<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Community Hospital of the Assumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000662</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Thurles, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>0504 27700</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:maria.bridgeman@hse.ie">maria.bridgeman@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Maria Bridgeman</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Moore</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Geraldine Ryan;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>57</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>15</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

The inspection took place over the following dates and times
From: 10 December 2014 10:45  To: 10 December 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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Summary of findings from this inspection
This inspection was the sixth inspection of the centre by the Authority; the inspection was unannounced and was undertaken to follow-up on the registration renewal inspection undertaken in November 2013. This and previous inspections had highlighted to the provider that the multi-occupancy rooms would not be in compliance with the National Quality Standards for Residential Care Settings for Older People in Ireland by July 2015. In response to previous action plans issued the provider had indicated that plans would be developed to ensure that the rooms would meet regulatory requirements by July 2015.

The centre is registered to accommodate a maximum of 72 residents but since 2012 in response to the national moratorium on recruitment the provider has operated an agreed internal maximum occupancy of sixty residents. The centre provides a variety of care including rehabilitation, nursing rehabilitation, palliative care, respite, convalescence and long term care across three clearly defined units.

On the day of inspection there were 57 residents living in the centre thirty of whom were resident on a long term care basis. Inspectors met with staff including the person in charge and the assistant director of nursing, observed practice and spoke with residents.

Records provided to inspectors indicated that twenty (66.6%) of the long term care residents were accommodated in the multi-occupancy rooms across the three units. Four of the long term care residents were assessed by staff as of medium dependency, five as high and eleven as high to maximum dependency.

There are a total of ten multi-occupancy rooms in the centre each accommodating four residents; approximately 55.5% of the maximum number of residents that can be accommodated.
Inspectors were not satisfied that the multi-occupancy rooms and the en-suite sanitary facilities were suited to the provision of long term care as they did not provide sufficient space and did not promote the privacy and dignity of residents. Inspectors were also satisfied that the available space and the design and layout of the en-suite facilities are factors to be considered by the provider in any proposed reconfiguration of the rooms as they would not be sufficient to meet the assessed needs of all residents regardless of the duration of the care period. The evidence to support this conclusion is discussed in detail in the body of the report.

The person in charge confirmed that she was in regular contact with the provider and she was not aware of any explicit, costed, time-bound plan to address the limitations and non-compliance of the physical environment.

On inspection inspectors had occasion to review the procedures in place to accommodate the consumption of tobacco by residents. Inspectors were not satisfied that the measures in place were sufficient to safeguard residents from injury or to ensure that staff responded appropriately in the event that the clothes of a resident caught fire. Given the risk identified the person in charge was informed that an immediate action plan was required and same was verbally issued; the immediate action plan was formally issued to the provider on the 11 December 2014.
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 08: Health and Safety and Risk Management**  
*The health and safety of residents, visitors and staff is promoted and protected.*

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<tr>
<th>Theme: Safe care and support</th>
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**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

The inspectors saw and staff spoken with confirmed that the consumption of tobacco products by residents was facilitated in the centre. Staff also said that the number of residents who smoked varied given the spectrum of care provided including rehabilitation, respite and convalescence.

The designated smoking area on two units was not suitable as this was also identified by staff as the room to be used for dining by residents who could not leave the unit.

The policy that was in place was inadequate as it was a policy on a smoke-free environment dated 2010. Staff did say and the inspector saw that a more comprehensive policy had been drafted by the person in charge but was not yet implemented and adopted in practice.

Inspectors reviewed the risk assessments in place for two residents and they were not sufficient to safeguard the resident from harm and injury and did not demonstrate a sound understanding of actions to be taken in the event of a resident's clothing catching fire. Identified controls were either not implemented or not sufficient to reduce/remove the risk of fire. Inspectors saw that the risk assessments were vague and generic; they did not specify the resident's strengths, abilities or any factors that limited the resident's ability to smoke safely. Identified controls such as staff supervision and observation were non-specific and one resident recorded as requiring regular checking was seen to be observed by staff once in a twenty five minute period. A fire retardant apron while in place was not of sufficient size to protect the resident's lower body while smoking in a seated position. The emergency call bell and fire resistant ashtray were not within reach of the resident. There was no apparent restriction of smoking materials, residents confirmed this and there was no risk assessment to say whether this practice was safe.

The risks assessments did not reflect a sound understanding of actions to be taken in the event of fire and this was confirmed when inspectors spoke with staff. The risk assessment advised staff to retrieve the fire blanket from the kitchenette; there was none seen to be available in the room. The kitchenette was established by inspectors to be forty two paces from the designated smoking room. There was no reference to any other contemporary fire fighting device on the risk assessment; staff were advised to
keep a jug of water in the room at all times; there was a jug of orange coloured liquid in the room on the day of inspection. When spoken with, staff did not describe safe, adequate and appropriate actions to be taken in the event that a resident’s clothing caught fire such as the use of fire fighting equipment including fire extinguishers and the appropriate extinguisher to use. Staff could not differentiate the fire retardant apron from a fire blanket.

Judgment:
Non Compliant - Major

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:
The centre is registered to accommodate a maximum of 72 residents but since 2012 in response to the national moratorium on recruitment the provider has operated an agreed internal maximum occupancy of 60 residents; this was confirmed by the person in charge. The centre provides a variety of care including rehabilitation, nursing rehabilitation, palliative care, respite, convalescence and long-term care across three clearly defined units. The centre provides accommodation in a combination of single, twin and multi-occupancy rooms. There are a total of ten multi-occupancy rooms in the centre each accommodating four residents; approximately 55.5 % of the maximum number of residents that can be accommodated. On the day of inspection there were 57 residents living in the centre 30 of whom were resident on a long-term care basis. Records provided to inspectors indicated that 20 (66.6%) of the long-term care residents were accommodated in the multi-occupancy rooms across the three units. Inspectors also saw that in line with the overall reduced occupancy some twin rooms were reduced to single occupancy and some four-bedded rooms to three.

Inspectors were satisfied that elements of the design and layout of the premises were not suited to achieving the aims and objectives of the stated purpose and function of the centre.

Inspectors were not satisfied that the multi-occupancy rooms and the en-suite facilities were suited to the provision of long-term care as they did not provide sufficient space and did not promote the privacy and dignity of residents. Inspectors were also satisfied that the available space and the design and layout of the en-suite facilities are factors to be considered by the provider in any proposed reconfiguration of the rooms as they
would not be sufficient to meet the assessed needs of all residents regardless of the duration of the care period.

Inspectors saw that given the design and layout of the rooms the available floor space in the multi-occupancy rooms was limited. Ceiling mounted hoists were available in each room but inspectors observed that many residents' personal lockers had been removed from their bedside as there was insufficient space to meet their assessed needs. The lockers were positioned against a wall far removed from the residents' reach. There was insufficient bed space to accommodate personal seating including specialised seating, or to attend to the personal care of a resident without impinging on the personal space of the adjacent resident.

The width of doorways to the en-suite facilities was less than that required for universal accessibility and while the inspectors saw that it was just sufficient to take a floor based hoist there was insufficient space to safely manoeuvre the hoist with due regard to the safety and privacy of the resident. The design of the shower enclosure was not suited to the needs of a dependent resident as again it did not facilitate ease of access and did not offer sufficient space for two staff to adopt safe manual handling practice. Staff spoken with confirmed that the observations of the inspectors were correct. Staff said that residents based on their assessed needs were hoisted on to a commode or shower chair in the bedroom and then taken into the en-suite toilet or out of the bedroom down the corridor and into the main universally accessible bathroom/shower room.

The facilities for exercising choice to access television was limited due to the multi-occupancy accommodation as there was only one television and visibility was dependent on the location of the resident's bed. This was confirmed by one resident spoken with while another resident said that he had no interest in the television that was on and his preference would have been to listen to the radio.

While it was evident that all residents did not retain control and access to their personal possessions due to the removal of their bedside lockers there was further evidence of insufficient storage and the generic storage of residents' clothing in a general ward storage area. Staff said that these were items for infrequent use such as outdoor clothing but the majority of the items seen by inspectors were items of daily clothing such as knitwear and nightwear.

Inspectors observed that there was a general lack of suitable and sufficient storage. Inspectors saw that in one four-bedded room (occupied by one resident) a storage area had been created in half of the room directly across from the resident and screened off by the bed screens. One four-bedded en-suite was inaccessible due to the storage of commodes and a shower chair. There was an open storage area in the dementia unit with chemicals clearly accessible.

The centre does not offer sufficient dining space for the number of residents accommodated. There is one main dining room for use by two units; inspectors saw that this area comfortably accommodated 25 residents and that there was a social dimension to the meal experience. There was a combined dining/communal room on the dementia unit. Staff spoken with said that if a resident required observation, supervision or assistance with meals they remained on the main unit and did not go to the main dining
area for their meals as this would have resulted in a depletion of ward staffing levels. Staff indicated that a dining space was available in the two units. Inspectors saw that this consisted of a dining table in a communal room that was also used as the designated smoking area. With the exception of the dementia unit dependent persons were seen to take their meals off trays in bed or at their bedside. Staff reported that several residents on the day of inspection were unwell and on bed rest.

The centre offered residents sufficient and varied communal space, however it was underutilised or inappropriately utilised. More independent residents were seen to enjoy the social dimension of sitting in the main reception area or on the seating provided along the main corridors. However, inspectors saw on the dementia unit that residents spent their day in the combined dining/communal room and while further communal space was available to residents, it was used by staff and for storage. On the remaining two units the communal areas were not seen to be used with residents remaining at their bedside or in bed.

**Judgment:**
Non Compliant - Major

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

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<tr>
<td>Centre ID:</td>
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<tr>
<td>Date of inspection</td>
<td>10/12/2014</td>
</tr>
<tr>
<td>Date of response</td>
<td>03/02/2015</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 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:**
Staff did not have adequate and appropriate knowledge of the actions to be taken should the clothes of a resident catch fire.

**Action Required:**
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

- Following inspection all staff in the CHOA have received Fire Training specific to the procedures to be followed should the clothes of a resident catch fire and now have all the relevant knowledge of the actions to be taken.

  Completed 31/12/2014

- An updated Smoking Policy which was launched in November, 2014 and continues to be implemented.

  Ongoing

- In Jan 2015- Fire Evacuation Training was held in CHOA for 4 areas, Units A, B and C and Kitchen (main) area.

  Completed 31/01/2015

- A simulated evacuation exercise is scheduled for 2nd Feb 2015, with Fire Consultant Trainer and Fire Service Dept, Thurles, Co. Tipperary.

  Completed 02/02/2015

- The Fire training schedule has been ongoing throughout 2014 for all staff. This training included Fire lectures, Fire marshal, Fire extinguisher and Fire Evacuation training and this will continue throughout 2015

  Ongoing

**Proposed Timescale:** 02/02/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Failing to adequately assess the risks of each resident who smoked. Failing to identify, record and implement adequate and appropriate control measures related to the specific risks identified.

Failing to provide at each area that was deemed and utilised as a smoking area appropriate fire fighting equipment which was readily accessible and clearly identifiable.
**Action Required:**
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

**Please state the actions you have taken or are planning to take:**
- The risk assessments for the 2 residents that were in place on the day of inspection have been revised, updated and submitted to HIQA on 17th December, 2014.
- Complete Action Plane submitted to HIQA on 18th December, 2014
- Individual care plans have also been revised and additional controls are now in place.

- Additional smoking aprons have been provided in all designated smoking areas.
- Fire blankets have been provided in all designated smoking areas.
- Fire extinguishers both CO2 and Foam are available as per Fire Regulations in close proximity to each smoking area.
- Water is available in all rooms as first defence in the event of a fire.
- An updated Smoking Policy which was launched in November 2014 continues to be implemented.
- A Fire Register, Fire Policy (revised Oct. 2014), and Fire Alarm System in place.
- Suitable building services as per inspection and certification Nov. 2014 are in place.
- Suitable bedding and furnishings are in place and utilised.

Training has taken place on 16th December 2014 relating to how to deal with a person on fire. This training clearly recommended that the first line of action is to quench the fire using water or a foam extinguisher not a fire blanket as this has the potential to cause greater harm to the person and may also put the staff member at risk. The staff response to the inspector on the day was the use of water and the extinguisher which is the correct response as confirmed by this fire training. Staff of the HOA have a clear knowledge of how to deal with a person on fire.

**Proposed Timescale:** 02/02/2015

**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:**
Elements of the design and layout of the premises were not suited to achieving the aims and objectives of the stated purpose and function of the centre.

Inspectors were not satisfied that the multi-occupancy rooms and the en-suite facilities were suited to the provision of long-term care as they did not provide sufficient space and did not promote the privacy and dignity of residents.
There was a general lack of suitable and sufficient storage.

The centre does not offer sufficient dining space for the number of residents accommodated.

The centre offered residents sufficient and varied communal space, however it was underutilised or inappropriately utilised.

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:

Design and Layout
- In relation to the multi-occupancy rooms and ensuite facilities - a detailed review of the 4 bedded multi-occupancy rooms will be conducted by Senior Management and Estates Department which will include layout, ensuites, access to television and suitable sufficient storage.

Sufficient Space
- The existing lockers in the multi-occupancy rooms will be reviewed as part of the Estates Management review with the aim of sourcing more appropriately sized units and/or incorporate within the existing wardrobes structures so to provide sufficient space will promote and maintain, the privacy and dignity of all residents.

Storage
- In relation to personal clothing, the wardrobes will be reorganised to allow for additional storage of patients personal clothing.
- In addition there is another room available in the Unit to accommodate extra clothing belonging to residents which will be individualised.
- The wardrobes in Unit B will be reviewed and reorganised to accommodate individual needs.
- An area for safe storage of equipment will be identified

Dining Space
- The current dining area and communal areas will be reviewed and redesignated appropriately as part of the overall development control plan with the Estates department.
- The main dining room for residents provides adequate and sufficient space for the residents who are suitable to dine in this area. It can accommodate 34 residents.
- The Dementia Unit has its own dedicated dining facilitate for the 18 residents. Due to
the complexities of their needs they require to be under constant supervision of staff during mealtimes.
• Unit A and B and Day Hospital have designated dining rooms. Many residents in Unit A use the restaurant and supervised meals are facilitated at ward level on all Units.

Communal Space
• There is adequate communal space, utilisation of this will be reviewed with the Estates Department as part of the overall development plan to ensure appropriate use of all available space.

**Proposed Timescale:** 30/06/2015