<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Fermoy Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000560</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Tallow Road, Fermoy, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>025 31 300</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:annette.clancy@hse.ie">annette.clancy@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Teresa O'Donovan</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Annette Clancy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 08 May 2014 07:20  
To: 08 May 2014 15:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 06: Safeguarding and Safety</th>
<th>Outcome 11: Health and Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Outcome 17: Residents clothing and personal property and possessions</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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</tr>
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**Summary of findings from this inspection**

This inspection report sets out the findings of a one day thematic inspection which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector met residents, relatives, staff and observed practice throughout the inspection. The inspector reviewed policies, training records, care plans, medical records and analysed survey questionnaires completed by relatives and received by the Authority following the inspection.

Based on a sample of records viewed by the inspector and a review of feedback from relatives, residents approaching end of life received nursing and medical care to a good standard. The centre had good access to palliative care services, and there was evidence of referral and review of residents approaching end of life. Some improvements, however, were required in relation to addressing end of life preferences in care plans and for assessing the effectiveness of pain control medication. Eight questionnaires were received from relatives of deceased residents and all were extremely complimentary of the care provided to their relatives.

Food was available in sufficient quantities, appeared to be nutritious and residents were offered choice at mealtimes. There were inadequate communal dining facilities and most residents had their meals in their bedrooms. There was good access to the general practitioner (GP) and other allied health professionals including the dietitian.
and the speech and language therapist (SALT) for residents at risk of malnutrition.

Overall, the inspector's findings concurred with self-assessment questionnaire completed by the person in charge for end of life care, but found that there was a moderate non-compliance in relation to the management of nutrition. While the thematic inspection focused on two outcomes as described above, there was a requirement on the inspector to review other outcomes in so far as they related to end-of-life care and food and nutrition. These are discussed in the body of the report.
### Outcome 06: Safeguarding and Safety

**Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.**

**Theme:** Safe Care and Support

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
As discussed in Outcome 14, a record was maintained of the rate of infusion of analgesia/sedation. However, the effectiveness of the medication in reducing pain/anxiety was not always recorded in accordance with the policy on the use of a pain assessment tool.

**Judgement:**
Non Compliant - Minor

### Outcome 11: Health and Social Care Needs

**Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.**

**Theme:** Effective Care and Support

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
As discussed in Outcome 14, end of life care was addressed in some care plans, but was not personalised to adequately direct care to be provided in relation to end of life.

**Judgement:**
Non Compliant - Minor
### Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Care and Support

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There was limited communal dining space for residents and most residents had their meals in their bedrooms. For example, in Dochas unit there were three dining tables that could comfortably seat 12 residents and in Cuisle unit there were two dining tables that could comfortably accommodate eight residents. Each of these units had bedroom accommodation for 30 residents.

**Judgement:**
Non Compliant - Moderate

### Outcome 14: End of Life Care

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The provider submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being in minor non-compliance with Regulation 14 and Standard 16, which address end-of-life care. The non-compliance related to gaps in the maintenance of documentation and deficits in care planning.

The inspector viewed the centre’s policy on end-of-life and bereavement care, which was dated March 2014. The policy addressed the assessment and management of residents approaching end of life, confirmation of death and care of the deceased.

A number of medical and nursing records of deceased residents were reviewed. Medical
records indicated that residents were regularly reviewed by their GP, and more frequently as they approached end of life. Based on a review of records, residents had access to out-of-hours GP services when required. Medications were reviewed regularly. There was evidence of consultation and discussion with family members as residents approached end of life.

Residents were assessed on admission using evidence-based assessment tools and at regular intervals thereafter. An activities of daily living assessment formed part of the assessment process and included a section for addressing spirituality and dying. However, this was only completed for a small number of residents. Based on a sample of care plans reviewed, end of life care was addressed in some care plans, but was not personalised to adequately direct care to be provided in relation to end of life. For example, the care plan of one resident stated that staff should address issues as they arise and liaise with appropriate clergy. However, specific details were not recorded.

Residents approaching end of life were referred to the palliative care service and there was evidence in residents’ records that there was good access to this service. There was a policy on the use of a syringe driver (a mechanism for administering medications continuously and/or intermittently via a syringe, usually analgesia/sedatives for end of life residents). A record was maintained of the rate of infusion. However, the effectiveness of the medication in reducing pain/anxiety was not always recorded in accordance with the policy on the use of a pain assessment tool. The policy specifies that a pain assessment tool should be used to record levels of pain if a resident expresses or appears in pain, however this was only used intermittently.

Residents and relatives spoken with by the inspector were complimentary about the care they received. There was a church on the grounds of the centre and religious service was available on a regular basis. The religious preferences of all denominations were also facilitated in accordance with their expressed wishes.

Twenty two of the 72 beds in the centre were single bedrooms and residents were facilitated with a single room at end-of-life should they or their relatives choose. Family and friends were facilitated to be with residents approaching end-of-life, and there was a visitors room for use by visitors, however this was in use on the day of the inspection and was not seen by the inspector.

Training records indicated that 19 members of staff had attended training on end of life in June 2011 and 24 staff attended training in January/February 2012.

Records of residents’ personal property were completed on admission. However, these were not regularly updated. Records were not available outlining the return of personal property to relatives of deceased residents.

**Judgement:**
Non Compliant - Minor

**Outcome 15: Food and Nutrition**
Each resident is provided with food and drink at times and in quantities adequate for
**his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The provider submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being in major non-compliance with Regulation 20 and Standard 19, which address food and nutrition. This was predominantly due to the absence of a policy on monitoring and documenting nutritional intake at the time of the self-assessment. An up-to-date policy on food and nutrition had been developed since the self-assessment and was available in the centre on the day of inspection.

Staff were facilitated to attend training on nutrition that included the topics of modified consistency diets and dysphagia, however, not all staff employed in the kitchen had up-to-date training in food hygiene. Based on a sample of records reviewed, all residents had a nutritional assessment on admission and at regular intervals thereafter using a recognised assessment tool. Residents were weighed regularly.

Each unit had a kitchenette in which breakfast and other snacks and drinks were prepared for residents each day. Lunches and teas were prepared in the main kitchen, plated and transported in a heated food trolley to a kitchenette in each of the units, from where they were served to residents. Residents food preferences, including likes and dislikes, were established and recorded in residents' notes on admission. There was a white board in each of the kitchenettes, on which likes/dislikes and specialised diets of residents were also recorded.

A number of residents with swallowing difficulties were prescribed modified diets following speech and language therapy assessments and a copy of these were maintained in the residents' records and also in each resident's bedroom. Residents were offered a choice of food at mealtimes and this was recorded on a diet sheet. However, improvements were required in relation to the system for ensuring that all staff were aware of the prescribed diet for each resident and for recording menu preferences. For example, notices were on display identifying that the centre followed Irish guidelines for consistency of modified food and fluids. However, the modified consistencies specified on the diet sheet did not comply with these guidelines. For example, the diet sheet for one unit referred a "set" consistency and it was not clear what consistency this equated to in the Irish guidelines and the diet sheet did not provide for the option of recording soft diet or liquidised diet, both of which are used in the guidelines. While staff members spoken with were knowledgeable of residents' dietary needs in relation to food consistency, this was not always the case for residents that required thickened fluids. Not all staff members were aware of the specific amount of thickener required to be added to each resident's fluids. Even though lunches and
Teas were prepared and plated in the kitchen there was no system in place to ensure that staff in the kitchen were aware of the food consistency prescribed for each resident. Dinners were plated based on the completed dietary sheets, however, as stated previously, these sheets did not provide the option of recording all diet consistencies.

A sample of care plans reviewed by the inspector did not address residents' dietary requirements, such as for residents diagnosed with diabetes or for residents on modified diets.

The inspector observed mealtimes including breakfast, mid-morning snacks and lunch. There was limited communal dining space in each of the units. All residents had breakfast in their bedrooms and most residents had their lunch in their bedrooms, therefore the opportunity for mealtimes to be sociable occasions was lost. On the days of the inspection breakfast was served from 08:00 hrs and there was no evidence that residents' preferences were ascertained regarding the time breakfast was served or if they would like to have their breakfast in the dining room.

Lunch was served at 12:30 hrs, appeared to be wholesome and nutritious and was available in sufficient quantities. A menu was on display on each of the dining tables. Residents and relatives spoken with by the inspector were complimentary of the food. Residents requiring assistance were assisted by staff in a respectful and discreet manner and the inspector observed that there were sufficient numbers of staff available to meet the needs of residents at mealtimes.

There was a diary in each of the dining rooms for recording residents' satisfaction or otherwise with the food, however only a small number of residents had their meals in the dining rooms. There were no records of residents' meetings and there were no residents/relative surveys to obtain feedback on the quality of care delivered and quality of life in the centre, including food and nutrition.

Fresh drinking water was readily available throughout the day and light snacks and warm drinks were offered at 10:00 hrs.

A sample of medication prescription records were reviewed and indicated that nutritional supplements were prescribed by the residents' general practitioner. Based on records reviewed, residents had good access to allied health services such as dietetic services, speech and language, dental and chiropody and there was evidence of regular review.

**Judgement:**
Non Compliant - Moderate

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**Outcome 17: Residents clothing and personal property and possessions**

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support
**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Records were not available outlining the return of personal property to relatives of deceased residents.

**Judgement:**
Non Compliant - Minor

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**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Workforce

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**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
As discussed in Outcome 15, not all staff that worked in the kitchen had up-to-date training in food hygiene.

**Judgement:**
Non Compliant - Minor
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report¹

<table>
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<th>Centre name:</th>
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<td>08/05/2014</td>
</tr>
<tr>
<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 06: Safeguarding and Safety

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A record was maintained of the rate of infusion of medication, however, the effectiveness of the medication in reducing pain/anxiety was not always recorded in accordance with the policy on the use of a pain assessment tool.

Action Required:
Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

Please state the actions you have taken or are planning to take:
Pain Assessment Tools will be used when a resident is receiving medication via a syringe driver.
Pain Assessment Tools will be used when a problem arises as a result of pain.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
End of life care was addressed in some care plans, but was not personalised to adequately direct care to be provided in relation to end of life.

Action Required:
Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

Please state the actions you have taken or are planning to take:
Staff training will be facilitated to ensure that each resident’s care plan is personalised in order to direct person centred care at the end of life. Ongoing review of care plans will be carried out by nurse management.

Proposed Timescale: 30/06/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were required in the care planning process, including:
• a sample of care plans did not address residents' dietary requirements, such as for residents diagnosed with diabetes or for residents on modified diets
• an activities of daily living assessment formed part of the assessment process and included a section for addressing spirituality and dying, however, this was only completed for a small number of residents

Action Required:
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:
Staff training will be facilitated to ensure that each resident’s dietary requirements are assessed, implemented & addressed in the care planning process.

Each resident’s care plan will be personalised in order to direct person centred care at the end of life.

Proposed Timescale: 14/07/2014
### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was limited communal dining space for residents and most residents had their meals in their bedrooms.

**Action Required:**
Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

**Please state the actions you have taken or are planning to take:**
The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue and we will advise local inspectors of any updates available to us. (Ongoing)

**Proposed Timescale:** 26/06/2014

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### Outcome 15: Food and Nutrition

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Improvements were required in relation to the system for ensuring that all staff were aware of the prescribed diet for each resident and for recording menu preferences.

**Action Required:**
Under Regulation 20 (2) part 6 you are required to: Provide each resident with food and drink that takes account of any special dietary requirements and is consistent with each residents individual needs.

**Please state the actions you have taken or are planning to take:**
Training around the system to ensure that all staff are aware of the Irish guidelines for consistency of modified food and fluids will be arranged.
**Proposed Timescale:** 30/06/2014

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Even though lunches and teas were prepared and plated in the kitchen there was no system in place to ensure that staff in the kitchen were aware of the food consistency prescribed for each resident.

**Action Required:**
Under Regulation 20 (2) part 6 you are required to: Provide each resident with food and drink that takes account of any special dietary requirements and is consistent with each resident's individual needs.

**Please state the actions you have taken or are planning to take:**
Training around the system to ensure that all staff are aware of the Irish Guidelines for consistency of modified food and fluids will be arranged. A copy of SALT assessment will be available in the kitchen and referred to in the preparation of food.

**Proposed Timescale:** 30/06/2014

**Outcome 17: Residents clothing and personal property and possessions**

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Records were not available outlining the return of personal property to relatives of deceased residents.

**Action Required:**
Under Regulation 7 (2) you are required to: Maintain an up to date record of each resident's personal property that is signed by the resident.

**Please state the actions you have taken or are planning to take:**
Records will be available documenting the return of personal property to the relatives of deceased residents.

**Proposed Timescale:** 30/05/2014

**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
<table>
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<th>Not all staff that worked in the kitchen had up-to-date training in food hygiene.</th>
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</thead>
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| **Action Required:**  
Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice. |
| **Please state the actions you have taken or are planning to take:**  
Up to date training in food hygiene will be provided. |
| **Proposed Timescale:** 30/06/2014 |