<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Kanturk Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>ORG-0000572</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Kanturk, Cork.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>029 50 024</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:margaretb.fitzgerald@hse.ie">margaretb.fitzgerald@hse.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Health Service Executive</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Teresa O'Donovan</td>
</tr>
<tr>
<td><strong>Person in charge:</strong></td>
<td>Margaret Fitzgerald</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>John Greaney</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
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</tr>
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<td><strong>Type of inspection</strong></td>
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</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
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</table>
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.
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.

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: 09 April 2014 07:20
To: 09 April 2014 15:00

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

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

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 records viewed by the inspector and discussions with relatives, residents receiving end of life care received nursing and medical care to a good standard and there was good access to palliative care services, however improvements were required in relation to documenting end of life preferences, care planning and using evidence-based tools for assessing pain. A number of questionnaires were received from relatives of deceased residents and all were extremely complimentary of the care provided to their relatives.

Residents and relatives spoken with by the inspector were complimentary of the food provided and of the assistance provided by staff, however, improvements were also required. While food was available in sufficient quantities and appeared to be nutritious, residents were not offered choice at mealtimes, however an alternative was available should residents request it. There were no separate dining facilities and mealtimes were scheduled based on the staffing roster rather than on the wishes of
residents. There was good access to the general practitioner (GP) and other allied health professionals including the dietician and the speech and language therapist (SALT) for residents at risk of malnutrition.

Overall, the inspector's findings agreed 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.
### Section 41(1)(c) of the Health Act 2007 Compliance with the 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
*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

**Judgement:**
Non Compliant - Minor

**Findings:**
As discussed in Outcome 14, available records did not demonstrate the ongoing assessment of pain to determine the effectiveness of analgesia, and in particular for residents prescribed analgesia via a syringe driver.

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### 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

**Judgement:**
Non Compliant - Minor

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

**Findings:**
As discussed in Outcome 14, residents were comprehensively assessed, however, care plans were generic in nature and did not provide sufficient detail to direct care based on the needs identified, in particular end-of-life.
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

Judgement:
Non Compliant - Minor

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

Findings:
Communal facilities consisted of a combined sitting/dining room and an adjacent conservatory. A small number of residents had their meals in their bedrooms, however most residents had their meals in the sitting/dining room and in the conservatory. There were no separate dining facilities for residents.

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

Judgement:
Non Compliant - Minor

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 care plans not adequately directing care to be delivered.

In addition to long-term, respite and convalescence, the centre has one palliative care bed, specifically for residents approaching end-of-life. The inspector viewed the centre's policy on end-of-life care, which was dated May 2010 and most recently reviewed in March 2014. The policy addressed the assessment and management of residents approaching end of life and included the assessment and management of pain. This
policy is supported by practice guidelines for the management/verification of death.

Residents and relatives spoken with by the inspector were complimentary about the care they received in the centre. Religious and cultural preferences were respected and services were held regularly in the centre. Residents were facilitated to be attended by a member of the clergy, when required.

A number of care plans of deceased residents were reviewed. Medical records indicated that residents were regularly reviewed by their general practitioner (GP), and there was access to out-of-hours GP services. GPs visited the residents frequently and in particular approaching end of life. Medications were reviewed regularly. There was evidence of discussions with family members as residents approached end-of-life. There was evidence of referral and review by palliative care services.

Residents were comprehensively assessed on admission and at regular intervals thereafter. Care plans were developed based on these assessments, however they were generic in nature and did not provide sufficient detail to direct care based on the needs identified, in particular end-of-life. For example, the medical records of one resident indicated that the GP had discussed and agreed with relatives the plan of care for one resident should he/she become unwell, however this was not addressed in the resident's care plan. Additionally there was not always a care plan outlining in adequate detail the assessment and management of pain for individual residents. The end-of-life policy specified the use of a pain assessment tool for ongoing pain assessment and management, however this was not routinely done in practice. Available records did not demonstrate the ongoing assessment of pain to determine the effectiveness of analgesia, and in particular for residents prescribed analgesia via a syringe driver (a mechanism for administering medications continuously and/or intermittently via a syringe).

The centre had six single rooms and residents were facilitated with a single room at end-of-life should they or their relatives choose, however staff members informed the inspector that some residents/relatives chose to remain in multi-occupancy rooms. Family and friends were facilitated to be with residents approaching end-of-life, even though there were no overnight facilities and there was limited private areas.

Training records indicated that the person in charge had recently facilitated training for staff on the end-of-life policy, a number of staff had attended end-of-life training facilitated by an external organisation and further relevant training was scheduled. Two nurses had attended a four-day programme on a holistic approach to palliative care.

Records of residents' personal property were completed on admission, however these were not regularly updated. The person in charge and the clinical nurse manager informed the inspector that personal possession were returned to relatives, however there was no protocol in place for this.
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

Judgement:
Non Compliant - Moderate

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 20 and Standard 19, which address food and nutrition.

There was an up-to-date policy on food and nutrition. Staff were facilitated to attend training on nutrition that included the topics of modified consistency diets and malnutrition. In-house training was facilitated on basic food hygiene.

All residents had a nutritional assessment on admission and at regular intervals thereafter using a recognised assessment tool. Residents were weighed regularly.

Residents food preferences, including likes and dislikes, were established at admission and communicated to the kitchen staff. There was a four week menu cycle that facilitated the provision of variety from day to day, however residents were not offered choice at each mealtime. If residents did not like the choice of food that was available on a particular day then an alternative would be provided, but preferences were not ascertained in advance of mealtimes.

The inspector observed mealtimes including breakfast, mid-morning snacks and lunch. Breakfast was served to residents in their bedrooms, commencing at 08:00hrs. Based on the inspectors observations, all residents received their breakfast at 08:00hrs 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. The inspector observed that there were sufficient numbers of staff available to meet the needs of residents at mealtimes, however, based on discussions with staff members, the timing of the meals was influenced by the staff duty roster. For example, tea was served at 16:00hrs so that meals would be completed and residents assisted to bed before a number of staff finished their duty at 18:00hrs.

Fresh drinking water was readily available throughout the day and light snacks and warm drinks were offered at 10:00hrs.
Lunch was served at 12:00hrs, appeared to be wholesome and nutritious and was available in sufficient quantities. Most residents had their meal in the sitting room and the conservatory. Catering and care staff were knowledgeable of residents likes and dislikes, however, even though a menu was on display, it was not accessible by all residents and choice was not offered at mealtimes. There were no separate dining facilities. 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. Relatives were facilitated to assist residents, if they wished to do so.

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.

The inspector met with the chef who confirmed to the inspector that nursing and care staff on duty kept her informed in relation to any changes in residents' nutritional status or requirements. The chef was knowledgeable of residents' individual dietary needs and preferences.

A sample of medication prescription records were reviewed and indicated that nutritional supplements were prescribed by the residents' general practitioner, however, of a sample of administration records reviewed, the record for one resident had not been signed by a nurse to indicate that the nutritional supplement was administered for a number of days. It was not indicated on the record why the supplement was not given or if the resident had refused the supplement.

Based on records reviewed, residents had good access to allied health services such as dietetic services, speech and language, dental and podiatry.

**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

**Judgement:**
Non Compliant - Minor

**Findings:**
As discussed in Outcome 14, there was no protocol in place for the return of personal property to relatives following death of a residents.
**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

**Judgement:**
Non Compliant - Minor

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

**Findings:**
Staff providing direct care to residents from 07:45hrs to 18:00hrs each day consisted of 5 nurses and 5 multi-task attendants. From 18:00hrs to 20:00hrs, there were 4 nurses on duty and no multi-task attendants. As discussed in Outcome 15, based on discussions with staff members, mealtimes, and in particular tea, was served at times suited to the staff roster rather than at times suitable to the residents.

**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 the residents, relatives, and staff during the inspection.

**Report Compiled by:**

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

<table>
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<tr>
<th>Centre name:</th>
<th>Kanturk Community Hospital</th>
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<td>Centre ID:</td>
<td>ORG-0000572</td>
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<tr>
<td>Date of inspection:</td>
<td>09/04/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28/05/2014</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:
Available records did not demonstrate the ongoing assessment of pain to determine the effectiveness of analgesia, and in particular for residents prescribed analgesia

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:
The Pain Assessment tools that were being used at the time of inspection will continue to be used and guidelines on the assessment and management of Pain are presently being drafted, which will include three different pain assessment tools from which the nursing staff can choose the most appropriate tool to use. Nursing staff have been reminded to keep up to date care plans outlining the assessment and management of pain.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
pain for individual residents who present with pain. Nurse Management will put in place a system of audit to ensure that pain care plans are routinely carried out in practice.

**Proposed Timescale:** 01/09/2014

### 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:**
Care plans were generic in nature and did not provide sufficient detail to direct care based on the needs identified, in particular 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:**
A draft End of Life Care Plan has been adopted for use in Kanturk Community Hospital; this will be piloted for residents at the end stage of their life. This Care Plan will be developed in consultation with the resident and/or their family and will ensure only appropriate interventions are carried out. It will also act as a guide for nursing staff to treatment and documenting progress and promoting comprehensive communication for the multidisciplinary Team.

**Proposed Timescale:** 01/09/2014

### 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 were no separate communal dining facilities for residents.

**Action Required:**
Under Regulation 19 (3) (g) part 4 you are required to: Provide adequate 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

**Proposed Timescale:** 28/05/2014

### 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:**

Residents were not offered choice at mealtimes.

**Action Required:**
Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

**Please state the actions you have taken or are planning to take:**
Residents are now offered a choice at meal times, a 28 day rotational menu is available in the day room and on display on the main hospital corridor; the daily menu is also displayed. Each resident is asked the previous afternoon their preference for the following day and this choice is documented on a check list every afternoon.

**Proposed Timescale:** 01/06/2014

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

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.

**Action Required:**
Under Regulation 20 (5) you are required to: Provide meals, collations and refreshments at times as may reasonably be required by residents.

**Please state the actions you have taken or are planning to take:**
Breakfast is served from 8.15am onwards; residents are offered the choice to sleep on or have their breakfast in the dining room.

**Proposed Timescale:** 28/05/2014
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 of residents' personal property were completed on admission, however these were not regularly updated. The person in charge and the clinical nurse manager informed the inspector that personal possession were returned to relatives, however there was no protocol in place for this.

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

Please state the actions you have taken or are planning to take:
A “Resident’s Private Property Log Book” has been in place since 1994, although not shown to inspectors on the day of the inspection. This is a log of any money or valuables held in safe keeping in the Admin Office, on receiving the money or valuables a receipt is given to the resident. The money /valuables are returned to resident /relative on discharge, all transactions are signed, countersigned and initialled by PIC. The above log is also audited every 3 months.

Staff are now required to update personal property lists on a regular basis, the current property list is checked and signed by the resident or relative on discharge. Personal property is returned to relatives approx. one week after death, this is included in “Last Offices Guidelines”

Proposed Timescale: 01/09/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Mealtimes, and in particular tea, was served at times suited to the staff roster rather than at times suitable to the residents.

Action Required:
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Since inspection on the 9/4/14 tea time has moved to a time preferred by residents at 4.30pm.

Proposed Timescale: 28/05/2014