<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Caherciveen Community Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000562</td>
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<tr>
<td>Centre address:</td>
<td>Caherciveen, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>066 947 2100</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Caherciveen.CommunityHospital@hse.ie">Caherciveen.CommunityHospital@hse.ie</a></td>
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<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>Ber Power</td>
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<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
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<td>Number of vacancies on the date of inspection:</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.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:  
07 January 2015 10:30  
08 January 2015 08:30

To:  
07 January 2015 19:00  
08 January 2015 15:30

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

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<td>Outcome 03: Information for residents</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</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 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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Summary of findings from this inspection

Caherciveen Community Hospital comprises 33 beds and is situated on the outskirts of the town. During this inspection, which was a renewal of registration inspection, the inspector met with a number of residents, relatives and staff members. The inspector observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files.

Overall the findings of this inspection indicated that residents received care to a good standard. The provider and person in charge were knowledgeable of their obligations under the relevant standards and regulations, and demonstrated a commitment to providing a high standard of care to residents. Nursing and care staff were
knowledgeable of residents' needs and provided a high standard of care. There was good access to GP services, including out-of-hours and residents were referred for review by allied health/specialist services when indicated.

A number of completed questionnaires were received from residents and relatives and the overall feedback was complimentary of the care provided. This was supported by positive feedback given to the inspector by residents and relatives on the days of the inspection.

Even though care was provided to a good standard, some improvements were required, most notably in the design and layout of the premises, as there was inadequate communal space and inadequate external secure space for residents. The action plan submitted by the provider in relation to the premises and specifically the response to the action under Regulation 17 (1) (a) did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish the response to this action and is considering further regulatory action in relation to this issue.

Additional required improvements included:
- directory of residents
- fire safety practices
- care planning
- complaints process
- personal property
- staff training

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of 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.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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):**
No actions were required from the previous inspection.

**Findings:**
There was a written statement of purpose that accurately described the service provided in the centre and contained all the items specified in the regulations.

**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:**
There were sufficient resources to support the effective delivery of care. There was a clearly defined management and reporting structure. The person in charge reported to the provider nominee and was supported in her role by a clinical nurse manager 2 (CNM 2).

The quality of care and experience of residents was monitored through regular audits of issues such as medication management, care planning, skin integrity, food and nutrition,
restraint, falls assessment and oral hygiene. There was evidence of improvement in response to the audit process through a process of benchmarking against previous audits.

There was evidence of consultation with residents through residents' meetings, however, based on a review of minutes of these meetings, there was no evidence that these meetings contributed to the quality improvement process.

**Judgment:**
Substantially 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:**
There was a guide to the centre available to residents.

Each resident had a written contract of care, agreed on admission, that was signed and dated by the resident or their representative. The contract dealt with the care and welfare of residents, set out the services to be provided and the fees to be charged.

**Judgment:**
Compliant

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**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:**
There was a person in charge employed in a full-time capacity who had the required
experience in caring for the older person. Throughout the two days of the inspection the person in charge demonstrated adequate clinical knowledge and adequate knowledge of relevant legislation and of her statutory responsibilities.

The person in charge had an in-depth knowledge of the residents and their individual needs and residents spoken with by the inspector were familiar with the person in charge. There was sufficient evidence to demonstrate that the person in charge was engaged in the day-to-day governance of the centre.

**Judgment:**
Compliant

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**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 records listed in Schedules 3, 4 and 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner that enabled security, completeness, accuracy and ease of retrieval. However, the directory of residents (Schedule 3) required review to ensure that it contained all matters required by the Regulations, as cause of death was not recorded for all deceased residents. Improvements were also required in relation to personnel records (Schedule 2), as proof of current registration with the relevant professional body was not available for all nurses.

The centre was adequately insured against accidents or injury to residents, staff or visitors. A statement of compliance with relevant fire safety and planning requirements was submitted to the Authority in advance of the inspection.

The centre had centre-specific policies, underpinned by the overarching suite of Health Services Executive (HSE) policies, which reflected the centre's practice. There was evidence that staff had signed they had read the policies. There was evidence that the policies, procedures and practices were regularly reviewed to ensure that the changing needs of the residents were met.
Judgment:
Substantially Compliant

**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:**
There was no period in excess of 28 days when the person in charge was absent from the centre. There were appropriate arrangements for the management of the centre in the absence of the person in charge. The CNM 2 was suitably qualified and had the required experience to take charge of the centre in the absence of the person in charge.

**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:**
There was an up-to-date policy and procedure in place for, the prevention, detection and response to abuse.

Staff training records were reviewed and indicated that a number of staff required refresher training in relation to the prevention, detection and response to abuse. Staff members spoken with by the inspector knew what constituted abuse and were aware of what to do in the event of an allegation, suspicion or disclosure of abuse. There were
processes in place to monitor and protect residents from all forms of abuse and there were no barriers to residents or staff disclosing abuse.

There were adequate systems in place to safeguard residents' money and property. The centre had a policy on, and procedures in place for managing behaviours that challenge.

The centre's policy on the use of restraint gave clear guidance to staff on its use. Staff had received training of the use of restraint. A sample of residents’ records reviewed indicated that any restraint used was subject to assessment, consultation and review. There was evidence that regular checks were performed on residents on whom a restraint was used.

**Judgment:**
Compliant

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

**Findings:**
There was an up-to-date safety statement.

There was an up-to-date risk management policy that included the risks, and measures in place to control the risks, specified in Regulation 26 (1). There was a risk register that was reviewed regularly to ensure that the risks identified were appropriately addressed and managed.

There was an emergency plan in place for responding to major incidents or causes of serious disruption to essential services or damage to property. Satisfactory procedures consistent with the standards published by the Authority were in place for the prevention and control of healthcare associated infections. Measures were in place to prevent accidents in the centre such as handrails on corridors, grab rails in bathrooms and safe floor covering.

Arrangements were in place for investigation and learning from incidents and adverse events involving residents. Closed circuit television (CCTV) was used at external entrances only and there was a policy was in place to guide staff on its use.

Records indicated that all staff had received up-to-date training on safe manual handling practices and training was ongoing to ensure that all staff had received training on the use of overhead tracking hoists. Residents who availed of a hoist had their own
As part of the application to renew registration, the provider had forwarded to the Authority written confirmation from a competent person that all the requirements of the statutory fire authority were complied with. Fire precaution checks were performed on a daily basis to ensure that the fire alarm panel was functioning and emergency exits were unobstructed. On the days of the inspection, all fire exits were unobstructed. Suitable fire equipment was provided. Records reviewed indicated that the fire alarm was serviced on a quarterly basis and fire safety equipment on an annual basis. Procedures for the safe evacuation of residents and staff in the event of fire were prominently displayed throughout the centre. Staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire, however, recommendations from the fire safety officer in relation to the evacuation of a resident in one room were not addressed and not all staff were aware of the recommended evacuation procedure for this resident. Additionally the fire safety officer had recommended the development of a personal emergency evacuation plan for this resident but this had not been completed. An evacuation sheet had been placed under the resident's mattress but it was not properly fitted and would therefore not support the swift evacuation of the resident in an emergency. Records of fire drills were available, however, these usually took place as part of annual fire safety training and it was recommended that it would be beneficial to have fire drills at other times throughout the year.

The centre had a looped security system, located at the main exit, which was activated via a bracelet worn by a resident mobilising within the vicinity of the loop. Records were available demonstrating the regular preventive maintenance of clinical equipment, such as hoists and scales.

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

**Findings:**
The centre had operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. There were processes in place for the handling of medicines including controlled drugs, which were safe and in accordance with current guidelines and legislation. Medication administration practices observed by the inspector were in compliance with relevant...
professional guidance.

A health service executive (HSE) pharmacist visited the centre weekly to review residents' prescriptions and monitor medication stock. Medication management practices were audited and there was evidence of action in response to issues identified. There were appropriate procedures in place for the management of unused or out-of-date medication.

A review of a sample of medication prescription and administration charts indicated that practices employed were in compliance with the centre’s policies on medication management.

A designated medication fridge was securely stored in the clinical room. A record of the daily temperature of the fridge was recorded. The clinical room was clean and well organised.

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:
A record of all incidents occurring in the centre was maintained and all notifiable events were notified to the Chief Inspector as required.

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 was satisfied that residents’ health and social care needs were regularly assessed and monitored on an ongoing basis.

Residents had good access to general practitioner (GP) services and there was evidence of regular review. There was evidence of referral and review by allied health/specialist services such as physiotherapy, speech and language therapy, occupational therapy and dietetics. There was evidence that nursing staff provided care in accordance with any specific recommendations made by medical and other allied health professionals.

Based on a sample of residents’ nursing records reviewed by the inspector, residents were regularly assessed and specific clinical care needs were identified and addressed. Written nursing care plans were in place for each resident, however, many of these were generic and were not personalised to provide specific guidance particular to each resident on issues such as the prevention of falls or the monitoring of high blood pressure. Daily nursing notes were maintained and demonstrated that evidence-based nursing care was provided and residents’ progress was closely monitored. The nursing records indicated that if a resident deteriorated it was quickly identified and managed appropriately.

Judgment:
Substantially Compliant

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:
Caherciveen Community Hospital was a 33 bedded facility situated on the outskirts of the town. Bedroom accommodation comprised eight single bedrooms, three twin bedrooms, one triple bedroom and four four-bedded rooms. Two of the single bedrooms
had an en suite with toilet, shower and wash-hand basin and were reserved for palliative care purposes. There were also two relatives' rooms located proximal to the palliative care rooms.

In addition to the en suite facilities, sanitary facilities comprised one bathroom with assisted bath, toilet and wash hand basin; two bathrooms with assisted showers, toilet and wash hand basin; two toilets with two cubicles in each and two wash-hand basins; three single toilets with wash-hand basins; and a staff toilet. There were also three sluice rooms, each one with a bedpan washer, sluice sink, wash-hand basin and adequate racking for storing urinal bottles and commode pans.

Records were available demonstrating the preventive maintenance of equipment such as beds, hoists and scales.

Communal facilities comprised a sitting room that also served as a dining room containing three dining tables, each of which had seating for four people. There was also a smaller sitting room located off the dining room with comfortable seating. Even though this smaller room was suitably decorated, comfortable and was also used for some activities, it did not have an external facing window and hence had minimal natural light. The dining room/sitting room had large windows providing plenty of natural light, however, it was insufficient in size should all residents wish to have their meals in the dining room. For example on one of the days of the inspection there were 10 residents having their lunch in the dining room, some of whom were on large speciality chairs. Even though it would have been possible to seat an additional six people in the dining room this would only account for approximately half of the residents accommodated in the centre. The inspector therefore was not satisfied that there was adequate communal space to meet the needs of the residents.

Even though each resident had a bedside locker, only a small number of residents had wardrobes in their bedrooms for storing clothing. Residents' personal clothing was stored on the shelves of cupboards in the corridor and there was minimal space for residents to hang clothes, should they so wish. This action is addressed under Outcome 17.

There was a small enclosed courtyard with high walls containing appropriate furniture that was accessible to residents, however, it was not sufficient in size. Additional external space was available at the front of the centre, however, due to proximity to the car park and the main road, it was unsuitable for residents with a cognitive impairment without staff supervision.

**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:**
There was a written complaints policy available in the centre and the procedure for making a complaint was on display in a prominent place for residents and/or their representatives. The centre used the health service executive (HSE) your service, your say complaints process. There was also a local complaints process that was outlined to the inspector by the person in charge. Most complaints were addressed through this process, however, this was not adequately reflected in the policy or in the complaints notice on display in the centre.

There was evidence that the complaints of residents and/or their representatives were listened to and actions were taken in response to the complaint. However, there was insufficient detail in the complaints log to ascertain if the complainant was satisfied with the outcome of the complaint.

**Judgment:**
Substantially Compliant

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**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:**
There was a policy in place providing guidance on the care of residents approaching end of life, most recently reviewed in January 2014.

The inspector reviewed the record of a resident with end of life needs and was satisfied that nursing care was provided to a good standard. The record indicated that the resident’s end of life care preferences had been identified and there was evidence of
family involvement. However, in keeping with the findings of Outcome 11, care plans were generic and did not provide adequate guidance on the care to be provided. For example, care plans stated that staff should consider cultural/spiritual/religious needs, however, these were not identified. Residents were regularly reviewed by their General Practitioner (GP) and more frequently as they approached end of life. There was evidence of referral and review by palliative care services. As already discussed under Outcome 12, there were two single en suite rooms for use by residents at end of life. Adjacent to each room there was a relatives' room with a bed, comfortable chair and en suite facilities and family/friends were facilitated to be with the resident at end of life. Staff and residents confirmed that religious practices were facilitated.

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):
No actions were required from the previous inspection.

Findings:
There was a policy in place on monitoring and documenting residents' nutritional status, most recently reviewed in March 2014. Residents received a nutritional assessment on admission and at regular intervals thereafter using a recognised evidence-based assessment tool. Residents were weighed monthly and there was evidence of action in response to any changes in residents' weight.

If required, referrals were made to dietician services for nutritional review and advice, and/or speech and language therapy if a resident had swallowing difficulties (dysphagia). As already addressed in outcome 11, residents had frequent access to GP services and records indicated that when nutritional supplements were required these were prescribed by GPs on the advice of a dietician. There was evidence available in residents’ records that allied health recommendations were implemented by staff, such as the provision of appropriate diets and this was observed by the inspector. There were appropriate systems in place for communicating modified or special diets to catering staff and staff members spoken with were knowledgeable of residents' nutritional needs and requirements.

The menu was varied, food appeared to be nutritious and residents were offered a choice at mealtimes. Residents requiring assistance were assisted in a dignified and
respectful manner by staff. Residents had access to fresh drinking water and snacks were offered between meals and in the evening. As will be discussed under Outcome 16, further training was required to ensure that staff involved in food preparation had up-to-date training in food hygiene practices.

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:**
Residents' meetings were held approximately every three to six months and a review of a sample of minutes from these meetings indicated general discussions of items of interests. Improvements, however, were required to ensure that residents and/or their representatives were consulted in relation to how the centre was planned and run.

Residents' religious preferences were ascertained and facilitated. Residents had access to radio, television and newspapers and voting in local and national elections was facilitated.

The inspector observed residents’ privacy and dignity being respected by the manner in which staff engaged with residents as well as when assistance with personal care was provided. It was obvious that staff knew residents well as they were aware of the specific communication needs of residents.

There was evidence that family and friend contacts were maintained, as visitors were welcomed at various times of the day. Home visits and outings were also facilitated as requested and it was noted that visitors were coming and going throughout the day of inspection.

The recreational and social interests of each resident were well known. There was an activities programme and residents were provided with a variety of appropriate group and/or one-to-one activities.

Judgment:
### 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 was a written policy on residents’ personal property and possessions and inventories were maintained of individual resident’s valuables and possessions. Bedrooms were personalised and residents were facilitated to have their own items, such as pictures, if they so wished. However, as previously discussed under Outcome 12, not all residents had access to wardrobes and their clothing was stored in cupboards on the corridor. This limited the degree to which residents bedrooms were personalised due to restricted access to clothing.

Residents’ personal clothing was laundered in the laundry room and procedures were in place for the return of residents’ personal clothing. Bed linen was sent out to an external organisation for laundering.

**Judgment:**
Substantially 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:
Duty rosters were maintained for all staff and during the days of inspection it was observed that the number and skill mix of staff working was appropriate to meet the needs of the residents. There was a nurse on duty at all times.

Records indicated that education and training was available to staff to support them in the provision of evidence-based care. Records indicated attendance at training on issues such as food and nutrition, palliative care, the management of dysphagia (difficulty swallowing), infection prevention and control. However, as discussed under the relevant outcomes of this report, not all staff had attended up-to-date training on fire safety or the protection of residents from abuse. Additionally, as already discussed under Outcome 15, not all staff involved in food preparation had up-to-date training in food hygiene practices.

A review of a sample of staff files indicated that most of the requirements of Schedule 2 of the regulations were in place, however, evidence of current registration was not available for all nursing staff.

Judgment:
Substantially 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:

John Greaney
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>Caherciveen Community Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000562</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>07/01/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08/05/2015</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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was evidence of consultation with residents through residents' meetings, however, based on a review of minutes of these meetings, there was no evidence that these meetings contributed to the quality improvement process.

Action Required:
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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:
Person in charge will request the Residents group chairperson, to facilitate the discussion in relation to quality improvement process. Recommendations of the group will be reviewed and implemented if practicable. The person in charge will setup a relative’s group and meet the group on a regular basis

**Proposed Timescale:** 30/03/2015

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**  
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The cause of death was not recorded for all deceased residents in the Directory of Residents.

**Action Required:**
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

**Please state the actions you have taken or are planning to take:**
All deaths that were not recorded are now recorded in the directory of Residents, and all deaths to be recorded in the directory of residents as soon as notified by General Practitioner.

**Proposed Timescale:** 18/02/2015

**Theme:**  
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Proof of current registration with the relevant professional body was not available for all nurses.

**Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
All current registration with the relevant professional body will be recorded as per policy on 2015 Certification of Registration of Nurses and Midwives with the Nursing and Midwifery Board of Ireland
**Proposed Timescale:** 30/04/2015

<table>
<thead>
<tr>
<th><strong>Outcome 08: Health and Safety and Risk Management</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe care and support</td>
</tr>
<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>Recommendations from the fire safety officer in relation to the evacuation of a resident from one room were not addressed, including:</td>
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<tr>
<td>• the development of a personal emergency evacuation plan</td>
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<tr>
<td>• the weekly testing of the fire alarm system</td>
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<tr>
<td>An evacuation sheet was not properly fitted to a resident's bed.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>The development of a personal emergency evacuation plan is implemented.</td>
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<tr>
<td>The weekly testing of fire alarm has commenced.</td>
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<td>Staff to ensure that the evacuation sheet is fitted correctly every day.</td>
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<tr>
<th><strong>Proposed Timescale:</strong> 18/02/2015</th>
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<tr>
<th><strong>Outcome 11: Health and Social Care Needs</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>Care plans were generic and were not personalised to provide specific guidance particular to each resident.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>Education sessions for staff on care plans in relation to person centred care</td>
</tr>
<tr>
<td>Use of ‘help us to get to know you’ document</td>
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Provide additional space in care plans for staff to provide narrative personalised information regarding the resident.

**Proposed Timescale:** 01/06/2015

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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:**
There was inadequate:
- sitting, recreational and dining space to meet the number of residents accommodated in the centre
- external grounds, suitable for residents.

**Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
The response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

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### Outcome 13: Complaints procedures

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The local complaints process was not adequately reflected in the policy or in the complaints notice on display in the centre.

**Action Required:**
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
We have a copy the local complaints process displayed in the centre and this document has also been inserted into the Complaints Policy.
### Proposed Timescale: 08/05/2015
**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The insufficient detail in the complaints log to ascertain if the complainant was satisfied with the outcome of the complaint.

**Action Required:**
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
To have a more detailed recording in the complaints log and record the outcome of the complainant at all times.

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### Proposed Timescale: 30/03/2015

#### Outcome 16: Residents' Rights, Dignity and Consultation
**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Improvements were required to ensure that residents and/or their representatives were consulted in relation to how the centre was planned and run.

**Action Required:**
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

**Please state the actions you have taken or are planning to take:**
To commence a Relatives forum by 30/3/2015.

For the person in charge to discuss with the chairperson of the residents forum, importance of consultation with residents in relation to how the centre is run and to record in the minutes of each meeting.

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**Proposed Timescale: 30/03/2015**
### Outcome 17: Residents’ clothing and personal property and possessions

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
A large number of residents did not have access to wardrobe space.

**Action Required:**  
Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

**Please state the actions you have taken or are planning to take:**  
To make available Lockers with a wardrobe attached to facilitate more storage of residents personal belongings.

**Proposed Timescale:** 02/03/2015

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### Outcome 18: Suitable Staffing

**Theme:**  
Workforce  

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Further training was required to ensure that staff involved in food preparation had up-to-date training in food hygiene practices.

**Action Required:**  
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**  
To facilitate further training for those staff involved in food preparation in food safety training.

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