

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kinsale Community Hospital
Centre ID:	OSV-0000584
Centre address:	Rathbeg, Kinsale, Cork.
Telephone number:	021 477 2202
Email address:	nuala.oreilly@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patrick Ryan
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	4

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: 29 September 2015 09:30 To: 29 September 2015 16:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major

Summary of findings from this inspection

This report sets out the findings of an unannounced follow-up inspection. This follow up inspection was undertaken to inform the registration renewal inspection as many of the premises issues identified since commencement (2009) had not been remedied. A registration renewal inspection was completed on 3 December 2014.

The provider nominee, person in charge and clinical nurse managers displayed adequate knowledge of the regulatory requirements.

Many of the actions required from the previous inspection were not completely remedied. Nonetheless, the inspector acknowledged a number of improvements since the registration renewal inspection and these will be discussed under the relevant outcomes in the report.

A number of the fire safety precaution issues identified in the registration renewal inspection were remedied. However, a follow-up review of fire safety was not completed since these works were undertaken. Consequently, the provider nominee was requested to submit an up-to-date fire safety report by a suitably qualified person to provide assurances that the remedial work completed in Kinsale Community Hospital regarding fire safety was adequate to mitigate the serious fire safety deficiencies identified in the Cork County Council report of 10 June 2014. This was submitted to the Authority

Issues identified pertaining to the adult protection policy were not addressed. The provider nominee received an immediate action plan regarding this policy in conjunction with Schedule 5 policies. The provider nominee's response is included in the action plan response at the end of this report.

In summary, the inspector identified aspects of the service requiring improvement to ensure compliance with the Regulations, and these were identified in previous inspection reports.

These improvements included:

- 1) Schedule 5 policies were out-of-date and were not comprehensive; they did not reference current best practice guidelines or legislation
- 2) premises:
 - multi-occupancy bedrooms
 - some bedrooms could only be accessed internally via other bedrooms
 - some bathrooms and toilets were only accessible through a series of bedrooms
 - location/accessibility of sanitary facilities
 - uneven corridor upstairs
 - lack of private space
 - lack of communal space.

The action plan at the end of this report sets out the actions necessary 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 2009.

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 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):

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

Findings:

A formal structure to ensure systems and processes was now in place to effectively manage and implement an integrated programme of quality and safety. The quality and safety of care and the quality of life for residents was being evaluated to determine outcomes for residents.

Quality data gathered on a monthly basis included pain, pressure sores, physical restraint, psychotropic medication, falls, significant weight loss, complaints, unexplained absences, significant events, vaccinations and immobile residents. The person in charge monitored these statistics on a monthly basis and trended the information to inform practice.

Routine clinical audits included medication management, hand hygiene, medication management with antibiotic and psychotropic usage, restraint, falls and bed-space environment.

Residents were consulted on a daily basis. The activities programme was now established with daily choices of activities including group activities as well as one-to-one sessions. A daily activities record was completed detailing the residents' involvement in the activity. The art therapist attended the centre twice a week where group sessions as well as one-to-one sessions were facilitated and this was evidenced on inspection.

Minutes of three residents' meetings held in 2015 were demonstrated and many residents attended these meetings. Requests were followed up on subsequent meetings, for example, residents requested bird feeders for their garden and these were now in place; also a larger jackpot was requested for bingo and this was agreed and in place.

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):

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

Findings:

Some issues from the previous inspection were remedied and they included the following:

- the register of residents was evidenced and it contained the information required by legislation
- Schedule 3 (residents' records) was now compliant as a recent photograph was in place for each resident as part of their care plan documentation as well as residents' medication management documentation. A staff member was assigned responsibility for this and residents' documentation was audited on a weekly basis to ensure all residents had photographic identification
- the policy regarding end of life care, food and nutrition and medication management were now compliant.

However, the following issues were identified across all other Schedule 5 policy documents:

- the review date had expired for a number of policies, for example, the admissions policy review date was November 2011; the communication policy revision date was July 2011; accepting transfers to the centre was last reviewed in June 2011.
- the required policies under Schedule 5 of the Regulations were not comprehensive and they did not inform practice, for example, the policy for residents' personal property, personal finances and possessions was wholly inadequate and did not include residents' finances or possessions. In addition, it outlined that the centre was not accountable or responsible for safeguarding residents' possessions. A further example was the admissions policy which did not detail assessment and care planning process for

residents receiving respite care.

- policies did not have current publications referenced, for example, the restraint protection and behaviour management policies did not reference the 2014 HSE national policy and procedure relating to Safeguarding Vulnerable Persons at Risk of Abuse.
- the policy on prevention, detection and response to abuse did not include their regulatory obligation regarding notification to the Authority upon an allegation of abuse.
- there was no oversight of the suite of policies, consequently there were copies of new and obsolete policies in different locations in the centre.

These failings were previously identified on the registration inspection in December 2014. The provider's response from this action recorded that the timeline for completion of this would be 30 June 2015; consequently, the provider was issued an immediate action plan with completion date 06/10/15 for Schedule 5 policies to be in place. The action plan response was submitted within the timeline requested, however, several policies required further attention as they remained out-of-date or the previous provider nominee was referenced rather than the incumbent provider nominee.

Judgment:
Non Compliant - Major

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:
The fire officers' report of 10 June 2014 demonstrated extensive 'serious fire safety deficiencies' in the centre. Many of the issues were remedied however, the concerns relating to the premises were not rectified. Nonetheless, the person in charge described actions taken to lessen the risks, for example, less mobile residents were accommodated downstairs; assistive equipment identified in personal emergency evacuation plans was in place for residents' assessed needs; additional fire safety equipment was in place; additional and more frequent fire safety training was completed for all staff. The centre did not have a current assessment to assure the Chief Inspector that the remedial work completed in Kinsale Community Hospital regarding fire safety was adequate to mitigate the serious fire safety deficiencies identified in the Cork County Council report of 10 June

2014, consequently, the inspector requested written assurance from a suitably qualified person regarding this. A letter from a suitable qualified person was submitted to the Authority on 22 October 2015 providing assurances regarding fire safety in Kinsale Community Hospital.

The health, safety and risk management policy was now compliant with the requirements of the Regulations.

Advisory signage indicating designated areas for preparation of different foods to ensure safe food preparation practices and mitigate risk of cross contamination was replaced. Equipment was appropriately stored in the kitchen to enable effective cleaning.

Judgment:
Non Compliant - Major

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:

Care plans were now in place for short-term and respite residents. These were completed on admission along with assessments of residents' needs. These informed the problem identification records to ensure the residents' documentation was comprehensive. There was evidence that residents and/or relatives were involved in care planning. Care plans were more comprehensive and person-centred. The activities records demonstrated the degree of resident involvement in activities and staff reported that this informed the activities programme.

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:

This centre was originally built in the 19th century and it had been refurbished and upgraded with many areas decorated in a homely and cosy fashion. However, there were significant limitations within the physical environment which negatively impacted on the freedom, choice, privacy, dignity and autonomy of residents and these have been described in detail in previous inspection reports. The provider nominee had submitted both interim and long-term plans to the Authority to ensure compliance with the Regulations and National Standards. Interim plans were time bound and costed, however, the long-term plans were not. At the time of inspection, work had not commenced to alleviate the premises issues, hence the premises remained in major non-compliance with the Regulations.

Judgment:

Non Compliant - Major

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:

Breeda Desmond
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:	Kinsale Community Hospital
Centre ID:	OSV-0000584
Date of inspection:	29/09/2015
Date of response:	10/11/2015

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 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:

Many of the policies relating to Schedule 5 (operating policies and procedures) were out-of-date; some were not comprehensive; others did not contain the information required under the Regulations regarding notification to the Chief Inspector. These failings were identified in previous inspections.

1. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement

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

policies and procedures on the matters set out in Schedule 5.

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

All Schedule 5 policies will be drawn up, adopted and implemented by 01/10/2015

Proposed Timescale: 06/10/2015

Theme:

Governance, Leadership and Management

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

Many of the policies relating to Schedule 5 (operating policies and procedures) were out-of-date; some were not comprehensive; they referenced the 2009 Regulations rather than the 2013 Regulations; many policies were obsolete and while more up-to-date policies were in place, the older policies were not removed from the policy folders. These failings were identified in previous inspections.

2. Action Required:

Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

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

All of Schedule 5 policies will be reviewed and updated by 06/10/2015, and thereafter every 3 years or more frequently if required.

Proposed Timescale: 06/10/2015

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:

The fire officers' report of 10 June 2014 demonstrated extensive 'serious fire safety deficiencies' in the centre. Many of the issues were remedied, however, the concerns relating to the structure of the premises were not rectified.

3. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

1.Fire Panel has been upgraded.

2.All residents have a personal evacuation plan documented in their careplan within 48

hours of admission.

3.Fire training continued bi-annually for staff.

4.Remedial works have commenced to provide bedrooms for nine residents on the ground floor, and to reduce the number of residents on the first floor from 23 to 15.

5.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: 1,2,3, in place. 4 in progress, to be completed in March 2016, 5. October 2017

Proposed Timescale: 31/10/2017

Theme:

Safe care and support

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

The centre did not have a current assessment to assure the Chief Inspector that the remedial work completed in Kinsale Community Hospital regarding fire safety was adequate to mitigate the serious fire safety deficiencies identified in the Cork County Council report of 10 June 2014.

4. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

Fire safety certificates were submitted to HIQA on October 16th 2015. Please see attached.

Proposed Timescale: Current

Proposed Timescale: 16/10/2015

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:

There were significant limitations within the physical environment which negatively impacted on the freedom, choice, privacy, dignity and autonomy of residents and these have been described in detail in previous inspection reports. The provider nominee had submitted both interim and long-term plans to the Authority to ensure compliance with the Regulations and National Standards, however, at the time of inspection, work had not commenced to alleviate the premises issues, hence the premises remained in major non-compliance with the Regulations.

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:

1. Remedial works in progress.
2. 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: 1. March 2016. 2. October 2017

Proposed Timescale: 31/10/2017