### Centre name:
Ennistymon Community Hospital

### Centre ID:
OSV-0000608

### Centre address:
Dough, Ennistymon, Clare.

### Telephone number:
065 707 1622

### Email address:
annamarie.nagle@hse.ie

### Type of centre:
The Health Service Executive

### Registered provider:
Health Service Executive

### Provider Nominee:
Mark Sparling

### Lead inspector:
Mary Costelloe

### Support inspector(s):
None

### Type of inspection:
Announced

### Number of residents on the date of inspection:
27

### Number of vacancies on the date of inspection:
0
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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
17 November 2014 09:00 17 November 2014 16:30
18 November 2014 09:00 18 November 2014 16:30

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

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Summary of findings from this inspection
This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider and person in charge demonstrated a high level of commitment to meeting the requirements of the Health Act 2007 (Care
and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

There was evidence of good practice in all areas. The person in charge and staff demonstrated a comprehensive knowledge of residents’ needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the day of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspector observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The existing building was clean and well maintained but as outlined in previous inspection reports the design and layout of parts of the existing building did not meet the needs of all residents or comply with the requirements of the Regulations, in particular the multi-occupancy bedrooms, inadequate communal day space for residents and visitors and lack of a suitable smoking area.

Building works to phase 1, an eight bedded extension was completed and it was planned to transfer some residents into the new extension before Christmas. Planning permission had been granted for phase 2 of the development and the tendering process was due to commence. The provider told the inspector that on completion of phase 2 and with some reconfiguration of the existing building he planned to meet the requirements of the Regulations. The inspector noted that other improvements were required to meet the Regulations in terms of addressing risks, updating of policies and documentation for the use of bed rails.

These areas for improvement are contained in the Action Plan 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 2013 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:**

Governance, Leadership and Management

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

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

**Findings:**

The inspector reviewed the updated statement of purpose dated 1 September 2014. It contained all of the required information and accurately reflected the services provided in the centre.

**Judgment:**

Compliant

**Outcome 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included a clinical nurse specialist (CNS), a clinical nurse manager 2 (CNM2), a CNM1, risk advisor, infection prevention and control manager, business manager and senior operations manager. The management team were in regular contact. The person in charge met with the CNM on a weekly basis to discuss the care needs of all residents, there were established regular meetings of persons in charge to discuss issues of
concern and share learning. Formal management meetings took place on a regular basis.

The inspector was satisfied that there was a full time person in charge with the appropriate experience and qualifications for the role. Deputising arrangements were in place in the absence of the person in charge. There was an on call out of hours system in place.

The person in charge told the inspector that she felt well supported in her role that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

Systems were in place to review the safety and quality of care. Regular audits were carried out in relation to infection control, medication management and incidents/accidents. There was evidence that some improvements had been brought about as a result of the audits including improved communication with residents regarding infection control.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**

*A guide in respect of the centre is available to residents. 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:**
Governance, Leadership and Management

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

**Findings:**
The inspector reviewed the resident's guide which was available to residents in the centre. The guide contained all information as required by the Regulations.

There was an information pack made available to all new residents containing a copy of the residents guide and information on infection control, complaints procedure and elder abuse.

Contracts of care were in place for all long stay residents. The inspector reviewed a sample of contracts of care. They included the fees to be charged and the services to be provided. The person in charge stated that there were currently no additional charges and that residents paid their own pharmacy charges.

**Judgment:**
Compliant
**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
The person in charge is a registered nurse with the required experience in the area of nursing older people. She has been working in the post since March 2014 and she works full time. She was on call at weekends and out of hours.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development having previously undertaken a BA in Health Services Management, she recently completed training in food safety management training (HACCP), crisis prevention intervention and risk management. She was currently attending a first time managers development programme.

The person in charge was actively engaged in the governance of the service and accepted responsibility and accountability for its governance, operational management and administration. Suitable governance arrangements were in place in the absence of the person in charge. The CNS deputised in the absence of the person in charge. There was always a clinical nurse manager or senior staff nurse on duty to supervise the delivery of care.

The inspector observed that the person in charge was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

**Judgment:**  
Compliant

**Outcome 05: Documentation to be kept at a designated centre**  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.
**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector was satisfied that records as required by the Regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner.

All policies as required by Schedule 5 of the Regulations were available. The medication management policy did not include sufficient guidance in relation to the handling and disposal of unused and out of date medications.

Systems were in place to review and update policies. Staff spoken with were knowledgeable of policies. Policies were centre specific and reflected in practice.

The inspector reviewed the register of residents which was found to be complete and in compliance with the Regulations.

**Judgment:**
Non Compliant - Minor

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**Outcome 06: 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:**
Governance, Leadership and Management

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

**Findings:**
The person in charge and management team were aware of the requirement to notify the Chief Inspector of the absence of the person in charge. The provider had notified the Chief Inspector of the absence of the person in charge in the past.

**Judgment:**
Compliant
**Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the comprehensive policies on responding to allegations of elder abuse and prevention, detection and response to elder abuse. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area. Training records reviewed indicated that all staff had received training.

The inspector was satisfied that residents' finances were managed in a clear and transparent manner. There was now a policy in place on the management of residents' personal property. The inspector spoke with the administrator who told the inspector that small amounts of money were kept for safekeeping on behalf of some residents. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two staff members and the resident.

The inspector reviewed the policies on responding to behaviours that challenge and use of restraint. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. Staff confirmed that they had received recent training on crisis prevention intervention.

The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible.

Staff promoted a restraint free environment. There were two residents using bedrails at the time of inspection, one at the resident's own request. The inspector noted some inconsistencies in the nursing documentation in that risk assessments, risk balance tools, alternatives tried or considered and care plans were not completed in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded.
The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke highly of staff and stated that they were happy and felt safe living in the centre.

**Judgment:**
Non Compliant - Minor

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**Outcome 08: 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(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
While the provider had systems in place to protect the health and safety of residents, staff and visitors, some actions required from the previous inspection had not still been addressed.

Some risks that had been identified by staff and included on the risk register had still not been addressed. The provider had indicated in the response to the last action plan that these outstanding risks would be addressed by June 2014. The risks identified related to the access to the grotto in the external grounds, the positioning of lighting over some beds and the location of the designated smoking area.

There was a health and safety statement available. The inspector reviewed the risk register and found that it had been regularly reviewed and updated following the last inspection. All risks specifically mentioned in the Regulations such as assault, accidental injury, aggression and violence and self harm were included.

There was a site-specific emergency plan in place. The plan included clear guidance for staff in the event of a wide range of emergencies. Arrangements were in place locally for alternative accommodation in the event of the building having to be evacuated.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The inspector observed good practice in relation to moving and handling of residents during the inspection.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in August 2014 and the fire alarm was serviced on a quarterly basis. The last fire alarm service took place on 18 November 2014. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks.
and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that most staff had up to date fire safety training and further training and fire drill was scheduled for remaining staff on the 21 November 2014.

The inspector reviewed the incident/accident report log and found details of all incidents were recorded. The CNM and person in charge reviewed all incidents and discussed action plans with staff. A copy of incident reports was sent to the risk advisor who completed a quarterly analysis.

The inspector noted that infection control practices were robust. There were comprehensive infection control policies in place relating to infection prevention and control. The inspector spoke with cleaning staff who were knowledgeable regarding infection control procedures. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. All staff had received training in infection control and hand washing techniques. Further infection control training was scheduled. Recent audits reviewed by the inspector indicated good compliance.

**Judgment:**
Non Compliant - Moderate

### Outcome 09: Medication Management

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

#### Theme:
Safe care and support

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

#### Findings:
The inspector noted that the policies and procedures for medication management were generally robust, some improvements were still required to updating the policy.

The inspector reviewed the medication management policy which was found to outline clear guidance on areas such as administration, prescribing, storage, crushing, “as required” (PRN) medications, medications requiring strict controls and medication errors. There was insufficient guidance in relation to the handling and disposal of unused and out of date medications. Large quantities of unused medications were stored in a covered container in a locked store room. There were no records maintained as to the names or quantities of medications stored for disposal.
The inspector spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management.

The inspector reviewed a sample of medication prescribing and administration sheets. All medications were regularly reviewed by the general practitioners (GP).

Medications requiring strict controls were appropriately stored and managed. The inspector saw that these were stored in a double locked cupboard in the clinical room. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre’s medication policy. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for recording of medication errors and the return of medications requiring strict controls to the pharmacy and nursing staff were familiar with them.

Regular medication management audits were carried out in house by a qualified nurse prescriber and by the HSE pharmacist. Staff confirmed that results of audits were discussed with them, all issues recently identified had been addressed.

The person in charge told the inspector that she planned on arranging medication management training updates for all nursing staff.

Judgment:
Compliant

**Outcome 10: 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(s):
No actions were required from the previous inspection.

Findings:
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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

**Findings:**
The inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to general practitioner (GP) services. The GP visited the centre five days a week. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes.

The inspector reviewed a number of residents’ files including the files of residents with wounds, restraint measures in place, at high risk of falls and nutritionally at risk. See outcome 7 in relation to restraint management.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency and manual handling.

The inspector noted that care plans were in place for all identified issues. Care plans guided care and were regularly reviewed. Relatives spoken with and questionnaires completed by relatives confirmed that they were regularly consulted and involved in the review of their family members care plans. However, evidence of consultation with resident/relative was not always documented.

The CNM2 told the inspector that care plans had recently been assigned to individual nurses to ensure that care plans were more individualised and person centred. She had planned an audit of all care plans in December 2014.
The inspector was satisfied that wounds were being well managed. There were adequate up-to-date wound assessments and wound care plans in place.

The inspector was satisfied that weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that if there was a change in a resident’s weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed.

The inspector reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated following each fall. The person in charge and risk advisor reviewed all falls on a regular basis. Evidence of learning and improvement to practice was evident. Low-low beds, crash mats, chair/bed sensor alarms and hip protectors were in use for some residents.

Staff and volunteers continued to provide meaningful and interesting activities for residents. The CNS in diversional therapy coordinated the activities programme. The weekly activities schedule was displayed. The inspector observed residents enjoying a variety of activities during the inspection including light exercises and Sonas (therapeutic programme specifically for residents with Alzheimer disease). Many of the residents actively partook and residents informed the inspector that they enjoyed the variety of activities taking place; particularly music sessions and the exercise programme. Some residents told the inspector that they enjoyed sitting in the conservatory, enjoying the view and chatting with fellow residents, staff and visitors. The Sonas programme had been re introduced since the last inspection and now took place two to three times a week. Other activities included hand massage, life stories sessions, arts and crafts, card games, board games, bingo and gardening.

**Judgment:**
Non Compliant - Minor

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**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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
**Findings:**
As stated in previous inspection reports the inspector noted that the design and layout of parts of the existing building did not meet with the needs of residents or comply with the requirements of Regulations.

While the inspector found the physical environment of the existing building to be clean, bright and warm it did not comply with some of the Regulations and the Authority’s Standards. For example, the inspector found that the layout and design of some multiple-occupancy rooms and the location of two day rooms were not suitable for its intended purpose.

There continued to be inadequate communal space for residents and visitors. Residents, and visitors who wished to access the two day rooms, had to go through the large multi-occupancy bedrooms in order to do so. This impinged upon the privacy and dignity of residents residing in these bedrooms.

There was inadequate dining space provided to meet the needs of all residents.

The inspector noted that the designated smoking area continued to be located in the entrance conservatory. There was inadequate ventilation to this area as the smoke could not be contained in this area and spread throughout the building. Some residents, relatives and staff expressed their dissatisfaction with the location of the smoking area. The location of the smoking area had also been identified as a risk and was included in the risk register.

The size and layout of multi-occupancy rooms did not meet all the needs of residents. The inspector noted that while staff were sensitive to residents’ rights for privacy and dignity, the physical environment posed significant challenges when delivering personal care; attending to residents’ care needs and communicating in privacy.

Residents’ in the seven and eight-bedded rooms had limited space for the storage of personal belongings.

Phase one of the new development was almost completed. This new single storey extension comprised four twin bedrooms each with assisted shower en suite facilities. There was a sluice room, nurses' office and linen store. The extension was finished to a high standard. The person in charge and the provider told the inspector that it was intended to open this new extension before Christmas.

A new enclosed landscaped garden had also been completed.

The provider confirmed that planning permission had been granted for phase two of the development and that the tendering process would now be going ahead. Phase two of the development is to include a separate designated smoking area, a sitting room, eight single bedrooms with en suite facilities, a visitors' toilet and storage facilities. The person in charge and the provider undertook to review existing space when residents have moved into the new extension (phase one) with a view to providing an interim designated smoking area.
There was appropriate assistive equipment provided to meet the needs of residents, specialised beds, hoists, specialised mattresses and transit wheelchairs. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order.

**Judgment:**
Non Compliant - Moderate

### Outcome 13: Complaints procedures
*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

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

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

**Findings:**
The inspector found evidence of good complaints management. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a comprehensive complaints policy in place; it included details of the complaints officer and appeals process. The complaints procedure was clearly displayed.

The inspector reviewed the complaints log. No complaints had been received since 2013 and there were no open complaints at the time of inspection.

**Judgment:**
Compliant

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

**Findings:**
The inspector was satisfied that caring for residents at end of life was regarded as an integral part of the care service provided.
There was a comprehensive end-of-life policy in place. Staff confirmed that support and advice was available from the palliative home care team. Nursing staff had received training on the use of syringe drivers and four staff had attended end of life training.

There was a dedicated palliative care suite available in the centre. Families were facilitated to be with a resident when they were dying. Food and refreshments were always offered. The person in charge stated that all residents in shared rooms were given the choice of the palliative care suite when available.

**Judgment:**
Compliant

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

**Findings:**
A comprehensive policy on nutrition and hydration had been implemented since the previous inspection and all residents had been nutritionally assessed. See further information under outcome 11.

Residents were offered a varied and nutritious diet. Some residents required special diets or modified consistency diets and these needs were met. The quality and presentation of meals was of a high standard. Residents and relatives highly commended the quality of the food. Staff and residents confirmed that snacks and drinks were available throughout the day and night from the kitchen. The inspector observed a variety of drinks available to residents and staff were observed to encourage residents to take drinks. There was a fresh water dispenser available for residents in the main hallway. The inspector spoke with the chef on duty who was knowledgeable regarding residents' special diets, likes and dislikes.

There was a three week rolling menu in place. The daily menu was displayed; choices were available at every meal. Residents confirmed that they were given a daily choice. A selection of home baking and homemade soups were offered daily. Catering staff in consultation with the residents, person in charge, dietician and other staff were in the process of updating the menus.

The inspector observed some residents having their lunch in the small dining room while other dined at their bed side table. The dining room was bright, homely and
comfortable. Tables were set up to facilitate up to eight residents on the day of inspection. The table settings were attractive with condiment sets, sauces and serviettes provided. A choice of drinks was offered including water, milk and fruit juices. The atmosphere during dinner was relaxed and unhurried. Residents chatted with one another over lunch.

Staff were observed supervising mealtimes, discreetly assisting some residents with their meals while encouraging other residents to eat independently.

**Judgment:**
Compliant

### Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
The inspector noted that the privacy and dignity of residents was respected by staff. Bathroom doors and screening curtains were closed when personal care was being delivered.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken to praised the staff stating that they were kind and treated them with respect. Relatives spoken with told the inspector that staff were very caring and treated residents with respect.

Residents’ religious and political rights were facilitated. The local priests visited and said Mass monthly. There was a small oratory available to residents should they wish to pray or spend reflective time alone. All residents were currently Roman Catholic but the person in charge told the inspector that arrangements would be put in place for residents of different religious beliefs. Holy Communion was offered to residents on a daily basis and daily prayers were recited with residents. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during past elections.
Daily national and weekly local newspapers were available to residents. Some of the residents were observed reading.

Staff outlined to the inspector how links were maintained with the local community. Local school children visited, local musicians visited and performed for residents. Arrangements were being made for local school children to visit and sing Christmas carols for residents during the festive season. Many of the staff were from the local area and kept residents updated regarding local news and events. Residents were facilitated to go on day trips in the local area during the fine weather, several day trips had been organised during the summer months.

There were regular resident committee meetings which were facilitated by the CNS and volunteer advocate. The last meeting took place in June 2014. The inspector reviewed the minutes of the last meeting and noted that topics discussed included day outings, the new building, and the smoking area.

**Judgment:**
Compliant

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

**Findings:**
There were no laundry facilities on site but arrangements were in place with a local launderette for laundering of residents' personal clothing. This service was included in the fees. Staff told the inspector that the laundry service had improved and that mislaid clothing was not an issue. Many families took care of their own relative's laundry.

Limited personal storage space was available in the ward style rooms. However, adequate storage including a wardrobe with a secure lockable space for personal possessions, was provided in the new extension.

**Judgment:**
Compliant
**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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**

On the day of inspection, there was an adequate ratio of staff to residents on duty throughout the day. On the day of inspection there were three nurses and five multi-task assistants on duty during the daytime; two nurses and two multi-task attendants on duty in the evening time and two nurses and one multi-task attendant on duty at night time. The person in charge, CNS and CNM2 were also on duty during the day time. A planned staff roster was maintained.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. Staff files were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses.

The management team had provided ongoing training to staff. Training records indicated that staff had attended recent training on cardiac pulmonary resuscitation, food hygiene, infection control, crisis prevention intervention and risk management. The SALT had provided training to staff on dysphasia. Further training was scheduled and planned on infection control, food safety management and medication management.

A number of volunteers attended and assisted residents with a variety of activities in the centre. A policy on the management of volunteers and students which included setting out their roles and responsibilities had been implemented since the last inspection. The CNS was the designated volunteer coordinator and records reviewed indicated that volunteers were vetted appropriate to their role and level of involvement in the service. Induction training was provided to all volunteers.

A service level agreement had been introduced between the Health Services Executive (HSE) and the two staff agencies since the last inspection to ensure that all agency staff had been recruited in line with the HSE’s own recruitment policy and Schedule 2 of the Regulations.
Judgment:  
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

Report Compiled by:

Mary Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ennistymon Community Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000608</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>17/11/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15/12/2014</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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

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<tr>
<th>Theme:</th>
<th>Governance, Leadership and Management</th>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The medication management policy did not include sufficient guidance in relation to the handling and disposal of unused and out of date medications.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
A Policy will be devised in consultation with the HSE Pharmacist who is a member of the Drugs and Therapeutic Committee to include guidance in relation to the handling and disposal of out of date and unused medication.

Proposed Timescale: 16/01/2015

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inconsistencies were noted in the nursing documentation in that risk assessments, risk balance tools, alternatives tried and considered and care plans were not completed in the case of all residents using bedrails contrary to the centres own policy and national policy.

Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
In house update training on the restraint policy with all nursing staff to take place to ensure full compliance with the policy.

Proposed Timescale: 09/01/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some risks that had been identified by staff as far back as 2009 and included on the risk register had still not been addressed. The provider had indicated in the response to the last action plan that these outstanding risks would be addressed by June 2014. The risks identified related to the access to the grotto in the external grounds, the positioning of lighting over some beds and the location of the designated smoking area.

Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks
Please state the actions you have taken or are planning to take:
(1) Phase 11 of DCP due to commence in 2015 will provide a separate smoking area for residents. 12/2015
(2) In the interim a temporary smoking area has been identified and will be developed. 06/2015
(3) The positioning of lights over beds will be addressed in Phase 11 of DCP. 12/2015
(4) Risks relating to the grotto have been reassessed and appropriate hand rails will be fitted. 03/2015

Proposed Timescale: 31/12/2015

### 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:**
Evidence of consultation with resident/relative was not always documented.

**Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
The person in charge will consult with all staff to ensure all communication with residents and relatives in relation to their care is documented appropriately. Regular audit of care plans to ensure that all communications in regard to a residents care is documented.

**Proposed Timescale:** 18/12/2014

### 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:**
The existing building did not comply with the Regulations.

The layout and design of some multiple-occupancy rooms and the location of two day rooms were not suitable for its intended purpose.
There was inadequate communal space for residents and visitors.

There was inadequate dining space provided to meet the needs of all residents.

The designated smoking area continued to be located in the entrance conservatory.

The size and layout of multi-occupancy rooms did not meet all the needs of residents.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
Phase 1 of DCP is now complete providing an eight bedded extension with en suites will be occupied on 17/12/2014.

Phase 11 of DCP due to commence in early 2015 provides for a further eight bedded extension with adjoining en suites, a large communal area with separate smoking room for residents. An existing area will be reconfigured to provide a larger dining area for residents complying with the requirements of the regulations.

**Proposed Timescale:** 31/12/2015