



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

Issued by the Chief Inspector

Name of designated centre:	Edenderry Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Ofalia House, St. Mary's Road, Edenderry, Offaly
Type of inspection:	Unannounced
Date of inspection:	27 November 2024
Centre ID:	OSV-0000525
Fieldwork ID:	MON-0045588

About the designated centre

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

The designated centre is located within walking distance from Edenderry town centre. The centre is a single-story premises and provides accommodation for 28 male and female residents over 18 years of age in single and twin occupancy bedrooms, most with full en-suite facilities. The centre is arranged into two separate areas, on either side of the nicely decorated reception area. Communal sitting and dining rooms are located in both sides of the centre and residents have access to two enclosed gardens. The centre provides long-term residential care, respite, convalescence, dementia and palliative care services. Nursing care is provided for people with low, medium, high and maximum dependency needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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 27 November 2024	09:45hrs to 17:00hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Edenderry Community Nursing Unit were very happy living in the centre and told the inspector that the care and support they received was of a very good standard. Residents said that they felt safe and comfortable living in the centre and attributed this to kind and attentive care provided by staff. Residents were complimentary about all aspects of the service with the exception of access to bathing facilities that were impacted by an inconsistent supply of hot water.

The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting, the inspector walked through the centre and spent time observing the care provided to residents, talking to residents and staff, and observing the care environment. There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. The centre was decorated with Christmas decorations. In conversations with the residents, the inspector was told that the management had a visible presence in the centre and were available at all times.

On the day of inspection, the centre was experiencing an outbreak of COVID-19 that had affected a number of staff. Some restrictions were in place whereby residents were asked to remain within their units to reduce the risk of infection. Each unit had communal space and a dining room. Residents told the inspector that they were satisfied with this arrangement and felt it did not place unnecessary restrictions on them.

Residents were observed reading newspapers and chatting with one another in the communal dayroom. Other residents were seen walking through the corridors, and meeting their visitors. While staff were busy attending to residents' requests for assistance, residents were observed to receive patient and person-centred care from the staff. Call bells were answered promptly.

Residents had personalised their bedrooms with photographs, artwork, religious items and ornaments. The size and layout of the bedroom accommodation was appropriate for resident needs. However, the inspector found the water from wash hand basins and showers in one area of the building were cold. Residents told the inspector that, on occasion, the water in their en-suite was cold and did not heat up until later morning or afternoon. Residents confirmed that staff were apologetic when this occurred and provided them with basins of hot water. However, some residents described how they would have to wait until the afternoon to have a hot shower, when their preference would be to have their shower in the morning.

The centre's internal garden was clean and tidy, with level pathways for residents to stroll. The garden was landscaped, featuring mature plants, raised planters and comfortable seating. The external grounds around the centre were also clean, tidy, pleasantly landscaped and had level tarmac pathways.

The centre was observed to be visibly clean throughout. Equipment used by residents was observed to be visibly clean and a system was in place to show that equipment was cleaned after use, and also cleaned at night time. 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.

There was an on-site laundry service where residents' personal clothing was laundered. This area was observed to be clean and tidy, and its layout supported the functional separation of the clean and dirty phases of the laundering process.

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. The residents dining experience was observed to be a pleasant, sociable and relaxed occasion. Residents had a choice of meals from a menu that was updated daily.

Residents were engaged in activities throughout the day. There was a detailed weekly activity schedule on display to support residents to choose what activities they would like to participate in. The inspector observed the interactions between residents and staff during activities and found that staff supported residents to enjoy the social aspect of activities. Some residents were baking Christmas cake, while other residents were enjoying sensory activities in another part of the centre. Staff were observed spending time with residents in their bedrooms chatting. Several residents were seen relaxing in their bedrooms, listening to the radio, and reading papers and books according to their preferences.

Residents were kept informed about changes occurring in the centre through scheduled resident meetings. Residents told the inspector that they were provided with the opportunity to meet the management team, and to provide feedback on the quality of the service they received through surveys.

Residents could receive visitors within communal areas or in the privacy of their bedrooms. Multiple families and friends were observed visiting residents during the inspection day.

Residents had access to local and national newspapers, radios, television, telephones and internet services. There were arrangements in place for residents to access independent advocacy services. Roman Catholic mass was celebrated in the centre every week.

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

Capacity and capability

This was an unannounced inspection, carried out over one day 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 were that the provider had an established management structure that was responsible and accountable for the provision of safe and quality care to the residents. The provider had taken action to ensure management systems were effective to ensure records were maintained, in line with regulations. The provider had also completed requisite fire safety works arising from a fire safety risk assessment to ensure residents were protected from the risk of fire. However, this inspection found that residents' quality of life and choice was impacted by an ongoing issue with the sporadic supply of hot water to areas of the centre. Furthermore, the systems in place to escalate these issues to the provider were not clear, resulting in ineffective action been taken to address the risk.

The Health Service Executive (HSE) is the registered provider of Edenderry Community Nursing Unit. A person in charge was supported clinically and administratively by three clinical nurse managers. A general manager of older people services provided oversight and support to an assistant director of nursing who was the person in charge. While there continued to be vacancies within the nurse management structure in the centre, the person in charge had ensured that all aspects of the service were monitored through delegating responsibility for the oversight of key areas of the service to the nurse management team.

The inspector reviewed the management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. 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. There was a risk register in place that identified the clinical and environmental risks within the centre. These risk assessments had been reviewed and updated as mitigation and controls were developed. However, the inspector found that the system in place to escalate risk to the provider was not robust. For example, while issues with the hot water supply had been escalated to the senior management in September and November 2024, there had been no further escalation or action taken to resolve the issue despite a further five interruptions to the hot water supply over a four-week period. This resulted in ineffective action being taken to address risks to residents.

There was a schedule of auditing in place to monitor care delivery and to identify areas of quality improvement and learning. The inspector found that these management systems facilitated the management team's oversight of the service delivered, resulting in improved outcomes for residents. For example, information collected in relation to residents falls was analysed, resulting in trends being identified and appropriate action being taken to address falls risks, and improve care delivery following a fall. This included the provision of equipment such as sensor mats and low beds to minimise the risk of residents sustaining a fall.

The quality of care was monitored through analysis of key clinical performance indicators that were collated by the person in charge on a weekly basis. Key aspects of the service that included resident falls, antimicrobial usage, wounds, medication management, restrictive practices and infection prevention and control, were monitored, trended and subject to frequent analysis to identify areas for continuous quality improvement. Where deficits were in the service were identified, quality improvement plans were developed and implemented to bring about the required improvements.

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, accessible, and maintained in line with the requirements of the regulations. Records with regard to the care and treatment provided to residents were maintained on a newly installed electronic record system and management confirmed that this had improved the quality and oversight of medical and clinical records. Records required under Schedule 2, 3, and 4 of the regulations were appropriately maintained and available for inspection.

A review of the centre's staffing roster found that the staffing levels and skill-mix were appropriate to meet the assessed health and social care needs of the residents, given the size and layout of the building. There were sufficient numbers of house-keeping, catering and maintenance staff in place. On the day of the inspection, there was an outbreak of COVID-19 in the centre that affected a number of staff. There was effective management and organisation of the staffing resource to minimise the risk of infection to residents.

There was a training and development programme in place for all grades of staff. Records showed that all staff had completed mandatory 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. Arrangements were in place to ensure staff were appropriately supervised to carry out their duties.

A review of the system of complaints management found that complaints and expressions of dissatisfaction with the service were documented and managed in line with the centre's complaints policy and procedures. There was a low level of complaints in the centre. The complaints procedure was displayed prominently. A review of the complaints log found that complaints were recorded, investigated and managed in line with regulatory requirements.

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. The person in charge had the overall clinical responsibility for the delivery of health and social care to the residents.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff available to meet the needs of the current residents taking into consideration the size and layout of the building. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing compliment included cleaning, catering, activities and administration staff.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a training programme supporting staff in their roles. Staff had received training concerning safeguarding vulnerable adults at risk of abuse, fire safety, management of responsive behaviours and infection control. An ongoing training schedule was in place to ensure all staff remained up-to-date with these training programmes.

There was evidence that newly recruited staff had received a comprehensive induction covering key aspects of care and procedures in the centre. Staff were appropriately supervised and demonstrated an understanding of their roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

Record-keeping and file-management systems ensured that records were securely store, appropriately maintained and accessible. Records were maintain in respect of the daily health and social care provided to residents in addition to reviews carried out by health and social care professionals.

A sample of staff personnel files were reviewed by the inspector and these were securely stored and well maintained. Staff personnel 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.

Judgment: Compliant

Regulation 23: Governance and management

There were ineffective communication systems in place to facilitate the escalation of key information about the service to the provider. Issues in relation to the consistent supply of hot water in the centre were not appropriately escalated to the provider following each occurrence. This resulted in ineffective action been taken to resolve the issue. Consequently, residents continued to be impacted.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints management system in place met the requirements of the regulation. A complaints procedure was displayed prominently in the centre and detailed the process for making a complaint and the personnel involved in the management of complaints.

Records of complaints detailed the actions taken by the complaint officer to resolve the complaint, the satisfaction of the complainant with the outcome and lessons learnt that were shared with the wider staff team to improve the quality of the service.

Judgment: Compliant

Quality and safety

Residents spoken with told the inspector that they received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' wellbeing and independence was promoted. However, this inspection found that resident's care plans were not always reviewed or updated to reflect their assessed care needs. In addition, the provider had taken insufficient action to ensure that there was a continuous supply of hot water in resident bathrooms. This meant that bathing and showering facilities were not always available at the time of the residents choosing.

All residents had a care plan in place and there was evidence that care plans had been developed using validated assessment tools. However, a review of some residents records found that changes to residents' assessed care needs were not always updated and incorporated into their care plan. While this did not appear to impact on the quality of the care provided to residents, the care plans did not always identify the current care needs of the residents or reflect the person-centred guidance on supporting the current care needs of the residents.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

There were arrangements in place to ensure the fire detection and emergency lighting systems were serviced and maintained at regular intervals. Staff were knowledgeable with regard to the fire to the action to take in the event of a fire emergency. 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. The provider had completed all actions specified in a compliance plan following a previous inspection of the centre, within the time-frame detailed.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Staff discussed how residents' choice was respected and facilitated in the centre and they were aware that inadequate access to a consistent hot water supply impacted on residents' right to choose when to have a shower or bath.

There were facilities for residents to participate in a variety of activities such as art and crafts, bingo, and exercise classes. Residents complimented the provision of activities in the centre and described how this aspect of the service had improved.

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 28: Fire precautions

The provider had arrangements in place to monitor and review fire precautions in the centre. 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 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not fully in line with the requirements of the regulations.

Care plans were not reviewed or updated when a resident's condition changed. For example, the care plan of a resident whose general condition had deteriorated had not been updated to reflect a significant increase in their care needs. Furthermore, the care plans for some residents assessed as being at risk of malnutrition, had not been reviewed or updated to reflect their changing nutritional care needs. Consequently, the care plans did not reflect the nursing and medical interventions required to support their needs.

Judgment: Substantially 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 8: Protection

There were systems in place to safeguard residents and protect residents from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The provider had a plan in place to ensure residents pensions and social welfare payments were managed in line with best practice guidance.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were not consistently supported to exercise their choice with regard to their direct care needs. For example, the lack of a consistent hot water supply impacted on the residents choice of when to have a hot shower.

Judgment: Substantially 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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Edenderry Community Nursing Unit OSV-0000525

Inspection ID: MON-0045588

Date of inspection: 27/11/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The risk management policy of the centre is the escalation pathway to raise issues of concern to the management team and Provider representative. The risk register has been reviewed to ensure all risks are reflective of current issues.</p> <p>A new PPIM has been notified to HIQA to strengthen the governance and to support the PIC in the daily operations of the centre. The PIC and PPIM and are in contact on a frequent basis and formal governance meetings are in place to escalate and discuss issues.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ol style="list-style-type: none"> 1. Increased vigilance with monitoring / recording resident’s care plan. 2. An audit of the care plans will be completed every month to ensure consistent best practice in recording /updating the care plan as per resident’s needs. Quality improvement plan of the audit will be communicated to all nurses during nurses meeting and daily hand over to ensure shared learning across the team on the importance of care plan updates and reviews. 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Plumbing works have been completed in the Centre to ensure there is an adequate supply of hot water unit is available to residents all the time. New Plumbing has been installed in one Unit. Onsite maintenance personnel are monitoring the hot water temperature presently. Works are ongoing to a small number of ensuites to regulate the temperature to ensure an even distribution and flow of hot water.</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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	11/02/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	04/02/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	21/02/2025

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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