirements of the regulations. A review of the complaints register evidenced that complaints were appropriately managed and were used to inform quality improvement initiatives.

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents, in line with the statement of purpose.

There were adequate levels of health care staff on duty to support nursing staff. The staffing compliment included laundry, catering, activities staff and administration staff. There was adequate levels of staff allocated to cleaning of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed training in infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes.

Judgment: Compliant

Regulation 21: Records

A review of the records in the centre found that the management of records was not fully in line with the regulatory requirements. For example;

- A complete directory of residents was not made available for the purpose of inspection.
- Staff rosters were not maintained in line with the requirements of Schedule 4(9), and were not reflective of the actual roster worked by staff. Rosters did not reflect that some staff were on unplanned leave.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had sufficient resources to ensure the effective delivery of safe and quality care for all residents, in line with the centre's statement of purpose.

The provider had an established and effective governance and management structure in place where lines of accountability and responsibility were clearly defined. This structure supported the management systems in place to monitor, evaluate and improve the quality of the service provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable events were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints.

A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant and the satisfaction of the complainant recorded.

Complaints were analysed for areas of quality improvement and the learning was shared with the staff.

Judgment: Compliant

Quality and safety

Residents received a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were satisfied with their access to health care, and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted. However, the inspector found that there were areas of the premises that were not appropriately maintained.

Residents' health and social care needs were assessed on admission to the centre to inform the development of care plans that provided guidance to staff in the provision of individualised care. Validated assessment tools supported the assessment of residents to establish if residents were at risk of falls, malnutrition or impaired skin integrity. A review of resident's care plans found that they were developed and reviewed in consultation with the residents and, where appropriate, their relatives.

Residents were facilitated with timely access to general practitioner (GP) services as required or requested. Where residents were assessed as requiring additional health and social care professional expertise, there was a systems of referral in place.

The service provided compassionate end-of-life care to residents in accordance with resident's preferences and wishes. Staff had access to specialist palliative care services for additional support and guidance to ensure residents end-of-life care needs could be met.

A restraint-free environment was promoted and the use of bed rails in the centre was appropriately monitored. A multidisciplinary team-led approach to the assessment and management of restrictive practice was in place. This supported an initiative to reduce restrictive practices in the centre.

The premises was designed and laid out to meet the individual and collective needs of residents. There was a variety of communal day space, such as dining and day room, and a visitor's room. All communal areas were bright, comfortably furnished and had a variety of furnishings. The centre had adequate storage facilities for residents' equipment and aids. The inspector found that some areas of the premises were not maintained in a satisfactory state of repair. This included corridors where paint was damaged and the floor coverings in the laundry facilities were not complete.

A review of fire precautions in the centre found that records with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were maintained and available for review. A summary of residents' Personal Emergency Evacuation Plans (PEEP) were in place for staff to access in a timely manner in the event of a fire emergency. Staff demonstrated an appropriate awareness of the evacuation procedure and an awareness of the actions in place to mitigate the risk of fire to residents. This included the actions in place to support and protect residents who smoke. The provider had completed all outstanding actions in relation to the containment and management of fire.

Arrangements were in place for residents to access appropriate pharmaceutical services. The centre implemented safe procedures, underpinned by policies, to ensure safe medication management practices were in place.

Each resident was provided with a guide to services in the designated centre in an accessible format on admission to the centre. The information guide contained the information required by the regulations.

There were opportunities for residents to consult with management and staff on how the centre was run. Minutes of residents' meetings were reviewed and evidenced that feedback provided by residents was acted upon to improve the service for residents.

There was an activity schedule in place and residents were observed to be facilitated with social engagement and appropriate activity throughout the day.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Unrestricted visiting was facilitated.

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 13: End of life

There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes.

Residents and, where appropriate, their relatives were involved in the decision making process with regard to end of life wishes and care plan in consultation with the residents General Practitioner (GP). The centre had access to specialist palliative care services to provide further support to residents during their end of life.

Judgment: Compliant

Regulation 17: Premises

There were aspects of the premises that were not maintained in a satisfactory state of repair. For example;

- Floor coverings in the laundry area were incomplete. A large section of the floor had exposed concrete that was porous. There was also an open drain where waste water pipes entered the ground.
- Floor coverings in a communal toilet had detached from the wall, resulting in a build-up of dust and debris.
- Wood panels around the base of a toilet were visibly damaged and discoloured.
- Paintwork was damaged along some corridors where linen trolleys and equipment were temporarily stored during morning care delivery.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation. This included information in relation to;

- The services and facilities in the centre.

- The terms and conditions in relation to residence in the centre.
- The complaints procedure, including external complaints processes.
- The arrangements for visits and information pertaining to independent advocacy services.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had arrangements in place to monitor and review fire precautions in the centre. Maintenance schedules and safety checks were in place. There were daily and weekly maintenance checks in place to ensure means of escape were unobstructed, fire-fighting equipment was functional, and fire and emergency lighting systems were operating.

The provider had adequate arrangements in place for detecting, containing and extinguishing fires. The fire detection and management systems were assessed and maintained on a quarterly basis by a competent person.

A review of the drill practice records showed that staff practiced simulated compartment evacuations and utilised information to support the safe and timely evacuation of residents, such as residents personal emergency evacuation plans.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were provided with appropriate access to pharmaceutical services and a pharmacist who was acceptable and accessible to the residents.

Arrangements were in place to ensure that prescribed medicinal products were securely stored and administered safely, and appropriately, in accordance with the direction of the prescriber.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre as required or requested.

Services such as physiotherapy were available to residents weekly and services such as tissue viability nursing expertise, speech and language and dietetics were available through a system of referral.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices, such as bed rails, were managed in the centre through an ongoing initiatives to promote a restraint free environment. Restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the multidisciplinary team and the resident concerned.

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 appropriate assessments completed. Person-centred care plans were developed and the care plans detailed the supports and intervention to be implemented by staff to support a consistent approach to the care of the residents.

Judgment: Compliant

Regulation 9: Residents' rights

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.

There were facilities for residents to participate in a variety of activities such as art and crafts, exercise classes and live music events. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer.

Residents attended regular meetings and contributed to the organisation of the service. Residents felt that they could provide feedback about the centre, and they told the inspector that they felt that their opinion would be listened to. A review of minutes of residents' meetings evidenced that, where residents made suggestions for improvement, these were acted upon by staff in the centre.

A variety of daily national and local newspapers were available to residents. Religious services were facilitated regularly.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	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

Compliance Plan for Abbeyleix Community Nursing Unit OSV-0000527

Inspection ID: MON-0045074

Date of inspection: 13/11/2024

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: A full review of the Directory of Residents has been carried out by the Person in Charge. The requirements of Schedule 3, including Schedule (3) (f), and Regulation 19, is maintained in a soft copy file. The Person in Charge has informed staff who deputies that the soft copy be made available on all inspections. Monitoring and review of the Directory of Residents will take place daily by the Person in Charge as part of the daily oversight of reports and activities in the designated center.</p> <p>The necessary steps in managing the roster daily by the Person in Charge will be implemented to ensure the planned and actual worked rostered are accurate. This includes a daily review of the roster on commencement of duty, and making amendments as changes occur, such as unplanned staff leave.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Floor coverings are being ordered for the laundry and will cover exposed concrete. The open drain is being covered by the maintenance and plumbing team. Floor coverings in the communal toilet for repair by specialist flooring contractor. Wood panels around the base of toilets will be repaired or replaced and paintwork along corridors will be maintained.</p>	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/02/2025
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	09/12/2024