<table>
<thead>
<tr>
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<th>Castlecomer District Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000544</td>
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<tr>
<td>Centre address:</td>
<td>Castlecomer, Kilkenny.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>056 444 1246</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:julie.meally@hse.ie">julie.meally@hse.ie</a></td>
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<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
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</tr>
<tr>
<td>Provider Nominee:</td>
<td>Anne Slattery</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Julie Meally</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Noelene Dowling</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 judgements 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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

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

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tr>
<td>Outcome 02: Contract for the Provision of Services</td>
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<td>Outcome 03: Suitable Person in Charge</td>
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<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<td>Outcome 05: Absence of the person in charge</td>
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<td>Outcome 06: Safeguarding and Safety</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Medication Management</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 14: End of Life Care</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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**Summary of findings from this inspection**

This announced monitoring inspection was the fifth inspection of this centre and took place on one day. The purpose of the inspection was to inform the decision of the Authority in relation to the application by the provider to vary the conditions of registration to increase the number of beds to accommodate 18 residents. The centre was previously registered on 4 May 2012 for four long stay residents. However, with the revised interpretation of the Health Act 2007, centres which primarily accommodate respite and convalesce or other short care needs are deemed to be eligible for registration. This revised application is therefore for 18 residents, to include convalescent, respite palliative and one long stay resident. The findings of the inspection are presented under 15 Outcomes.

The inspector was satisfied that there was evidence of good governance structures. Staffing was adequate and there was evidence of continued commitment to ongoing staff training. There was good practice overall in relation to risk management, fire
safety procedures, health and safety. Residents spoken with expressed their confidence in the staff and management, and overall said they were safe and felt well cared for.

This inspection also reviewed the actions required following the inspection of 25 February 2013 and found that of the 10 actions required following that inspection, six had been satisfactorily completed, two were partially completed and two had not been addressed. These outstanding actions included a system for reviewing the quality and safety of care, end-of-life procedures, the provision of meaningful and regular activities for residents and a facility for laundering of residents clothing.

The inspector acknowledges that the premises poses significant challenges to the provider and that plans have to be made in relation to achieving compliance for 2015 in regard to the number accommodated in shared wards and suitable communal space available. The inspector also acknowledges that a number of the actions required in this report are as a result of the change in designation of the centre.

Additional actions required following this inspection include the implementation of an adequate procedure for the management and investigation of any issue of concern raised, completion of the required policies, provision of contracts for short stay residents, robust recruitment procedures, adequate systems for inclusion of residents in the reviews of quality and safety of care, safe storage for residents personal possessions, the security of some exit doors, continued maintenance and decoration of some areas of the premises. The actions required are outlined at the end of this 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 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose had been revised to reflect the changing status of the centre and contained all of the matters prescribed by the Regulations. The care observed was reflective of the statement of purpose and admissions were congruent with this statement.
**Judgement:**
Compliant

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

No arrangements had been made for the provision of contracts for short stay or convalescent residents. Examination of the contract for the remaining long stay resident indicated that the contract was detailed, specified the services to be provided. However, while the initial fee was outlined this had not been updated to reflect the changes in the fees charged. While the inspector accepts that fees agreements vary in relation to short stay residents and some residents may remain longer than others some contractual arrangements are still required in regard to fees and the services to be provided.

**Judgement:**
Non Compliant - Major

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There had been no change to the person in charge who remains suitably qualified and experienced since the follow up inspection of February 2013. She is engaged full-time in the management of the centre. She is suitably qualified and has significant experience in management and in the care of older persons. She has engaged in continued professional development including training in leadership, gerontology, and the support of depression in older persons. She is supported by a clinical nurse manager CNM2 and CNM1 and reports directly to the person nominated to act on behalf of the HSE. The CNM2 deputises on leave periods for the person in charge and shares ongoing
operational responsibilities such as rostering and staff supervision, and monitoring of residents care. Overall the inspection found effective governance systems in place and defined areas of responsibility.

**Judgement:**
Compliant

### Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Theme:**
Leadership, Governance and Management

### Outstanding requirement(s) from previous inspection:

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

**Findings:**
The inspector found that the records required by regulation in relation to residents, and general records were up to date, easily retrieved and maintained in a manner so as to ensure completeness. All of the required policies were in place. However, a number of these were in the process of being updated and completed and remained in draft form. The residents guide while available required to be updated to reflect the current services provided. Reports of other statutory bodies were available. There was evidence of satisfactory insurance in accordance with HSE procedures. Prior to the registration of the centre written evidence of compliance with the statutory fire Authority had been forwarded to the Chief Inspector. This documentation was issued for the entire premises and therefore revised evidence of compliance was not required for this application for a variation in conditions.

**Judgement:**
Non Compliant - Minor

### Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management
**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspector were informed that there had been no periods when the person in charge was absent which required notification to the Authority apart from normal annual leave. The CNM2 available, is suitably qualified and experienced and undertakes the duties and roster of the person in charge during periods of leave. There was an effective on-call system.

**Judgement:**
Compliant

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**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:**
The inspector reviewed the policy and procedures on the prevention and reporting of abuse and found that it was congruent with the HSE agreed procedures.

Staff had received updated training in the prevention, detection and response to abuse and were able to demonstrate an understanding of their own responsibility in relation to this. The inspector saw evidence that where residents voiced concerns staff acted responsibly and reported them. Efforts were made by the person in charge and managers to address them with residents. However, following a review of a number of records and discussion with staff the inspector formed the view that there was a lack of clarity in correctly identifying the nature of any alleged misconduct, and the appropriate process to be used while such incidents were adequately investigated.

**Judgement:**
Non Compliant - Moderate

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**Outcome 07: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe Care and Support
Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was a current health and safety statement available. Systems for review of safety and risk were evident. There was evidence of safe procedures for the prevention and control of infection including protective equipment and the disposal of waste. Staff were knowledgeable on the management of these matters.

The risk management policy was appropriate and there was a centre-specific policy for assessing and managing residents who may wander which was implemented. The emergency plan had been redrafted and it contained all of the required information including arrangements for the interim accommodation of residents should this be required. A generator is available for use.

However, this policy was still in draft format and made reference to the use of personal evacuation plans for residents should they be required by emergency services. These are not currently available. A risk register was available and found to be centre-specific and pertinent to the resident population. Risk management was supported by individual risk assessments for residents’ and a review of incidents to assist in the prevention of re-occurrences and thereby learning from untoward events. For example, steps had been installed along one corridor and this resulted in a fall by a resident. The steps had been enclosed immediately following this incident. Core safety features including non-slip flooring and hand rails were installed.

Overall fire safety procedures were satisfactory with the fire alarm and extinguishers serviced quarterly and emergency lighting annually. The procedure is displayed and staff were able to demonstrate a good knowledge of the procedure to be used in such an event. Fire safety training had taken place in May and October 2013 for all staff although the inspector found that one night duty staff had not received fire safety training in 2013. Fire exits and the alarm panel were checked on a daily basis. However, some risks in the premises had not been identified or adequately addressed. These included an unobserved exit door and a door installed to prevent residents access to an unsafe stairwell did not close adequately which allowed resident access.

Judgement:
Non Compliant - Moderate
**Outcome 08: Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

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

**Findings:**
The policy on the management of medication was centre-specific in line with legislation and guidelines. Practice in relation to medication management was also in line with guidelines. Systems for the management and administration and storage of controlled drugs were robust. There are appropriate procedures for handling and disposal of medication. Prescriptions were sought for respite residents prior to admission and the medical officer then reviewed this. There was evidence that resident’s medication was regularly reviewed by the general practitioner (GP) and that staff observed resident response to medication. An audit of medication management was undertaken and actions taken to address any deficits identified. For example, it was noted that the maximum dosage of PRN (as required) medication was not consistently detailed on the prescription and this was rectified. Errors or incidents were reported and appropriate actions taken. The majority of these were in relation to medication delivered from the central pharmacy but overall staff were vigilant and observant in this matter.

**Judgement:**
Compliant

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**Outcome 09: Notification of Incidents**
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe Care and Support

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

**Findings:**
An examination of the accident and incident records, resident’s records and notifications forwarded to the Authority demonstrated that the provider was in compliance with her legal responsibilities to maintain such records and notify any incidents to the Authority. Records demonstrated that appropriate actions were taken following any incident.
Outcome 10: Reviewing and improving the quality and safety of care
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

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 were systems developed and commenced for collating data in relation to the use and implementation of the nutritional assessment tools, end-of-life care procedures resident’s documentation and care plans and medication management. There was evidence from records and interviews that the findings were collated and actions taken to address any deficits, for example, the need for training and monitoring of the use and implementation of the MUST tool was undertaken following this. Details on accidents and incidents deemed serious were forwarded to the clinical risk department and where necessary the incidents were reviewed with the person in charge. Data in relation to falls had been examined internally in order to identify trends.

A resident’s survey form had been developed for use by residents on discharge which is pertinent to a short stay service but has not yet been utilised.

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:**
From a review of six care plans and medical records the inspector was satisfied overall that the healthcare requirements of residents were met to a good standard. A significant amount of work was undertaken in assessing residents using evidence-based assessments for pressure area care, falls prevention, care plans specific to the identified needs and regular review which demonstrated appropriate health care and planning. These were renewed on each admission for respite residents and as such proved clearly with regard to changes or deterioration in resident’s health and capacity. They demonstrated good knowledge of individual residents and this was also evident in discussion with staff. The contracted medical officer attends at the centre daily Monday to Friday or additionally as required. Out-of-hours cover is available.

Residents spoken with confirmed that staff were prompt in responding to their care needs and that they had regular review by the GP. Nursing notes reviewed by the inspector were detailed, correlated with the care plan, and clearly outlined the care provided and any changes observed. Referrals for respite, convalescent or palliative care are routed via the public health service, GP or acute services and the inspector found that adequate pre-admission information is sought to inform the admission decision. Discharges are also planned in consultation with external services and where necessary were found to be delayed if further care needs required to be addressed or further support in the community was identified as required. Allied health services were accessed as required including dietician, speech and language and psychiatric services. Any recommendations of these services were seen to be implemented. Residents who required further physiotherapy for rehabilitation are referred on to the assigned rehabilitation services. The inspector saw evidence of weight monitoring and appropriate strategies implemented including referrals to dietician or the provision of dietary supplements and these were recorded. There were effective systems in place for communication with catering staff evident and these were seen to be implemented in practice for the specific residents. Food was seen to be freshly prepared, nutritious and appetising with choice offered to residents daily.

Assessments for the use of any methods of restraint such as bedrails were evident and there was evidence that where these were deemed to be a risk in themselves they were not utilised. There was evidence of consultation in regard to these and the use of other devises such as bed alarms. However, the care plans themselves did not demonstrate evidence of consultation in their implementation. This finding was noted in the care plan audit of November 2013.

While the remaining long stay residents social care needs had been addressed and there was access to appropriate day-care services, work is required in the provision of meaningful activities for the resident population. At the time of this inspection there was one volunteer with the task of providing some individual time for residents. The inspector fully acknowledges that on special occasions such as Christmas, or birthdays activities and entertainment are sourced. However, these findings are not compliant with the regulatory requirements.

**Judgement:**
### 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:**
No actions were required from the previous inspection.

**Findings:**
By virtue of its age and configuration these premises poses significant challenges to the provider in meeting the requirements of the Regulations and the Authority's Standards. The addition, in 2011 of the visitor’s room, altered entrance lobby, visitor’s toilet and staff training/meeting room, internal and external ramps, has made significant improvement to what is a very old premises. The secure garden is available and accessible to residents. The reduction in bed numbers in each of the two ward areas has also resulted in more space, ease of movement, ability to use assistive equipment, and privacy for personal care.

There are adequate and suitable toilet, shower and wash-hand basins available in each area. The accommodation is divided into two sections, one male and one female, with the following configuration, bays of one, two three, and five beds. There is also a single palliative care room which can be used for either gender. The measurement area of the bays are of the required standard.

Each area has a separate combined day-dining space although this is primarily used for dining. While both are very comfortable in appearance and equipped with televisions they are not equipped with sufficient soft seating. Residents spend most time by their beds where soft seating is available. There are adequately equipped sluice facilities and the kitchen is also suitably equipped and of a sufficient size with separate staff facilities available. A functioning call-bells system is available and staff at night carry an additional alarm. Smoking areas were suitably equipped with fire safety equipment and viewing panels. Records examined indicted that equipment for resident use and safety including the call-bells, specialist beds, hoist and heating systems were serviced in 2013 and additionally as required. However, one of the two hoists available had been out of use due to a fault for four weeks prior to the inspection.

Some remedial decorative work is also required on the bathroom in the female ward, the kitchen walls and the male word.

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

**Findings:**  
A revised policy on end-of-life care had been developed but was in draft format. This policy was satisfactory and informed the care to be provided at this time to residents. Examination of records in relation to end-of-life care demonstrated that resident’s individual wishes and religious practices is supported. Residents comfort, support and symptom management was prioritised and supported by revised and detailed care plans within nursing records demonstrating compliance. There was evidence of access to and liaison with palliative care services and relatives were consulted, kept fully informed and enabled to be present. However, the policy does not address the absence of a single room for end-of-life care.

Although a draft policy on resuscitation had been developed this had not been implemented and therefore there is currently no agreed process for ascertaining resident’s wishes or advanced decision making by clinicians in consultation with resident or relatives at an appropriate stage.

**Judgement:**  
Non Compliant - Moderate

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

**Findings:**  
There is currently no policy on resident’s personal property and possessions although all residents property was itemised in their records. While there are facilities available for
storage of clothing and personal property there is no provision for the majority of residents to store property securely although some property can be given to the person in charge for safe keeping. There is no laundry service on the premises for personal clothing although in some instances residents can access the laundry service in the day centre.

**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

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

**Findings:**
The inspector reviewed the actual and planned staff roster and from observation was satisfied that there was a sufficient number and suitable skill mix of staff on duty day and night to meet the needs of residents and take account of the size and layout of the premises. Both clinical nurse managers share responsibility for the supervision of staff. However, as the findings in Outcome 6 indicate the parameters of this internal system need to be addressed in relation to the nature of behaviour being identified. Examination of the recruitment procedures and a sample of personnel files demonstrated that systems for recruitment were not robust with no evidence of Garda Síochána vetting and staff did not have the required three references.

Examination of the training matrix demonstrated that mandatory training in moving and transporting of residents had taken place within the required three year time frame but training for two staff was not up to date. Other training pertinent to the needs of the population included dementia care, nutrition, medication management and infection control. Elder abuse training was up to date. Staff were aware of the centre policies and procedures and articulated their various roles competently. Comments from resident were very positive in terms of staff kindness to them and communication as observed by the inspector was respectful.

**Judgement:**
Non Compliant - Moderate
**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:**

Noelene Dowling  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

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<th>Castlecomer District Hospital</th>
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<td>07/01/2014</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 02: Contract for the Provision of Services

Theme:
Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did have contracts which specified the services to be provided and the fees to be charged.

Action Required:
Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Please state the actions you have taken or are planning to take:
One long stay Resident did have a current contract of care on the day on Inspection. Management acknowledge there were no contracts in place for the other short stay Respite and Convalescent Residents.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Contracts of care and welfare will be in place for all residents by 30/5/2014.

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

**Outcome 04: Records and documentation to be kept at a designated centre**

**Theme:**
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some polices remained in draft form and there was no policy on the management of residents personal property and possessions.

**Action Required:**
Under Regulation 27 (1) you are required to: Put in place all of the written and operational policies listed in Schedule 5.

**Please state the actions you have taken or are planning to take:**
The Emergency Response Plan which has since been worked on by the DON and General Manager and is due for completion in 28/2/2014.

The End of Life Policy had reached completion by the time of inspection, the additional “Not For Resuscitation Policy” currently needs involvement and agreement by the two local Medical Officers with reference to the Regional Guidance Document. The DON has arranged the 2nd meeting of same with the GPs on the 12/2/14 to conclude same in line with Local requirements and Regional Policy.

A policy on Residents property is currently being implemented.

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

**Outcome 06: Safeguarding and Safety**

**Theme:**
Safe Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was insufficient evidence that issues of concern raised were correctly identified and appropriately acted on.

**Action Required:**
Under Regulation 6 (2) (b) part 2 you are required to: Take appropriate action where a resident is harmed or suffers abuse.

**Please state the actions you have taken or are planning to take:**
Local Management had acted appropriately in terms of Management of Complaints of patients and acted in a timely fashion to minor complaints which could be handled locally. It does however acknowledge the more serious allegations were dealt with as
soon as the information came to the fore. The Person in Charge and CNM s did all in their power and in line with local policies on suspected abuse of residents, to report same and follow proper procedure.

The Director of Nursing logs all complaints and reports all serious complaints directly to the GM and meets with the GM for guidance in such instances and the current such complaints are being dealt with by Higher Management under Trust in Care and appropriate measures are taken to protect residents while investigations are on going. HIQA had been informed of any allegations by the DON, through the process of Notifications within the time frame specified by the Directorate and will be kept briefed and up to date on such matters as they require.

The General Manager will provide an update to the DON and senior nursing management on the management of complaints and serious incidents to ensure prompt action is taken for patient safety in accordance with HSE policies.

**Proposed Timescale:** 01/05/2014

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<th>Outcome 07: Health and Safety and Risk Management</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
<td></td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
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<tr>
<td>The emergency plan had not been finalised and implemented.</td>
<td></td>
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<tr>
<td><strong>Action Required:</strong></td>
<td></td>
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<tr>
<td>Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td></td>
</tr>
<tr>
<td>The emergency response plan will be finalised and implemented by 28/2/2014.</td>
<td></td>
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<tr>
<td><strong>Proposed Timescale:</strong> 28/02/2014</td>
<td></td>
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<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
<td></td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
</tr>
<tr>
<td>A number of risks in the premises had not been identified including that associated with one unobserved exit door and a stairwell door which did not fully close.</td>
<td></td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.</td>
<td></td>
</tr>
</tbody>
</table>
Please state the actions you have taken or are planning to take:
The DON has requisitioned for Maintenance staff to put a Swipe system on the Exit Door at the end of the Male Ward which would ensure security for patients at all times. Also the Stairwell Door is being reviewed by Maintenance for patient safety. A Patient wandering system was requested to be extended for extra security for Residents who may wander.

Proposed Timescale: 01/03/2014

Theme:  
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
One member of staff who undertook night duty did not have training in fire safety annually as required.

Action Required:  
Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

Please state the actions you have taken or are planning to take:  
Fire Training arranged for February 2014 and the relevant staff member will be facilitated accordingly.

Proposed Timescale: 05/02/2014

Outcome 10: Reviewing and improving the quality and safety of care

Theme:  
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There was no system implemented for including the views of residents and relatives in a review of the quality and safety of care.

Action Required:  
Under Regulation 35 (3) you are required to: Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

Please state the actions you have taken or are planning to take:  
The complaints system of “Your Service Your Say” is available to all our residents and is offered to them should they need to voice their opinion or dissatisfaction.

The Patients Satisfaction Leaflets were available on the day of Inspection in a Collection Box in the Front Foyer area of the Hospital but had not been audited in time for the
Inspection. This has since been done. There were some 12 Leaflets available for
inspection from both patients and members of the public and the contents have been
taken into account by local management to improve service for the future. These
leaflets will be given to all new admissions to the Hospital into the future.

An further audit of Patient Satisfaction which is planned will be carried out before
1/5/2014.

**Proposed Timescale:** 01/05/2014

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**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in
the following respect:**
The level of opportunity to participate in meaningful activity was limited in scope.

**Action Required:**
Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident
to participate in activities appropriate to his/her interests and capacities.

**Please state the actions you have taken or are planning to take:**
The DON explained to the Inspector that patients do have meaningful activities on an
ongoing basis but does acknowledge that some such activities are not recorded.
Volunteers have also helped with such activities and the DON had arranged for a Nurse
and Local volunteer to give of their time to partake in activities with patients.

Local Day Centre provides some activities and Local Management have a plan to be
more inventive around getting meaningful activities arranged on an ongoing basis.
Patients do partake in local fun activities such as panto and parties and summer outings
and the IWA help out and also local day service Mini Bus and Families partake with the
Hospital in celebrating patients personal events. Effort will be made to ensure that all
residents will have greater access to meaningful activities in accordance with their
needs.

**Proposed Timescale:** 01/04/2014

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**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:**
The shared wards will not meet the requirements of the Standards as agreed for 2015.

**Action Required:**
Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Please state the actions you have taken or are planning to take:
It is acknowledged that there are difficulties in terms of Privacy and Noise Levels with the shared wards. Staff endeavour to protect patients privacy at all times. There is one single room for patients who need more privacy and a two bed area at the end of the female ward which could perhaps be realigned to improve the level of private space. The general manager has agreed to raise this matter with the Area Manager for Elderly Services and with Technical Services as a significant infrastructural development would be needed to meet the requirements as per the Standards.

Proposed Timescale: 2015
Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There space available for sitting, dining and recreation is not adequate and is not adequately furnished.

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 DON acknowledges that the inspector felt that the Dining areas did not have adequate soft seating for Residents and the DON will ensure that suitable seating will be provided by 30/4/2014.

Proposed Timescale: 30/04/2014
Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All equipment provided for use by residents was not a maintained and or replaced in a timely manner.

Action Required:
Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

Please state the actions you have taken or are planning to take:
All hoists were back in operation by the 8/1/2014. Hoists are serviced on a regular basis in this hospital and management and staff are fully aware of the importance of having
the hoists in good working order.

**Proposed Timescale:** 08/01/2014  
**Theme:**  
Effective Care and Support  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Some areas of the premises required maintenance and decoration, including the kitchen and the female bathroom.

**Action Required:**  
Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**  
A requisition has been made to technical services for this work to be carried out. It is expected that the required work will be completed by 1/5/2014.

**Proposed Timescale:** 01/05/2014

**Outcome 14: End of Life Care**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There are no arrangements in place for capturing resident’s end-of-life preferences and advanced decision making procedures or the option of a single room.

**Action Required:**  
Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

**Please state the actions you have taken or are planning to take:**  
There was a written protocol and Policy on End of Life in place on the day of Inspection and was viewed by the Inspector on the day of Inspection. Personalised care plans in this area are currently in use and have been for some time as stated by the CNM s on duty.

There is an assessment tool available for use. Local Management acknowledge that in one instance although the Care Plan was in place there was a time lag in activating same. There is capacity within the resident’s care plans for their preferences to be captivated with regard to End of Life care. The DON acknowledges that in one instance Patient preference with regard to Advanced Decision Making was not documented in a timely manner.

Training and guidance in End-of Life- Care is provided for all Staff, as appropriate to
their role, for immediate implementation of Advance Care Planning with regular review of same. This is currently being done through liaising with the Hospital’s Medical Officers and the Patient.

The National Guidelines for Not for Resuscitation is currently being reviewed by the Quality and Safety Committee at St. Luke’s General Hospital Kilkenny and is not yet finalised.

There is a 2 Meeting with Local Medical Officers scheduled for the 24th February 2014 with regard to advanced decision making.

Option of a single room is available sometimes although not in all cases but management would always review the situation if a special request for same was needed.

There is an option perhaps of a two bed area being private if there were some structural changes done and this is being explored further with the Technical Services.

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

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

<table>
<thead>
<tr>
<th>Theme: Person-centred care and support</th>
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</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>There was no written policy in relation to the management and safe keeping of resident's personal property and possessions.</td>
</tr>
</tbody>
</table>

**Action Required:**

Under Regulation 7 (1) you are required to: Put in place written operational policies and procedures relating to residents personal property and possessions.

**Please state the actions you have taken or are planning to take:**

Personal Property Guidelines are currently available and being implemented in this hospital.

**Proposed Timescale:** 27/01/2014

### Theme: Person-centred care and support

<table>
<thead>
<tr>
<th><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></th>
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<tbody>
<tr>
<td>There were no satisfactory arrangements for the laundering of residents clothing.</td>
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</tbody>
</table>

**Action Required:**

Under Regulation 13 (a) you are required to: Arrange for the regular laundering of
residents linen and clothing.

Please state the actions you have taken or are planning to take:
The laundering of residents clothing is carried out by the Local Day Centre as required. A formal agreement is in place with the daycentre. If necessary the local launderette may also be accessed.

Proposed Timescale: 08/01/2014

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider did not obtain the information and documentation required by Schedule 2 of the Regulations to ensure the fitness and suitability of persons to work at the designated centre.

Action Required:
Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Please state the actions you have taken or are planning to take:
All files pertaining to all staff at Castlecomer will be reviewed in relation to the documentation required under Schedule 2. Procedures are in place in terms of this documentation for all new employees as per HSE policies and procedures and HIQA regulations in this area, however, as many employees were employed before the HIQA regulations were implemented, the required retrospective follow up will be undertaken to establish the documentation that remains outstanding and to be sourced accordingly.

Proposed Timescale: 30/09/2014