<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Castletownbere Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000601</td>
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<tr>
<td>Centre address:</td>
<td>Castletownbere, Cork.</td>
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<tr>
<td>Telephone number:</td>
<td>027 70004</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:Cathy.Sheehan@hse.ie">Cathy.Sheehan@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Patrick Ryan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
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<tr>
<td>Support inspector(s):</td>
<td>Maria Scally</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>28</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</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 un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**
From: 17 September 2015 10:45  
To: 17 September 2015 18:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
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**Summary of findings from this inspection**
This inspection by the Health information and Quality Authority (HIQA or the Authority) was undertaken as a follow up inspection following findings of non compliance on the previous registration inspection.

Castletownbere Community Hospital was established as a residential centre in 1932. The building was single storey and it was originally a former coastguard station. It was now managed by the Health Service Executive (HSE) and provided long stay, respite, community support and palliative care for the local community. There were 28 residents accommodated there at the time of inspection. There were three vacant beds, according to the person in charge. The centre also catered for a resident with disabilities. The main entrance opened into a bright but very narrow, conservatory type, sitting room facing out to a view of the harbour. There was a reception office in the hallway and the corridor led to the bedrooms, toilets and showers, chapel, nurses' station, treatment room, kitchen and staff facilities.
Residents were accommodated in three four-bedded rooms, two three bedded rooms, four two-bedded rooms, and five single rooms. En suite wash hand basins, toilets and showers were available in all rooms with the exception of one single room. There was an assisted toilet with wash hand basin and shower located directly across the hall from this room. The external grounds were well maintained with ample car parking facilities. Exit doors had an electronic alarm system for residents with cognitive impairment, assessed as being at risk of wandering from the premises.

A number of improvements were noted on this inspection. However, there continued to be significant and serious failings as regards 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, in relation to the requirement for premises.

The initial action plan for the premises upgrade received by the Authority following the registration renewal inspection was rejected as there were no plans submitted. In addition, there was no evidence that funding had been procured and there was no feasible timeline set out for completion of the development. A second action plan had been rejected for similar reasons. There were no plans or funding allocation available on this inspection also.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Records required under the Regulations were maintained in the centre similar to findings on the previous inspection. Staff demonstrated an understanding of the policies and procedures in the centre. Inspectors viewed a signature sheet for staff to sign when the policies were read. During this inspection policies were seen to be implemented for example, the procedures to be followed in the event of an allegation of abuse, the policy on the use of PRN (when required) medications and the policy on complaints. Policies were updated within the three year time frame required by the Regulations. Policies which were not in place at the time of the previous inspection had been developed and implemented. Not all policies were centre specific however, as the HSE policies were in use for infection control and the management of complaints.

Inspectors viewed a sample of staff files and found that they were maintained in good order and in compliance with Regulations. The staff roster was viewed and inspectors saw that it correlated with the staffing levels which the person in charge had outlined. Inspectors viewed the directory of residents which contained all the details required under legislation. Since the previous inspection discussions on end of life care had commenced with residents and their representatives. There was a policy available on DNAR (do not attempt resuscitation) in the centre.

Inspectors reviewed the complaints and incident log. Most complaints were documented and they were investigated. However, inspectors noted that not all complaints had the satisfaction or not of the complainant recorded. These failings were addressed under Outcome 13: Complaints.
Training records were maintained in the centre however, these were not up to date as staff members who had retired or had otherwise left the centre were included in the matrix. Training provision had increased since the previous inspection. However, a small number of staff had yet to be provided with mandatory training. This issue was addressed under Outcome 18: Staffing: Inspectors observed that fluid balance and food recording charts were now maintained for residents who had infections and were confined to bed. A daily narrative note was recorded on residents’ care plans which outlined the residents’ medical and social care needs. Plans of care were seen to be in place for the identified needs of residents.

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:
Staff with whom inspectors spoke were able to confirm their understanding of elder abuse and of the response required as outlined in the centre’s policy. They explained how they would support a resident in this situation and report any allegations of suspected abuse.. Inspectors viewed the policy for responding to allegations of adult abuse. This policy was comprehensive and provided details in relation to the actions required by staff when responding to an allegation to elder abuse. Training for all staff had been provided since the previous inspection. Inspectors viewed the training matrix which was explained to inspectors by the administration staff and person in charge. As outlined previously the matrix required updating due to the fact that not all members of staff on the matrix were working in the centre at the time of inspection.

The centre had a policy on behaviour that challenges. During this inspection inspectors viewed records which indicated that a large number of staff had now been afforded the updated knowledge and skills required to enable them to respond to and manage this behaviour safely. However, the person in charge stated that two members of staff had yet to undertake this training. This was addressed under Outcome 18: Staffing. A detailed plan of care to support a resident who had behaviour issues consequent to his medical condition was viewed by inspectors. This resident had been facilitated to avail of the services of a behaviour specialist and a psychologist for his support and for staff guidance.
Inspectors reviewed the measures that were in place to safeguard residents’ money and noted that receipts were obtained and where possible residents’ or their representatives’ signature had been recorded. Transactions on residents’ accounts were clear and transparent. Residents’ valuables were in safekeeping and accurate records of these were seen by inspectors. The administrators informed inspectors that the centre carried out frequent internal and external financial audits.

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

**Findings:**
Similar to findings on the previous inspection, the centre had a comprehensive emergency plan in place which detailed the actions to be taken by staff in the event of emergency situation. The fire prevention policy was viewed by inspectors and was found to be detailed and centre-specific. The emergency lighting was checked and serviced at regular intervals and fire extinguishers were maintained and serviced as required. Updated fire training had been provided to staff. Fire evacuation drills were undertaken on a regular basis since the findings of the previous inspection indicated that evacuation drills were only carried out on a yearly basis. This was significant due to the high needs of residents and the layout of the centre. Documentation reviewed by inspectors indicated that three fire drills had been completed in 2015 to date. Staff spoken with by inspectors was aware of the procedure to be followed in the event of a fire and stated that they had received updated fire training. They informed inspectors that the fire alarm and the fire doors were checked regularly. These records were reviewed by inspectors.

Inspectors viewed the record of accidents and incidents. The records indicated that the issues were investigated appropriately. The risk management policy had been reviewed and it outlined the controls for the risks specified under Regulation 26 (1). The centre had the services of a health and safety consultant and the person in charge said that regular audits were carried out. Clinical risk assessments were undertaken for residents, including falls risk assessment, dependency levels, nutrition, skin integrity, continence and moving and handling assessments. However, not all risks identified on the previous inspection had been assessed. For example, inspectors saw that the safe placement of oxygen cylinders and the risks associated with fan heaters being left on in the bathroom areas, had not been risk assessed.
Inspectors formed the view that the placement of the hairdressing sink in close proximity to a toilet was unsuitable as this arrangement presented a potentially significant risk of cross contamination. In addition, the placement of the sluice rooms, which were only accessible through residents' bedrooms was unsuitable and also presented a serious risk of cross contamination. For example, commodes had to be wheeled through these bedrooms at regular intervals to reach the sluice room. The person in charge stated that these issues would be rectified when the improved premises were completed. On this inspection, inspectors observed that laundry trolleys and cleaning trolleys were stored in a more appropriate location. The person in charge informed inspectors that weekly meetings were now held at which learning from adverse events was shared amongst staff.

**Judgment:**
Non Compliant - Moderate

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**Outcome 09: Medication Management**

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

**Theme:**
Safe care and support

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

**Findings:**
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, the policy was not centre specific. The practice of checking, dispensing and recording of drugs administered, including controlled drugs, was in line with current legislation. Controlled drugs were checked by inspectors and the recording of these drugs was found to be correct. Photographic identification for residents was present on the medication sheets.

However, not all medications administered by staff had been signed by the administering nurse. This was not in line with professional guidelines issued by An Bord Altranais agus Cnaimhseachais na hEireann Guidelines on Medication Management. The person in charge stated that these medication errors had been found on medication management audits, the findings of which were disseminated to staff involved in medication administration. The person in charge stated that nursing staff were undertaking appropriate training and refresher training in medication management.

Since the previous inspection, residents were now offered a choice of general practitioner (GP) and pharmacist as required by the Regulations. Staff reported that there was an attentive GP service to the centre. The pharmacist provided support and education on medication management and staff reported that the pharmacist was responsive and attentive to the needs of the centre. The centre had a policy on medication errors which outlined the process for recording and learning from medication errors.
Nursing staff, spoken with by inspectors, demonstrated an understanding of the policy on medication management. However, not having a signature sheet for staff to enable identification of the initials used in the medication administration sheet, did not comply with best practice guidelines for recording clinical practice published in 2002. This was addressed under Outcome 5: Documentation.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The person in charge had notified the Authority of incidents in line with the requirements under Regulation 31 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, within the required timeframes.

**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:**
Inspectors viewed a number of residents' care plans which outlined residents' needs and choices. Inspectors observed that care was seen to be delivered to residents in accordance with their care plan. There were improvements noted in care plan documentation since the previous inspection. For example, detailed and informative narrative notes were observed in the sample of care plans viewed by inspectors. Inspectors noted that there were fluid balance and food intake records maintained for those residents who were ill, confined to bed and in some cases on antibiotics. The care plans were reviewed on a four monthly basis, as required by the Regulations and there was documented evidence of residents' involvement in the care planning process. There were individual plans of care and risk assessments for residents who exhibited behaviours that challenge, including for those residents who were at risk of absconding. In addition, care plans on maintaining oral hygiene had been put in place for a number of residents since the previous inspection. In addition, inspectors noted that the care plan of one resident, who had been admitted from a disability sector, had more detailed documentation in place, as regards his behaviour needs. These care plans had been drawn up, in line with information from his disability service and relevant allied health professionals. However, this person was noted by inspectors to have very little personal space in his bedroom and little privacy. This was addressed under Outcome 12: Safe and suitable premises.

Residents had access to their personal file if required. Guidelines from the national policy on restraint were followed in the implementation of restraint when necessary and inspectors observed that consent forms had been signed by residents and their representatives. There was evidence that staff were liaising with the relevant medical teams where required for residents. Residents were also facilitated to attend various consultant or other medical appointments.

There were opportunities for residents to pursue healthy lifestyle choices and recreational activities. Inspectors observed the activity programme displayed on the notice board in the centre. Residents conversed freely with inspectors and expressed that they enjoyed their lives in the centre. They praised the staff and the care they received. Some activities were held on the day of inspection such as music, chair based activities and sensory activities. Inspectors noted that up to eight or nine residents attended each activity session which were facilitated by dedicated activity personnel. Inspectors viewed an impressive display of residents thoughts and poems which had been collated by artists on the West Cork based 'Arts for Health' partnership. These were displayed on the wall of the centre and afforded a clear insight into residents lives and experiences. For example, a resident had written a poem about his experience of 'shearing 97 sheep in one day in July' when he was a young man.

As the sitting room was restricted in space a number of residents spent the day sitting in their bedrooms. Nevertheless, in some bedrooms there were small tables where residents were seen to sit enjoying their tea. There was a wholesome and varied diet available. There was ongoing monitoring of each resident's health status and staff regularly checked residents' weight, blood pressure and blood tests.

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:**
None of the actions in relation to premises, generated from the most recent inspections of 13 September 2013, April 2014 and January 2015 had been addressed. Actions in relation to the premises had been issued in all previous inspections carried out by the Authority since 2010. These actions were as follows:

1) to ensure a suitable physical design and layout to meet the needs of residents
2) to provide adequate sitting space separate to residents' private accommodation
3) to provide adequate recreational space separate to residents' private accommodation
4) to provide suitable communal space for social, cultural and religious activities

Similar to findings on the previous inspection in January 2015 there was little space for wheelchair-bound residents or residents using high-dependency chairs, to manoeuvre within the small sitting room space. Inspectors noted that there were large chairs stored along one side of this narrow room. There was also a large TV and one table which served as the dining table for all residents in the centre. This table seated four residents. The lack of space in this room had a significant impact on the choice available to residents, as to their dining venue. It also impacted negatively on the privacy and dignity of residents requiring support with their meals or wishing to sit in private in the sitting area. For example, everybody who entered the centre used the front door which was located next to the sitting room space, with no screen available for the privacy of residents sitting there.

As observed on previous inspections, adequate dining space for residents, separate to the residents’ private accommodation, was not provided. There was one aforementioned, dining table and four dining chairs for the total complement of the 31 residents in the centre. Inspectors noted that two residents had lunch at the dining table and some residents, accommodated in high-dependency mobile chairs or wheel chairs, also had their dinner in this room. This arrangement did not make the dining experience enjoyable or homely. The remaining residents had their meals at their bedside, in bed or at small tables in some of the bedrooms.
The following premises issues did not comply with Regulations and did not provide a comfortable living environment for residents:

- the sitting room was too small and could not accommodate all the residents residing in the centre
- residents, accommodated in mobile chairs could not dine at the dining table as the table was not large enough
- the day room was also used, in the evenings, as a store for extra chairs and wheelchairs.
- suitable spacious communal sitting space separate to the residents’ private accommodation was not provided, apart from a small alcove in the corridor, which did not afford privacy as it was central to all passing traffic
- recreational space separate to the residents’ private accommodation was not provided.
- the current location of the reception/administrative office did not allow staff to view the main entrance door.

Some minor improvements had been put in place since the previous inspection. For example, small blinds had been secured for the glass panels on bedroom doors. In addition, a second privacy curtain had been provided in a twin bedroom. However, this resident was still not afforded adequate privacy and dignity and still did not have sufficient private space to sit by his bed. In addition, he had no suitable access to his wardrobe as his bedside locker was located in front of his wardrobe. Furthermore, the location of the radiator prevented the locker being placed elsewhere. There was not adequate space afforded to him to store his clothes, some of which were seen on top of the locker and on the bedroom window sill. This bedroom also happened to be one of the two-bedded rooms through which an amount of daily 'traffic' passed, including staff transporting commodes, cleaning trolleys, staff toilet, and residents attending the hairdresser, thereby presenting a further risk to the privacy and dignity of residents in the these bedrooms. Inspectors observed that a further consequence of the lack of space in the centre meant that there was no place for the hairdressing sink, apart from being unsuitably located next to a toilet.

Similar to findings on the previous inspection inspectors observed that the privacy and dignity was significantly impacted by the inadequate size, design and layout of these rooms and in addition inspectors noted the following:

Bedroom 1 was a two bedded room with an en suite shower and toilet. However, inspectors observed that there was not enough room for residents to have chairs in their bedrooms for their use or their visitors use.
Bedroom 2 was similar to bedroom 1.
Bedroom 3 was a four bedded room. There were a number of personal items on display in the room but there was not enough room for bedside chairs for each resident.
Bedroom 4 was a four bedded room, there was limited space in this room and as a consequence one wardrobe was not adjacent to the resident’s bed but was stored in the corner of the room. There was no room for a bedside chair next to all beds in this room. The overhead hoist in this room had been repaired since the previous inspection. The person in charge stated that one resident called out at night and had to be got up most nights as this was disturbing to other residents who were trying to sleep. Inspectors viewed a complaint in the complaints log that a resident was very noisy, in a communal
Inspectors observed that the TV's in all the rooms were positioned unsuitably high for the needs of residents, due to the lack of space in the rooms. The position of these TV's had yet to be adjusted. Residents sitting on wheelchairs by their beds had to have their beds moved to the side to enable the placement of the chair next to the bed.

Bedroom 5 was a two bedded room through which staff had to regularly walk through in order to access the sluice and cleaning room as mentioned above. There was no screen inside the double access door to this room. This was still the case on this inspection. There was no possibility of privacy in this room and it was not suitable for two residents as it was, in essence, a 'corridor'. Lockable storage space had been provided in this room following findings on the previous inspection. There was no space for bedside chairs and there was insufficient space for staff to work at both sides of the bed.

Bedroom 6 was a single room with an en suite toilet and shower.

Bedroom 7 was a four bedded room. Due to lack of space there was room for only two bedside chairs.

Bedroom 8 was a three bedded female room which formerly had been a four bedded room. There was adequate space in this room for chairs and wardrobes and it also had an en suite toilet and shower area. There was room for a small round table and chair in this room.

Room 9 was a two bedded room and similar to room 5 it was an access 'corridor type' room into a toilet, sluice and cleaning room area.

Room 10 was a single room with an en suite toilet and shower room.

Room 11 was a three bedded room. There was a double door opening into this three bedded room however, one bed was directly in front of these doors. In addition, the screens surrounding this bed were inadequate to provide some level of privacy as they did not meet in the middle. Inspectors noted that there was now a portable screen in use for these eventualities.

Room 12, room 13 and room 14 were single bed rooms with en suite toilet and shower rooms. However, the shower room for bedroom 12 was accessed across the corridor.

There was no assisted bath in the centre and this restricted residents' choice as regards washing facilities. The centre had a small family room and a third sluice room which was used for storage. Inspectors observed that the treatment room and the staff room were securely locked with a keypad lock. The centre had a chapel and staff offices also. There was an outdoor storage area used for smoking.

The person in charge acknowledged to inspectors that the centre had serious and significant premises challenges as regards space, room for private visits, room for storage and bedside chairs, a proper dining and art room and the impact on the residents' privacy and dignity of the restricted bedroom space. The person in charge was informed that the centre continued to be non compliant with the Regulations on premises. In addition, the Authority now required a costed, specific, realistic, time bound plan with available funding, to comply with Regulations. This had not been forthcoming on the previous inspection. The plans for the new development, evidence of funding and a specific time bound plan were also not available to inspectors on this inspection.

**Judgment:**
Non Compliant - Major
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre had policies and procedures for the management of complaints. The process for making a complaint was displayed in a prominent position in the centre. There was a nominated person to deal with complaints and there was a complaints log maintained in the centre. However, inspectors noted that similar to previous inspection findings the satisfaction or not of the complainant had not been recorded.

Judgment:
Non Compliant - Moderate

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
The centre had up to date policies on food and nutrition. The provision of training for staff on matters pertaining to food and nutrition was ongoing. Staff training records indicated that staff had attended training in food and nutrition for the older person, eating drinking and swallowing workshops and food safety and hazard analysis and critical control points (HACCP) training, where appropriate. Snacks, hot and cold drinks including juices and fresh drinking water were readily available throughout the day. Inspectors noted that staff levels were adequate to meet the needs of residents during mealtimes. Residents having their meals were appropriately assisted and received their meal in a timely manner. The lack of dining space was discussed under Outcome 12: Premises, as there was no dining room available, apart from a dining table suitable for four residents, which was located in the small communal room.
Overall the residents were complementary of the food on offer in the centre. Inspectors met with staff on duty in the kitchen. The staff were knowledgeable of residents’ food choices and preferences and of those residents who had weight issues. In addition, they were aware of any particular dietary requirements. A two-weekly menu rotation was in place. An up dated folder with dietetic advice and speech and language therapy (SALT) plans to guide staff was available in the kitchen. Residents requiring modified diets were provided with the correct consistency diet. There was evidence that choice was available to residents for breakfast, lunch and evening tea. Residents stated that they had a choice of meals. There was evidence that the kitchen staff regularly sought feedback from the residents with regard to the meals served.

However, the privacy and dignity of residents, who availed of assistance with their meals was considerably compromised as a result of the design, location and layout of the day room. This was discussed in more detail under Outcome 12: Premises.

The menu of the day was displayed in a prominent place in the communal room. Inspectors were informed by staff that residents had access to dietetic and SALT services. Kitchen staff confirmed that both services consulted with them. There was evidence that residents had a malnutrition universal screening tool (MUST) assessment on admission, four monthly or when required. Dental oral care assessments were regularly carried out for residents. Residents' weights were recorded three monthly. There was evidence that residents’ clinical risk assessments informed residents’ care planning.

**Judgment:**
Compliant

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

**Findings:**
Residents were consulted with how the centre was planned and run. Inspectors were shown minutes of residents' meetings and copies of relatives’ surveys. Residents had access to independent advocacy services and inspectors saw evidence of information on this service displayed in the centre. The person in charge informed inspectors that
residents were facilitated to vote if they wanted to.

However, based on observed practices and established routines there was evidence that practices in the centre were led by routine and resources of the centre. Meals times appeared to be held early to facilitate staff breaks, for example, dinner was served from 11.50 am onwards. This was addressed under Outcome 18: Suitable staffing. Staff informed inspectors that a certain number of residents went to bed early to facilitate the night routine, as the staff nurse would be busy administering medications, following the night report. However, since the previous inspection a new visitors' policy was in place which was in compliance with the Regulation for unrestricted visiting, expect in certain circumstances. In addition, inspectors observed that the engagement of new activity staff had increased the availability of recreation, outings and activities. However, similar to findings on the previous inspection there was a lack of communal space for large communal activity sessions.

Inspectors observed that language used, in the sample of care plans reviewed and when recording complaints, was appropriate for older adults.

A number of significant rights and dignity issues were addressed under Outcome 12: Safe and suitable premises, also.

Judgment:
Non Compliant - Moderate

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

**Findings:**
The person in charge informed inspectors that were appropriate staffing levels and skill mix available in the centre to meet the assessed needs of residents. However, inspectors noted that meals were served early to facilitate staff breaks and they observed that residents went to their bedrooms early in the evening to facilitate the reduced staffing levels on the late evening shift. Since the previous inspection, staff had been afforded mandatory and appropriate training. In addition, there was a new policy on staff training
and staff induction in the centre. Furthermore, as discussed under Outcome 5: Documentation, the training matrix was unclear and it was difficult for inspectors to assess the accuracy of the records.

A large number of staff had been trained in managing and understanding behaviours that challenge and de-escalation techniques. However, a small number of staff were awaiting such training which was seen to be scheduled. Volunteers in the centre had their roles and responsibilities set out in writing. Inspectors saw that the staff rota matched the staff on duty during the inspection. There was a nurse on duty at all times in the centre due to the assessed needs of residents. Staff with whom inspectors spoke were aware of the Health Act 2007 and the Regulations and Standards for older adult care.

A sample of staff files reviewed contained the documentation required under the Regulations.

**Judgment:**
Non Compliant - Moderate

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

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

Centre name: Castletownbere Community Hospital
Centre ID: OSV-0000601
Date of inspection: 17/09/2015
Date of response: 12/11/2015

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 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:
Not all risks in the centre had been identified and risk assessed;
For example, The risk associated with not turning off the fan heaters and the safe placement and signage for the storage of oxygen.

1. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy...
set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
Risk associated with not turning off fan heaters is included on the Risk Register since 23/09/2015.
Signage for storage of oxygen is now in place – 28/09/2015
All risks in the centre have been identified and are recorded in the risk register.

**Proposed Timescale:** 12/11/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The registered provider failed to ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff:
For example:
- the hairdressing sink was located next to the toilet
- the placement of the sluice rooms, which were only accessible through residents bedrooms, was inappropriate and presented a serious risk of cross contamination as commodes had to be wheeled through these bedrooms to be emptied.

2. **Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
Detailed plans have been drawn up to ensure that the environment in the Hospital meets all HIQA standards. The following is the timeline for theses works;

- Initial Design works completed (Oct 15);
- Detailed design works commenced (Nov 15);
- Planning Application submission (Jan 16);
- Expected Grant of Planning (Apr 16);
- Issue tender documentation (June 16);
- Award Contract (Sept 16);
- Commence construction works (Oct 16);
- Construction programme 12-14 months

**Proposed Timescale:** 31/10/2017

**Outcome 09: Medication Management**
Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure that all medicinal products were administered in accordance with the directions of the prescriber of the resident concerned as there was no evidence on at least three occasions that the medication prescribed had been administered to the resident:

For example:
- staff signatures were not present in the administration section of the records of some residents.

3. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Nurses have been instructed that any omissions on drug administration charts are to be treated as Medication Incidents. Audit of drug administration takes place on a monthly basis.
All Nurses are undertaking Medication Management updates on HSE Land

Proposed Timescale: 01/12/2015

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 premises was not appropriate to the number and needs of the residents in the centre.
For example:
- the design and layout of the multi occupancy bedrooms meant that residents' privacy and dignity were seriously compromised
- there was no space for residents to sit on a comfortable chair by their bed or to have a visitor visit in private.
- not all residents had a lockable space
- two two-bedded rooms in the centre were being utilised as thoroughfares for the passage of commodes, cleaning trolleys, hairdressing and staff toilet. There was no screen in front of the door to this room.
- residents TVs were positioned too high in the bedrooms for comfortable viewing.
- residents sitting on wheelchairs by their beds had to have the beds moved to make
room for the wheelchairs to be placed next to their bed.
-residents had no choice to sit at the dining table for meals if that was their choice
-residents had no private area to sit with visitors other than their bedrooms
-resident had not enough recreational area where they could sit as a group for activities.
-the narrow sitting room area was also used for the storage of chairs in the evening

4. 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:
Detailed plans have been drawn up to ensure that the environment in the Hospital meets all HIQA standards. The following is the timeline for theses works;

- Initial Design works completed (Oct 15);
- Detailed design works commenced (Nov 15);
- Planning Application submission (Jan 16);
- Expected Grant of Planning (Apr 16);
- Issue tender documentation (June 16);
- Award Contract (Sept 16);
- Commence construction works (Oct 16);
- Construction programme 12-14 months

Proposed Timescale: 31/10/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premises did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre in the following manner:
1) unsuitable and inadequate physical design and layout to meet the needs of residents
2) it did not provide adequate sitting space separate to residents' private accommodation
3) the centre failed to provide adequate recreational space separate to residents' private accommodation
4) the centre did not provide suitable communal space for social, dining, cultural and religious activities
5) there was inadequate storage space for residents' belongings

5. 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:
Detailed plans have been drawn up to ensure that the environment in the Hospital meets all HIQA standards. The following is the timeline for these works:

- Initial Design works completed (Oct 15);
- Detailed design works commenced (Nov 15);
- Planning Application submission (Jan 16);
- Expected Grant of Planning (Apr 16);
- Issue tender documentation (June 16);
- Award Contract (Sept 16);
- Commence construction works (Oct 16);
- Construction programme 12-14 months

Proposed Timescale: 31/10/2017

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 registered provider failed to record if the complainant had been informed promptly of the outcome of their complaint and details of the appeals process.

6. Action Required:
Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

Please state the actions you have taken or are planning to take:
The system of recording complaints has been updated and will now show that the complainant has been informed of the outcome of their complaint and details of the appeals process.

Proposed Timescale: 12/11/2015

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:
Inspectors formed the opinion that practice, such as the early serving of dinner, was led by the routine and resources of the service and not by residents' choice or wishes.

7. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
A survey was carried out with 22 Residents who are able to express their preferences. 19 (86%) are happy with present mealtimes. The 3 people who prefer lunch later are already being offered that choice. The survey will be repeated in January 2016 as part of Annual Satisfaction Survey.

**Proposed Timescale:** 01/02/2016

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Lack of space and privacy issues in the centre meant that among other privacy issues, residents could nor undertake activities in private, residents were not afforded space to sit in the sitting room in private and to sit by their beds in private.

8. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Detailed plans have been drawn up to ensure that the environment in the Hospital meets all HIQA standards. The following is the timeline for these works;

- Initial Design works completed (Oct 15);
- Detailed design works commenced (Nov 15);
- Planning Application submission (Jan 16);
- Expected Grant of Planning (Apr 16);
- Issue tender documentation (June 16);
- Award Contract (Sept 16);
- Commence construction works (Oct 16);
- Construction programme 12-14 months

This will ensure that all issues of space and privacy are addressed.

**Proposed Timescale:** 31/10/2017

**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

The Registered Provider is failing to comply with a regulatory requirement in
Inspectors were not assured that there were sufficient staff on duty in the late evening to facilitate residents choice re bed time.

9. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
With the implementation of new rostering arrangements since October 5th 2015 there is now an extra staff member on duty in the late evening to facilitate residents choice of bed times being accommodated.

**Proposed Timescale:** 12/11/2015

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had been afforded appropriate training for their role. For example, some members of staff had yet to receive training in managing and understanding behaviours that challenge and de-escalation techniques.

10. **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:**
The staff who were awaiting training in Managing and Understanding Behaviours that Challenge & De-escalation Techniques received training on 29/09/2015.

**Proposed Timescale:** 12/11/2015