Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Kanturk Community Hospital
Centre ID:	OSV-0000572
Centre address:	Kanturk, Cork.
Telephone number:	029 500 24
Email address:	margaretb.fitzgerald@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patrick Ryan
Lead inspector:	John Greaney
Support inspector(s):	Caroline Connelly
Type of inspection	Unannounced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	7

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
15 June 2016 09:30	15 June 2016 18:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Kanturk Community Hospital is a single storey, 40 bedded facility situated on the outskirts of the town. This inspection was a follow-up inspection to a registration inspection carried out in February 2015. During the inspection, the inspectors met with a number of residents, relatives and staff members. The inspectors observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files.

Overall the findings of this inspection indicated that residents received care to a good standard, however, the premises posed significant challenges to staff to respect the privacy of residents and provide care in a dignified and respectful manner. Improvements since the last inspection included the enclosing of an outdoor area to make it more accessible to residents. Significant issues, however, remained outstanding. The multi-occupancy nature of the bedrooms resulted in beds being in

very close proximity to each other making it difficult to provide personal care without disturbing all other residents in the room and in particular the residents in the nearest beds. The design and layout of the centre also meant that residents bedrooms were used as thoroughfares to access other bedrooms, there was limited access to suitable sanitary facilities, there was inadequate suitable storage for residents personal property and there was a lack of general storage for equipment.

At the last inspection it was identified that the review of quality and safety was not sufficiently comprehensive to support an effective quality improvement process. On this inspection some improvements were identified, such as a review of issues raised at residents' meetings, however, there continued to be an inadequate system for reviewing the quality and safety of care. For example, issues raised at residents meeting were not always addressed and the audit process did not address high risk areas such as accidents and incidents. In addition, an audit of medication management did not capture the inappropriate levels of stock and storage of medications.

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Findings:
There was a clearly defined management structure. The person in charge reported to a general manager and was supported by a clinical nurse manager. Overall, inspectors were not satisfied that there was a comprehensive review of the quality and safety of care delivered to residents. This is consistent with the findings of the last inspection. There was an audit of medication management that involved a review of medication records of a small number of residents. There was an associated action plan that identified where improvements were required. However, inspectors were not satisfied that the audit was sufficiently comprehensive as, for example, it did not identify the inappropriate storage of medications in a multi-occupancy bedroom. This is further discussed under Outcome 9.

There was a weekly data collection that involved identifying issues such as the number of residents that presented with responsive behaviour, the number of residents that had a diagnosis of dementia, the number of residents that had wounds and the use of restraint. This data was not collected in all units and was only done infrequently. Additionally, it was not clear how this data contributed to the quality improvement process. Additional audits included a review of dependency levels and an incomplete audit of mattresses.

A finding on the previous inspection was that there was no action plan to identify that issues raised by residents at meetings were addressed. On this inspection it was identified that, while there was evidence that issues raised at these meetings were reviewed, there was insufficient evidence to support that these issues were adequately investigated or that they were addressed to the satisfaction of the residents. This is further discussed under outcome 17. There was no audit of accidents and incidents to identify trends in order to minimise the risk of reoccurrence and as an opportunity for

learning and feedback to staff. An annual review was submitted to inspectors following the inspection. The review consisted of the number of resident admitted in the previous year, the number of complaints received, numbers of staff, available policies and access to advocacy services for resident. However, inspectors were not satisfied that the review adequately monitored quality and safety of care to ensure that such care was in accordance with standards set by the HIQA.

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

Findings:
Contracts of care had been issued to each resident or their representative. In response to the findings of the last inspection, contracts of care were updated to outline charges in addition to the weekly fee for issues such as hairdressing, chiropody, and toiletries. However, this was only done for residents that were admitted following the changes to the contracts. The contracts for residents that were admitted prior to the contract changes continued to include an additional fee but did not clearly specify the purpose of this additional charge.

Judgment:
Substantially 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):

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

Findings:
There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Personnel records indicated that staff members had been appropriately vetted. It was identified at the last inspection that a significant number of staff were overdue training in recognising and responding to suspicions or allegations of abuse. Since then, a significant number of staff had attended training and only a small number of staff were now overdue training. Inspectors were informed that there had not been any reports or allegations of abuse.

There was a policy in place to guide practice in relation to the use of restraint. The only restraint in use was in the form of bedrails. A number of residents had lap belts and tray tables in place but these were easily removable by residents should they wish to do so. There were records of risk assessments prior to the use of restraint and records of safety checks while restraint was in place. Improvements, however, were required in relation to the risk assessment process. For example, a review of residents' records indicated risk assessments had not been completed in their entirety for all residents that had bedrails in place, and a number of questions, in at least one assessment form, were unanswered. This is particularly relevant for residents that may climb over bedrails and sustain serious injury.

There was a policy on the management of responsive behaviour. Based on a sample of care plans reviewed, there was a good plan of care in place to support residents that occasionally presented with responsive behaviour. Training records indicated that a significant programme of training had been undertaken since the last inspection and only a small number of staff required training in responsive behaviour.

Judgment:
Non Compliant - Moderate

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:
There was an up-to-date safety statement. At the last inspection it was identified that there was no plan in place for responding to emergencies or major incidents. On this inspection this action was found to be satisfactorily addressed and an emergency plan

was in place to address issues such as fire, loss of power, loss of water and loss of kitchen function.

The risk management policy was reviewed since the last inspection and now addressed all of the items listed in the regulations. There was also improvements identified in relation to the implementation of the policy. For example, a safety committee had been reconvened and now met quarterly. Membership of the committee consisted of representatives of management, nursing staff, care staff and administrative staff. The risk register had been reviewed to incorporate risks to residents in addition to staff for risks such as a slope on the main corridor. Other improvements identified on this inspection in relation to risk management included that all doors to areas that could pose a risk to residents were locked at all times. Required improvements that were not satisfactorily addressed included the absence of a system to verify that electronic doors were functioning and the absence of a system to ensure that electronic tags that were worn by residents at risk of absconding that automatically locked doors if they attempted to leave the centre, were functioning appropriately.

Inspectors reviewed the fire safety register that indicated a programme of preventive maintenance for the fire alarm system, emergency lighting and fire safety equipment. Training records indicated that all staff had attended fire safety training since the last inspection. However, a number of these staff were now due refresher training. Records indicated that fire drills were held in December 2015 and again in March 2016 and there was an adequate record maintained of any learning from the exercise. Personal emergency evacuation plans (PEEP) were in place for all residents indicating the assistance required in the event of a requirement to evacuate the premises. All beds had evacuation sheets in place under mattresses to support the evacuation of residents that were not sufficiently mobile. Since the last inspection a process had been put in place to ensure that fire exits were free from obstruction and that the alarm panel was functioning.

The centre appeared to be generally clean throughout. Issues addressed since the last inspection in relation to infection prevention and control included:
• personal hygiene products such as shampoo were no longer stored in bathrooms for communal use by residents
• hand washing facilities were available in all three sluice rooms
• wall tiles were replaced in one sluice room
• all sluice rooms contained sluice sinks
• clinical equipment such as oxygen masks were store appropriately

Issues that remain outstanding since the last inspection in relation to infection prevention and control included the absence of inadequate racking for storing bedpans and urinals following cleaning, and equipment such as commode chairs and laundry skips continued to be stored in bathrooms.

Judgment:
Substantially Compliant

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

Findings:
There were written operational policies and procedures relating to ordering, prescribing, storing and administration of medicines. At the last inspection it was identified that a number of prescriptions did not contain the maximum dosage for PRN (as required) medications and where medications were being crushed prior to administration, this was not always prescribed. Based on a sample of prescriptions reviewed on this inspection, these issues were satisfactorily addressed.

In general medications were stored securely, including medications that required special control measures. However, an unlocked medication fridge was stored in one of the multi-occupancy rooms. This fridge contained a large amount of insulin and also some nutritional supplements. The amount of insulin stored in the fridge was in excess of what was required to be held in the centre and the storage of medication in an unsecure manner posed a risk to residents. Prior to the end of the inspection all contents of the fridge were removed and arrangements were made to return the excess supply of insulin to the pharmacy. Inspectors were satisfied that this issue was satisfactorily addressed.

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 were satisfied that residents' health and social care needs were regularly

assessed and care was delivered to a good standard. Residents had good access to general practitioner (GP) services and there was evidence of regular reviews.

Based on a sample of care plans reviewed residents were regularly assessed using standardised assessment tools. Written nursing care plans were in place for each resident and issues identified on assessment were addressed in care plans. Care plans for issues such as the management of wounds and responsive behaviour were comprehensive and person centred. In instances where the advice of allied health services such as physiotherapy, speech and language therapy, palliative care, occupational therapy and dietetics was required, there was evidence of referral and review. Records indicated that nursing staff provided care in accordance with any specific recommendations made by medical and other allied health professionals.

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:
Kanturk Community Hospital is a single storey, 40 bedded facility situated on the outskirts of the town. Bedroom accommodation comprises six single bedrooms, one four-bedded room (Edel Quinn unit), one six-bedded room (St. Mary's unit), one seven-bedded room (St. Theresa's unit), one eight-bedded room (St. Patrick's unit) and one nine-bedded room (St. Oliver's unit). One of the single bedrooms is located off the main nurses station and is the designated palliative care room.

In general the centre was bright, clean and in a good state of repair. There were overhead hoists in a number of the bedrooms and assistive equipment such as mobile hoists, wheelchairs and speciality seating were available for residents. Records were available to demonstrate the preventive maintenance of equipment such as beds, hoists, and wheelchairs, records.

Findings on the most recent inspection and on all previous inspections indicated that the design and layout of the premises was not suitable for its stated purpose and did not

meet the needs of each resident, particularly in relation to supporting privacy and dignity. On this inspection it was found that, while some small improvements had been made, overall the premises did not provide adequate space to meet each resident's needs.

Bedroom accommodation did not meet the needs of residents. For example:
• 34 of the 40 beds were in large multi occupancy rooms of four, six, seven, eight and nine beds
• there was inadequate space between a number of the beds to accommodate chairs or visitors, or to comfortably manoeuvre assistive equipment such as wheelchairs
• the proximity of the beds to each other in the multi-occupancy rooms did not support the privacy and dignity of residents while they were in receipt of personal care or when they had visitors
• St. Oliver's (nine-bedded) unit could only be accessed by going through St. Patrick's
• five of the six single rooms could only be accessed by going through either St. Mary's or St. Theresa's units
• most of the residents did not have wardrobes for personal clothing and there was insufficient space for wardrobes, should they be made available
• where there was sufficient space for wardrobes and chest of drawers, such as in the single rooms, only small wardrobes were provided.

Sanitary facilities comprised:
• one toilet located proximal to St. Mary's unit and three of the single rooms, which accommodated a total of nine residents
• one toilet located proximal to St. Theresa's unit and two of the single rooms, which accommodated a total of nine residents
• one toilet located proximal to St. Oliver's unit which accommodated nine residents
• two toilets located proximal to St. Patrick's unit which accommodated eight residents
• one toilet located on the main corridor which was designated for use by residents of Edel Quin unit and for visitors
• one staff toilet
• there were three showers and two baths.
Inspectors were not satisfied that sanitary facilities were adequate as there was an insufficient number of toilets suitably located to meet the needs of residents living in the centre. One of the assisted bathrooms was insufficient in size to manoeuvre assistive equipment such as hoists or speciality chairs and would therefore be unsuitable for use by a number of residents. Equipment such as linen skips and commode chairs were stored in bathrooms.

Communal facilities comprised a sitting room/dining room, a conservatory and a small sitting/visitors room. There was no separate dining facility. There was an outdoor area with garden furniture and raised shrub beds with a water feature that had been enclosed since the last inspection and was now more suitable for use by residents. There was also a large chapel that was suitably decorated and maintained to a good standard.

There was inadequate space for storing equipment such as commodes, linen skips, speciality chairs and hoists resulting in these being inappropriately stored in bathrooms and corridors. Since the last inspection some of the televisions had been repositioned so

that they were now visible to all residents in the room.

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

Findings:
There was an up-to-date complaints policy that included an independent appeals process. There was a notice on display outlining the complaints process and the contact details of the person responsible for managing complaints. Inspectors reviewed the complaints log that contained comments, compliments and complaints. Records indicated that each complaint was investigated and action taken to address the complaint. The outcome of the complaint and whether or not the complainant was satisfied, was also recorded.

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

Findings:
There were policies and procedures in place for monitoring and documenting residents' nutritional status. Residents nutritional status was monitored through regular weighing and the use of a standardised tool for assessing risk of malnutrition. Residents had good

access to the services of speech and language therapy and dietetics and there was evidence of referral and review.

Residents had a choice of food at mealtimes, including residents on modified diets. Food appeared to be nutritious and was available in sufficient quantities. Residents requiring assistance were assisted in an appropriate and discreet manner. There was an adequate system in place for communicating the prescribed diet for residents to all staff, including catering staff.

Residents had their meals in the dining room/sitting room and the conservatory, however, there was insufficient dining space for all residents to dine there should they wish to do so. There were no separate dining facilities.

A finding at the previous inspection was that breakfast commenced at 08:15hrs each morning for all residents rather than at a time requested by residents. On this inspection there was no evidence available to suggest that this was addressed or that mealtimes were based on the expressed preferences of residents. This is supported by records of residents meetings. For example, at a meeting held in September 2015 a request was made for lunch to be served at 1pm. The response to this issue by management was that "it is 12.40pm when it finishes". This action is addressed under Outcome 16.

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

Findings:
There was evidence of consultation with residents through residents' meetings that were facilitated by an external organisation. At the last inspection it was identified that it was not possible to determine if all issues raised at the meetings were addressed or that feedback was put into practice. On this inspection records were available to indicate that issues raised were reviewed by management. Records indicated that some of the issues raised were addressed, such as the provision of a second daily newspaper. However, records available did not indicate that all issues raised were adequately investigated or

addressed. For example,
a few residents stated that they would like to see more variety of food at mealtimes, to which the response from management was that a choice of food was available. On another occasion residents complained that they were being awoken at night by shutting doors, bells and other residents. The response from management was that this is hard to avoid in multi-occupancy rooms.

Similar to the finding of the last inspection, the design and layout of the centre, for example, the multi-occupancy rooms, the proximity of beds to each other and the lack of storage space for personal property and possessions, it was difficult for staff to support the privacy and dignity of residents during care delivery. However, staff supported residents' dignity as much as possible, within the constraints of the premises and were seen to be respectful and courteous in their interactions with residents.

At the last inspection visiting had been restricted to 13:00hrs to 15:30hrs and 17:30hrs to 20:30hrs each day. On this inspection there was unrestricted visiting and visitors were seen to come and go throughout the day.

Judgment:
Non Compliant - Moderate

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

Findings:
There was a policy on the management of residents' personal property and possessions. Consistent with the findings of the last inspection there was inadequate wardrobe space for residents to store their clothing and many residents did not have wardrobes in their bedrooms. Where wardrobes were in place they were inadequate in size. Residents that did not have wardrobes had their clothes stored in a cupboard with shelves outside the room. There was no suitable place to hang clothes, such as a dress or suit, for these residents.

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

Findings:
Inspectors reviewed the staff roster and observed practices. There were 10 staff scheduled to provide care to residents each morning and afternoon and there were usually four staff on duty from 18:00hrs to 20:00hrs. Management were advised to keep staffing under review to ensure there were adequate numbers of staff on duty at all times, particularly in the evening, to meet the needs of residents.

The person in charge was not included in the staff roster, so it was not possible to determine from the roster when she was present in the centre. This was also a finding at the last inspection.

Inspectors reviewed training records and as identified previously under relevant outcomes of this report, a programme of training was undertaken to support staff attend mandatory training in fire safety, manual handling, safeguarding and responsive behaviour. It was also identified from training records that there was minimal engagement with other training to support professional development in relation to the care to be provided to dependent older people, such as dementia care. This was also a finding at the last inspection.

A sample of staff files were reviewed and those examined were complaint with the Regulations and contained all the items listed in Schedule 2. Current registration with the regulatory professional body was in place for all nurses.

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:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Kanturk Community Hospital
Centre ID:	OSV-0000572
Date of inspection:	15/06/2016
Date of response:	15/07/2016

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:
Overall, inspectors were not satisfied that there was a comprehensive review of the quality and safety of care delivered to residents, as evidenced by:
• an audit of medication management did not identify the inappropriate storage of medications in a multi-occupancy bedroom
• it was not clear how a weekly data collection contributed to the quality improvement process

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

• while there was evidence that issues raised at residents' meetings were reviewed, there was insufficient evidence to support that these issues were adequately investigated or that they were addressed to the satisfaction of the residents
• there was no audit of accidents and incidents to identify trends in order to minimise the risk of reoccurrence and as an opportunity for learning and feedback to staff.

1. 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 monitored.

Please state the actions you have taken or are planning to take:
An evidence based system will be put in place to ensure that the service provided is safe, appropriate consistent and effective .Audits will be carried out in order to capture appropriate data on areas such as: Nursing Care Plans, Pressure Ulcers, Environment, Resident Experience, Falls, Restraint, Health and Safety. Current weekly data collection will be discontinued. The hospital is involved in a Falls Project since Jan 2016, part of this project is to establish a baseline, identify trends, establish ways of preventing and reducing falls .Issues raised at residents' meetings will be addressed adequately, questionnaires will be developed in order to establish residents 'preference in relation to meal times, all issues will be addressed to the satisfaction of the residents.

Proposed Timescale: 14/11/2016

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors were not satisfied that the annual review adequately monitored quality and safety of care to ensure that such care was in accordance with standards set by the HIQA.

2. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
Performance will be measured against the National Standards for Residential services for Older People using the HIQA template as a guidance document, this will also aid in identifying areas for ongoing improvement, on completion a copy will be made available to residents.

Proposed Timescale: 07/12/2016

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:** In response to the findings of the last inspection, contracts of care were updated to outline charges in addition to the weekly fee for issues such as hairdressing, chiropody, and toiletries. However, this was only done for residents that were admitted following the changes to the contracts. The contracts for residents that were admitted prior to the contract changes continued to include an additional fee but did not clearly specify the purpose of this additional charge. **3. 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:** Updated Contracts of Care have been re-issued to residents admitted prior to the contract changes. Residents/relatives are asked to return the signed contract within a month.
Proposed Timescale: 05/09/2016

Outcome 07: Safeguarding and Safety
Theme: Safe care and support **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** A review of residents' records indicated risk assessments had not been completed in their entirety for all residents that had bedrails in place, and a number of questions, in at least one assessment form, were unanswered. This is particularly relevant for residents that may climb over bedrails and sustain serious injury. **4. Action Required:** Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. **Please state the actions you have taken or are planning to take:** The records of residents who have bedrails in place will be reviewed to ensure individual risk assessments are fully completed; this includes an assessment checklist prior to considering restraint. Where bed rails are necessary they are only applied in accordance with National Policy "Towards a Restraint Free Environment in Nursing

Homes”

Proposed Timescale: 01/09/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A small number of staff required training in responsive behaviour.

5. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
All staff who require responsive behaviour training will receive this training on dates in September, October (Awaiting dates from centre of Education) and on December 10th 2016.

Proposed Timescale: 10/12/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A significant number of staff had attended training in recognising and responding to abuse and only a small number of staff were now overdue training.

6. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
Training is being provided for those staff who are now overdue training. This will be completed by the end of September 2016.

Proposed Timescale: 30/09/2016

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:
Required improvements that were not satisfactorily addressed included the absence of a system to verify that electronic doors were functioning and the absence of a system to ensure that electronic tags that automatically locked doors if residents attempted to leave, were functioning appropriately.

7. 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:
All hazards in the Hospital will be identified and assessed as per scheduled 5. The person in charge will verify and record that the electronic doors are functioning properly and that all electronic tags are functioning appropriately. A new patient Wandering Monitoring System was installed in the Hospital on the July 8th 2016

Proposed Timescale: 15/07/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Issues that remain outstanding since the last inspection in relation to infection prevention and control included the absence of inadequate racking for storing bedpans and urinals following cleaning, and equipment such as commode chairs and laundry skips continued to be stored in bathrooms.

8. 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:
Racking for storing bed pans and urinals will be fitted in all three rooms where they are now stored. The storage of commodes and Laundry skips will be addressed in the new building.

Proposed Timescale: 01/09/2016

Theme:
Safe care and support

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

Not all members of staff had up-to-date fire safety training.

9. 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:
Training has been organised for staff in September and October 2016. In the intervening time the Director of Nursing will to distribute an information package to each staff member outlining the location of fire fighting equipment and escape routes, proper fitting of evacuation sheets, information on the fire panel , fire plan etc

Proposed Timescale: 07/11/2016

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 design and layout of the premises was not adequate to meet the needs of the residents for the following reasons:
• 34 of the 40 beds were in large multi occupancy rooms of four, six, seven, eight and nine beds
• there was inadequate space between a number of the beds to accommodate chairs or visitors, or to comfortably manoeuvre assistive equipment such as wheelchairs
• the proximity of the beds to each other in the multi-occupancy rooms did not support the privacy and dignity of residents while they were in receipt of personal care or when they had visitors
• St. Oliver's (nine-bedded) unit could only be accessed by going through St. Patrick's
• five of the six single rooms could only be accessed by going through either St. Mary's or St. Theresa's units
• most of the residents did not have wardrobes for personal clothing and there was insufficient space for wardrobes, should they be made available
• where there was sufficient space for wardrobes and chest of drawers, such as in the single rooms, only small wardrobes were provided.
• there was an insufficient number of toilets suitably located to meet the needs of residents
• one of the assisted bathrooms was insufficient in size to manoeuvre assistive equipment such as hoists or speciality chairs and would therefore be unsuitable for use by a number of residents
• equipment such as linen skips and commode chairs were stored in bathrooms.

10. 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:
A design team has been appointed and is progressing preliminary drawings, however as with all current Residential Care Centres for Older People projects the design team are in the process of reviewing design in order to comply with the requirements of the recently issued new 2016 HIQA standards (as published 3rd May 2016) and the amendment to the Regulation (S.I. No. 293 of 2016). Once the preliminary drawings are available I will forward them on with our time line for completion of the project.

Proposed Timescale: 12/12/2021

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:
Records available did not indicate that all issues raised at residents' meetings were adequately investigated or addressed. For example, a few residents stated that they would like to see more variety of food at mealtimes, to which the response from management was that a choice of food was available. On another occasion residents complained that they were being awoken at night by shutting doors, bells and other residents. The response from management was that this is hard to avoid in multi-occupancy rooms.

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

Please state the actions you have taken or are planning to take:
Person-in Charge is to arrange a review of Residents' meetings; more factual information is required so issues can be addressed adequately. Choice of Menu is available at every meal, kitchen staff are now asked to include supper on daily resident meal choice list. Since inspection a new Wander Monitoring system has been installed, and two extra display panels are ordered for ward areas away from main corridor so that the volume of display panels on corridor can be reduced, nurse pager system is also being considered for night staff.

Proposed Timescale: 03/10/2016

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Similar to the finding of the last inspection, the design and layout of the centre, for example, the multi-occupancy rooms, the proximity of beds to each other and the lack of storage space for personal property and possessions, it was difficult for staff to support the privacy and dignity of residents during care delivery.

12. 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:
A design team has been appointed and is progressing preliminary drawings, however as with all current Residential Care Centres for Older People projects the design team are in the process of reviewing design in order to comply with the requirements of the recently issued new 2016 HIQA standards (as published 3rd May 2016) and the amendment to the Regulation (S.I. No. 293 of 2016). Once the preliminary drawings are available I will forward them on with our time line for completion of the project.

Proposed Timescale: 12/12/2021

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A finding at the previous inspection was that breakfast commenced at 08:15hrs each morning for all residents rather than at a time requested by residents. On this inspection there was no evidence available to suggest that this was addressed or that mealtimes were based on the expressed preferences of residents. This is supported by records of residents meetings. For example, at a meeting held in September 2015 a request was made for lunch to be served at 1pm. The response to this issue by management was that "it is 12.40pm when it finishes".

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

Please state the actions you have taken or are planning to take:
A survey by questionnaire will be conducted and all residents will be asked for their preferred time for breakfast. They will also be asked their preferred time for dinner. Based on the results of this survey the time for breakfast and dinner will be as per the residents preferred time

Proposed Timescale: 01/10/2016

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Consistent with the findings of the last inspection there was inadequate wardrobe space for residents to store their clothing and many residents did not have wardrobes in their bedrooms. Where wardrobes were in place they were inadequate in size. Residents that did not have wardrobes had their clothes stored in a cupboard with shelves outside the room. There was no suitable place to hang clothes, such as a dress or suit, for these residents.

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

Please state the actions you have taken or are planning to take:
A design team has been appointed and is progressing preliminary drawings, however as with all current Residential Care Centres for Older People projects the design team are in the process of reviewing design in order to comply with the requirements of the recently issued new 2016 HIQA standards (as published 3rd May 2016) and the amendment to the Regulation (S.I. No. 293 of 2016). Once the preliminary drawings are available I will forward them on with our time line for completion of the project. Twenty three of our residents have individual wardrobes, because of inadequate space the remainder (seventeen) of our residents have individual lockers and some of their personal clothing is kept in a designated space in the ward linen press.

Proposed Timescale: 12/12/2021