

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	The Sheil Community Hospital
Centre ID:	OSV-0000624
Centre address:	College Street, Ballyshannon, Donegal.
Telephone number:	071 985 1300
Email address:	donnaj.reid@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Woods
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	2

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:	To:
23 April 2015 10:30	23 April 2015 17:30
24 April 2015 09:30	24 April 2015 14:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was announced and took place over two days. The purpose of this inspection was to inform a decision regarding the renewal of a registration following an application made by the provider. Notifications of incidents since the last inspection of October 2014 were followed up on at this inspection. The inspector met with residents and staff members observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, risk management documentation and contracts of care as part of the inspection process.

Three residents and three relatives completed a pre-inspection questionnaire. On

review of these the inspector found that residents and relatives were generally positive in their feedback and expressed satisfaction about the services and care provided. One relative stated the care was good but felt that there was inadequate staffing at the centre. Relatives and residents were complimentary of the staff. Comments included "I am well looked after, the staff look after me very well, this is the best home in Ireland and the matron is great, staff help me every day, I couldn't find one fault with the staff".

There were 16 residents in the centre which has a maximum capacity for 18. The inspector was satisfied that systems and measures were in place to manage and govern this centre. The inspector found there were issues of non compliance in relation to the design and layout of areas of the premises as regards the legislative requirement to protect and promote the privacy and dignity of residents as some residents were accommodated in multi-bedded rooms.

Training and facilitation of staff was provided relevant to staff roles and responsibilities, and a training schedule was in place. An unannounced thematic inspection had previously been carried out by the Authority in October 2014. Four areas required review post this inspection. Three of these areas had been addressed. One remained as it was at the time of the last inspection - this related to the multi occupancy rooms. Current areas for improvement identified included, completion of an annual review of the quality and safety of care delivered to residents, development of an accessible residents guide and review of the contract of care, compliance with the national standards with regard to the premises post July 2015 and review of complaints management. Areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

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:

The inspector viewed the Statement of Purpose, which had been updated since the last inspection. It outlined the ethos and aims of the centre and described the services and facilities that are provided. It contained all the matters as per Schedule 1 of the Regulations. This had been updated since submission for the purposes of renewal of registration and has been received by the Authority.

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 inspector found there were sufficient resources to ensure effective delivery of care in accordance with the Statement of Purpose. There is a clearly defined management structure that identifies the lines of authority and accountability. Since the last

inspection, there had been a change to the provider nominee. The current provider nominee had deputised for the previous provider nominee when he was unavailable. Consequently, he had a good knowledge of the service and an understanding of the regulations and standards. He was supported in his role by the service manager for older persons, who has worked with the service for many years. The person in charge has been the person in charge since the commencement of the regulatory process. Fitness of the provider, person in charge and the clinical nurse manager (person participating in the management of the centre) was determined by interview on previous inspections and will continue to be determined by ongoing regulatory work, including further inspections of the centre and level of compliance with actions arising from all inspections.

This centre is one of a group of designated centres in Co Donegal. They have a generic auditing system in place. This involves the collection of statistical information in relation to, for example, the environment, medication storage and custody, discharge planning, nursing assessment, and restraint monitoring.

The information gathered was reviewed however, this auditing system requires review to ensure that it is centre specific and breaches are being detected. For example the nutritional audit does not review whether residents were weighed as per documented in the care plan/policy. The medication audit does not provide for a comprehensive review of administration of medication or the prescription charts. The nursing documentation audit does not pick up that reviews or consultation with the resident has not occurred. The audits did not support the management team to ensure the service was being run in line with contemporary evidence based practice, the regulations and the standards.

Under regulation 23(d) the registered provider shall ensure that that an annual review of the quality and safety of care delivered to residents in the designated centre is carried out and this review must be carried out in consultation with residents and their families to ensure that such care was in accordance with relevant standards set by the Authority under Section 8 of the Health Act. A copy of this review is required to be made available to residents. A report of the annual review of the quality and safety of care delivered to residents was available but this there was no evidence of consultation with residents and their families throughout this report. Additionally, this report did not reflect all quality and safety aspects of the delivery of care to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Health Act.

Judgment:

Non Compliant - Moderate

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:

A comprehensive resident's guide detailing a summary of the service provided was available. However, an easy to read/pictorial guide was not available which would facilitate a better understanding for residents who were cognitively impaired. The Person in Charge gave a verbal commitment to address this.

The inspector reviewed a sample of residents' contracts of care and found that there was an agreed written contract in place for each resident. The contract required review to ensure it was clear with regard to services which were included under the contract and services which were subject to an additional fee payable by the resident. No additional fees were payable for allied health professional input or social care activities.

Judgment:

Substantially 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 an experienced nurse and manager and is actively involved in the organisation and management of the service. In addition to significant experience in the care of older persons and management of a designated centre the person in charge has continued her professional development and undertaken post graduate training in 'Nursing elderly people' and has completed a gerontology course. Throughout 2014/2015 she had completed courses in nutritional care, risk management, leadership, health and safety and enhancing and enabling people with dementia.

The person in charge is responsible for the designated centre, a short stay 15 bedded unit and the day hospital. The inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated a commitment to improving outcomes for residents. Residents and relatives were familiar with and complimentary of, the person in charge. She was observed meeting with residents and staff and ensured good support and supervision to all staff.

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 reviewed a range of documents, including residents' records, the directory of residents and the insurance policy. The inspector found that generally records were maintained in a manner so as to ensure completeness accuracy and ease of retrieval. The directory of residents was up to date and was in compliance with the regulations. Schedule 3 records were complete in respect of residents files reviewed. Schedule 5 policies reviewed were found to be comprehensive and provided guidance to staff. The designated centre was adequately insured against accidents or injury to residents, staff and visitors.

However, some improvements were required as follows - Schedule 2 records – documents to be held in respect of each member of staff were not complete. Omissions included two written references, including a reference from a person's most recent employer (if any).

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:

Appropriate arrangements were in place for the management of the centre in the absence of the PIC. An experienced clinical nurse manager who worked full-time deputised 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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were measures in place to protect residents from harm and to respond to allegations of abuse. Training records confirmed that all staff had been trained in the protection of vulnerable adults. Staff who spoke with the inspector were clear on the detection and response to any allegation or suspicion of abuse. All staff interviewed stated that the welfare of the resident was paramount. There a policy to guide staff on prevention, detection and response to elder abuse.

The inspector reviewed the measures that were in place to safeguard residents' money and found that systems were in place to protect residents' finances. No monies were kept at the centre on behalf of residents. Two residents' finances were managed by HSE main financial department. If the resident required a specific sum of money for example to pay the hairdresser, the staff would request a cheque from HSE main financial services to be made payable directly to the hairdresser. The accounts are audited independently each year by an external auditing firm.

Residents spoken with and those who had completed questionnaires reported that they felt safe in the centre and related this to the care provided, staff presence and the premises being kept secure.

A policy was in place to guide staff and staff had been trained in the use of bedrails and restraint measures. Risks associated with the use of bed rails had been undertaken and the risks to residents of the use and non-use of the bed rails were evaluated prior to

their use. There was evidence of consideration of least restrictive alternatives to restraint for example tactile alarm mats, lo-lo beds. The inspector reviewed the use and management of restraint and found that it was well assessed and monitored.

There was a policy on managing behaviour that is challenging and staff had received recent training in dementia and responding to behaviour that challenges. Care plans for management of behaviours that challenge had been developed and staff who spoke with the inspector had the appropriate knowledge and skills to respond to behaviour that is challenging and explained the efforts made to identify and alleviate the underlying causes of this behaviour.

Judgment:

Compliant

***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:

The health and safety of residents, visitors and staff was promoted in this centre. There was a centre-specific emergency plan that took into account a variety of emergency situations. A comprehensive risk management policy was in place which had recently been reviewed. There was a risk register in place which was reviewed on a regular basis. Clinical risk assessments were undertaken, including falls risk assessments, nutritional care assessments and neurological observations were completed post falls to monitor whether there was any neurological deficit.

The inspector viewed the fire training records and found that all staff had not attended up-to-date mandatory fire safety training. The person in charge showed the inspector details of training that was planned for the 19 May 2015 and confirmed that once this training had occurred all staff would have up to date training. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals. However, fire drill records did not demonstrate what had occurred or whether there were any obstacles to safe evacuation or how long the fire drill took. The inspector viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. The local fire station was located in close proximity to the centre. While local fire personnel had carried out a familiarisation visit of the centre, this had occurred some years ago and changes had been made since their visit. The person in charge stated she would invite them to return to the centre.

There were arrangements in place for recording and investigating untoward incidents and accidents. Information recorded included factual details of the accident/incident, date event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. However there was no time recorded or whether the incident had been witnessed or unwitnessed.

The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. However not all staff had up to date training in manual handling. Training was scheduled for the 10 June 2015 and the 8 July 2015. The person in charge confirmed that all staff would have up to dated training once this training had occurred.

The inspector found that there were measures in place to control and prevent infection. The environment was observed to be clean. Staff who spoke with the inspector were knowledgeable in infection control and training had been provided. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre.

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 inspector observed the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place.

MDA drugs were checked twice daily by two nurses and a record of same maintained. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident to assist with safe administration. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum does of PRN (as required medication) was recorded on charts reviewed. The Pharmacist from the local acute

hospital attends the hospital monthly. The inspector spoke with the pharmacist who stated that medication was well managed in the centre. She reviewed each medication chart monthly and made an entry in the medical records for the general practitioner to review. The inspector reviewed some of these entries which were very informative for staff for example they included side effects to monitor for. She also communicated any advice to the nursing staff so they could alert the general practitioners. A pharmacy technician attended the centre weekly and checked stocking levels. A stock of medication was available so that if antibiotics were prescribed out of hours they were generally available.

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 events, as recorded in the incident book, had been notified to the Chief Inspector by the person in charge. All quarterly notifications had been suitably submitted to the Chief Inspector.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the medical files and found that a General Practitioner called to the centre and reviewed residents' health care needs regularly. Residents also had access to a range of health care services. Recommendations from health care professionals were recorded in residents' files and these recommendations were incorporated into residents' care plans.

The inspector viewed a number of residents care documentation and found that they were completed to a good standard and information was clearly recorded.

Comprehensive assessments had been carried out for all residents. Staff had carried out additional assessments on residents' mobility, manual handling, skin integrity, risk of falls and nutritional risk.

Care plans had been developed to guide the delivery of care based on these assessments. The inspector viewed a sample of care plans files with a range of needs such as nutritional issues, falls risk, risk of developing pressure ulcers, behaviour that was challenging and mobility issues. Care plans viewed were informative, person centred and contained sufficient detail to direct staff in the delivery of care. Staff who spoke with the inspector knew the residents well and residents whom the inspector spoke with stated they were happy with the care they received and the way it was delivered. They were complimentary of the staff, stating that 'this is the best home in Ireland, do you know that this centre is very highly regarded.

Nursing care plans demonstrated that an evaluation of interventions and a review of decisions had taken place at intervals not exceeding four months and a record of consultation with the resident and their significant other if appropriate. Relatives also indicated via the questionnaires that they were kept fully informed of the care delivered to their relative. A daily nursing record was recorded each day.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services. The centre had recently adopted a new falls prevention programme. This programme ensure that all falls are audited, assessments and care plans are reviewed post all falls and there is a clear identification of what level of risk each resident is of falling. Staff were complimentary of this programme and stated they wanted to adapt it in its totality to improve outcomes for residents. There were no residents with pressure ulcers on the days of inspection. Specialist pressure relieving aids such as mattresses and cushions were in place.

Judgment:

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:

The provider informed the inspector that the long term plan for the Shiel Community hospital is for the development of a new community nursing unit in Ballyshannon which will replace the Shiel Community Hospital and the Rock Nursing Unit (both units are currently located in Ballyshannon). National approval has been granted and the process of design has been commenced. A site has been identified and preliminary site works have been commenced. Draft plans are in place. Once this centre has been completed it is envisaged that the centre will be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. A final plan of the proposed new build is required to be submitted to the Authority. This plan must include a commencement and completion date and assurance that finance has been agreed and allocated.

The action with regard to accommodating residents in multi occupancy rooms remains live. The current building poses a challenge to the delivery of care in line with the Statement of Purpose. However, staff have made significant efforts to ensure the centre is homely and tried to protect the dignity and privacy of residents. Screening curtains were in place in all shared rooms and 'care in progress notifications' were in use. There was appropriate equipment for use by residents. Staff were trained to use equipment, and equipment was appropriately stored.

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 that improvements were required to the way complaints were recorded. The complaints procedure was displayed in the centre. The complaints policy was reviewed by the inspector. Complaints are initially dealt with by the Person in Charge and a second person was identified in the policy to ensure complaints were appropriately responded to and records maintained thereof. There had been no written complaints since the last inspection.

Verbal complaints were detailed in a complaints book. The inspector noted there was a complaint with regard to the care of a resident documented. While this had been resolved, the inspector found that in order to ensure that the complainant had been appropriately responded to, to include details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied with the outcome of the complaint records need to be more comprehensive and time lines needed to be documented.

Judgment:

Substantially 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):

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

Findings:

This outcome was inspected in October 2014 as part of the thematic inspection. Post this inspection an action was detailed with regard to end of life care plans. This had been addressed.

The inspector reviewed a sample of residents' records and end-of-life preferences had been documented for all residents. Pain assessment and monitoring documentation was in place to ensure analgesia was administered as required and monitored for its effectiveness. There were very good links with the local palliative care team and staff were complimentary of the service provided to their residents. Families were facilitated to stay and refreshments were available to residents' family members and friends. An end of life care policy was 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):

No actions were required from the previous inspection.

Findings:

This outcome was inspected in October 2014 as part of the thematic inspection. The inspector found that a nutritious and varied diet was offered to residents that incorporated choice at mealtimes and staff offered assistance to residents in an appropriate and sensitive way. Residents were offered snacks and refreshments at various times throughout the day.

Residents' weights were monitored monthly and more regularly when required. The inspector noted that input had been sought from residents' General Practitioners, a dietician and SALT (speech and language therapy) when required and recommendations were recorded in residents' files and reflected in the care plans. Staff had attended training on nutritional care.

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 observed that staff communicated appropriately with residents and were pleasant and gave time to residents. Curtain screening was available in all shared rooms and the inspector noted that curtains were closed when carrying out personal care.

However, as the premises included shared rooms this impacts on residents' privacy and dignity. Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Many of the residents stated they enjoyed the activities and there was evidence available in the minutes of residents meetings that activities were discussed. Feedback from residents was encouraged and residents had input into the activity schedule. For example where residents made suggestions for activities such as a request to have 'set dancers' this was arranged by staff.

Some of the residents, due to their deteriorating health condition were unable to communicate with the inspector and express their views of the service provided. Those residents who shared their opinions with the inspector were complimentary of the services received. There was evidence that they had choice in regard to their daily routines such as getting up or participating in activities.

Residents had access to religious services, Mass was celebrated weekly and voting arrangements were made when required. Residents had access to the television and/or radio and to daily newspapers. Some residents had their own mobile phone and a cordless phone was also available so that residents and could receive or make telephone calls in private.

A residents meeting was held monthly. The inspector reviewed the minutes of the last two meetings. The records available demonstrated that these were managed in a manner so as to elicit feedback or suggestions from the residents. Items discussed included dining arrangements, social activities. A plan for enactment was completed at the end of the minutes.

Visiting times were flexible and visitors could avail of a private facility if they so wished. When residents pass away a memory page is created, with their photograph and memories of the time they spent in the unit. This is available for other residents to talk about their friend who has passes on. A yearly memorial mass is celebrated.

A quarterly newsletter is prepared detailing any changes in the centre and locality. Details of audits undertaken and any improvements as a result of these audits are documented together with any training that staff have recently attended.

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 was a policy on the management of residents clothing and possessions. Each resident had access to a secure area where they could store personal valuables. Residents clothing was laundered on the premises and residents expressed satisfaction with the service provided and the safe return of their clothes to them. A record was kept of each resident's personal property.

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:

The person in charge told the inspector that approval has been granted for two new care staff to replace staff who has retired. Recruitment is currently on-going. The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. Residents and staff spoken with expressed no concerns with regard to staffing levels. The inspector observed that call-bells were answered in a timely fashion, staff were available to assist residents and residents were supervised in the dining room throughout meal times and in the sitting room. At the time of inspection there were 16 residents in the centre, 12 residents were assessed as maximum dependency, two as high dependency and two as medium dependency.

The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. From 08:00 hrs to 17:30 hrs there are generally two nurses plus the person in charge and two care staff. In the evening there are two nurses and one care staff. From 21:15hrs to 09:00 there is one nurse and one care staff. Those residents who could use the call-bell system stated that staff responded quickly to their

call-bells at night. Administration and catering were rostered in addition to the care staff.

Review of the training matrix indicated that mandatory training in manual handling and fire safety was not up to date for all staff. Three staff did not have up to date fire safety training but this was scheduled for the 5 March 2015. Adult protection had been undertaken by all staff as documented under Outcome 7. Additional training in food hygiene, end of life care, continence care, falls prevention programme, achieving excellence in care of the older person, dementia and responsive behaviour training and nutritional care, had been undertaken by staff throughout 2014.

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 McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	The Sheil Community Hospital
Centre ID:	OSV-0000624
Date of inspection:	23/04/2015 and 24/04/2015
Date of response:	18/06/2015

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:

The auditing system requires review to ensure that it is centre specific and breaches are being detected.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

monitored.

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

The audit system will be made centre specific and will allow us to detect breaches in the services provided

Proposed Timescale: 30/09/2015

Theme:

Governance, Leadership and Management

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

The registered provider had not ensured that an annual review of the quality and safety of care delivered to residents in the designated centre was carried out in consultation with residents and their families to ensure that such care was in accordance with relevant standards set by the Authority under Section 8 of the Health

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.

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

At present, a quarterly review in the form of a news letter is carried out and shared with the residents and their representatives. However, we will now carry an annual review of the quality and safety of care delivered to the residents as recommended in the report. This review will be carried out in consultation with the residents and their families in accordance with the standards set by the Authority under section 8 of the Health Act. A copy of this review will be made available to residents.

Proposed Timescale: 30/12/2015 and annually thereafter.

Proposed Timescale: 30/12/2015

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The contract required review to ensure it was clear with regard to services which were included under the contract and services which were subject to an additional fee payable by the resident.

Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in

regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

The contract will be reviewed and amended to include more information with respect to the services which are included free under the contract and those which are not and are subject to an additional fee payable by the resident.

Proposed Timescale: 30/09/2015

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:

Schedule 2 records – documents to be held in respect of each member of staff were not complete. Omissions included two written references, including a reference from a person's most recent employer (if any).

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 personnel files will be reviewed and any omissions rectified.

Proposed Timescale: 01/09/2015

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:

All staff had not attended up-to-date mandatory fire safety training.

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 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:

Currently 4 staff require refresher fire safety training and will be provided with this by the timescale indicated below.

Proposed Timescale: 17/09/2015

Theme:

Safe care and support

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

Fire drill records did not demonstrate what had occurred or whether there were any obstacles to safe evacuation or how long the fire drill took.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Future fire drill records will detail what occurred, record how long the fire drill took and if there were any obstacles or issues noted in the course of the drill.

Proposed Timescale: 15/06/2015

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:

The current building poses a challenge to the delivery of care in line with the Statement of Purpose. A final plan of the proposed new build is required to be submitted to the Authority. This plan must include a commencement and completion date and assurance that finance has been agreed and allocated.

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:

The HSE have given a commitment to address the residential care needs in the area. Details of cost and time scale will be provided.

The management and staff of The Sheil Community Hospital are aware of the

constraints and will continue to enhance and improve the privacy and dignity of residents within the existing structure.

Proposed Timescale: 31/10/2015

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:

A complaint with regard to the care of a resident was documented but in order to ensure that the complainant had been appropriately responded to, to include details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied with the outcome of the complaint records need to be more comprehensive and time lines needed to be documented.

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:

The formal complaint form will be used in future to deal with all types of complaints, be they formal or informal. This will address all issues of concern identified in the report.

Proposed Timescale: 25/06/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Not all staff had up to date manual handling training

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:

Currently 3 staff require up dating in their manual handling training and this will take place by the date indicated below.

Proposed Timescale: 09/07/2015