

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Skibbereen Community Hospital
Centre ID:	OSV-0000598
Centre address:	Coolnagarrane, Skibbereen, Cork.
Telephone number:	028 21677
Email address:	skibbereen.chsouth@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patrick Ryan
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	6

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 November 2016 11:00	02 November 2016 18:30
03 November 2016 09:15	03 November 2016 17:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Major
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non Compliant - Moderate
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Major
Outcome 06: Safe and Suitable Premises	Non Compliant - Major	Non Compliant - Major

Summary of findings from this inspection

This was the seventh inspection of Skibbereen Community Hospital by the Health Information and Quality Authority (HIQA). This inspection was unannounced and was undertaken as part of HIQA's themed inspections on dementia care in designated centres. The inspector followed the experience of a number of residents with dementia within the service. The inspector observed care practices and interactions between staff and residents who had dementia, using a validated observation tool. In preparation for this inspection providers had attended information seminars organised by HIQA and had been provided with evidence-based guidance on best practice in dementia care. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this to HIQA prior to the inspection.

On the day of inspection there were six vacancies in the centre. The person in charge informed inspectors that there were 14 residents in the centre who had been formally diagnosed with dementia and a further four residents with cognitive impairment. In addition, three residents displayed behaviour issues associated with the behaviour and psychological symptoms of dementia (BPSD). The inspector met with residents, the person in charge and the assistant person in charge, the provider, staff members and visitors. Documentation such as care plans, policies, training records, complaints log and staff files were reviewed.

Since the previous inspection, the provider had adequately addressed the actions required from previous inspection findings. The inspector viewed a number of improvements particularly in communal sitting and dining facilities as well as the development of a further secure outdoor garden area for all residents. Residents with whom the inspector spoke stated that they were happy. They informed inspectors that staff were very kind and attentive. One resident stated that "she was waited on, hand and foot". Staff were seen to support residents in a discreet manner with care needs and meals, where necessary. Staff informed the inspector that community and relatives' involvement were encouraged in the centre. There was an interesting activities programme displayed on the notice board which included garden parties, bingo, chair based activities, music and art classes. Residents with dementia were seen to engage in the prayer and music sessions during the inspection and to avail of the outdoor secure garden areas, independently.

The person in charge was found to be committed to person centred care for residents and had been involved in the decisions regarding the renovation of the communal rooms. She acknowledged that she was constrained by the limitations of the premises as the main building dated from 1930. The inspector found that the premises design and layout did not promote privacy, dignity or a dementia-friendly environment for residents. There continued to be significant failings as regards compliance with the regulations on premises which were highlighted during previous inspections. The action plan response from the previous inspection on premises remained unsatisfactory. The person in charge informed the inspector that works had yet to commence on the proposed improvements to the designated centre. Registration of the centre had been granted with the following condition attached: "Condition 8 The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector... The reconfiguration must be complete by end of 2018".

The Standards set by the HIQA to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 formed the basis for the judgments made by the inspector. Six Outcomes were inspected against and the actions required were set out in the following report. These actions involved premises issues, staff files, medications and privacy and dignity of residents.

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

Outcome 01: Health and Social Care Needs

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:

Residents' healthcare needs were met through timely access to medical treatment. The centre accessed the services of three general practitioners (GPs) who visited the centre as required and conducted three monthly resident medication reviews. Evidence of these were documented in a sample of residents' files reviewed by the inspector. In addition, residents who were on respite stay or in community support beds were facilitated to retain their own GP.

However, according to the person in charge there was limited access to allied health professionals for the 27 residents who were accommodated in the centre on a long term basis. This access was required by the regulations to encourage the prevention of ill health and the early detection of ill health. A sample of file of residents with dementia reviewed by the inspector demonstrated no recent input from professionals such as dieticians, chiropody, physiotherapists and speech and language therapists. The assistant person in charge indicate that these were a scarce resource and that the needs of community support residents and respite residents were prioritised. For example, while chiropody services were available there was no documentation in some files that residents had received regular chiropody treatment. In addition, the file of one resident with dementia indicated that although the resident had a swallowing difficulty and had previously been assessed by the speech and language therapist (SALT) this assessment had last been completed in 2012. Furthermore, one resident, with dementia, who had fallen in January 2016 had not been reviewed by the physiotherapist at the two monthly review interval, or since the initial assessment, as outlined in the resident's notes. The person in charge stated that there was no access to an occupational therapist (OT), except through a private referral or when a new OT chair was ordered .

Nursing staff undertook, manual handling evaluations, monthly checks such as records of weight and blood pressure check. The MUST (malnutrition universal screening tool) was used by staff to check if any resident was at risk of malnutrition. The assistant person in charge informed the inspector that annual blood tests were completed and records confirmed this. Minutes of residents' meetings indicated that staff discussed

food choice and access to regular exercise with residents.

Clinical assessments were completed for residents whose files were reviewed. For example, risk assessments relating to nutrition, falls, skin integrity, depression, continence and pain were in place. Relevant care plans were developed where required following these assessments. Residents who exhibited episodes of BPSD had care plans in place and the ABC (antecedent, behaviour and consequences) chart was used to identify the cause and outcome of each behaviour episode. Distraction techniques and walking therapy were outlined for relevant residents. The inspector was informed and also observed that residents with dementia had long periods of contented behaviour and they displayed a sense of wellbeing by smiling and interaction with each other and with staff.

Care plans were person centred and updated on a four monthly basis. However, a number of care plans were duplicated. This was discussed with the person in charge who explained that a new suite of care planning documentation had been developed for community hospitals. Training was being rolled out and this would then be introduced for all residents. Samples of these new documents were seen by the inspector. Relatives who spoke with the inspector confirmed that they were involved in the development of care plans. Residents with dementia were seen to be afforded the right to refuse care. A number of residents reviewed had signed their contracts of care and their consent forms.

There were written operation policies in place for end of life care. Advanced care plans were being developed and these set out the residents' preferences for place of death, whether they were to be resuscitated, if that was discussed, and spiritual or religious needs. There was a weekly mass celebrated in the centre and residents were facilitated to receive Communion also. There were two single en suite rooms set aside for those with palliative care needs. Specialist services were available and subcutaneous fluids could be offered if required, in an effort to minimise transfer to hospital.

There was a policy in place for the monitoring and recording of nutritional intake and this was seen to be implemented in practice. The inspector sat with residents while they were being offered their choice of meals at dinner time and food was hot and well presented. Residents stated that there were four courses available at dinner time and that that there was a choice of two main courses and two desserts. A number of family members were welcomed to support their relatives with meals also. There was access to fresh drinking water throughout the day. Alternatives such as cakes and drinks were seen to be offered by staff, from the snacks trolley, over the course of the inspection. Fresh fruit and extra desserts were also available. Modified diets were stated to be appetising by one resident.

There were written operational policies in place for the management of medication. The inspector reviewed the documentation and records of controlled medications and this was found to be in line with relevant professional guidance for nurses. Medication management was subject to audit. However, in a sample of medication records reviewed the inspector found that there was a discrepancy on the times and dose of a psychotropic medication recorded in the prescription and the times and doses indicated on the boxes of the medication received from pharmacy. In addition, one individual

medication press was unlocked, in a multi-occupancy room. This press contained sedative medication among others. Furthermore, the inspector found a cream which should have been out of use since last July on a resident's locker and some prescribed substances, which should have been refrigerated, on other residents' lockers. Also, in the small sample of documents reviewed not all staff had signed when medications had been administered.

In relation to documentation and notifications required to be maintained under schedule 4 of the regulations, the inspector found that notification of the absconson of a resident with dementia and notification of a fall had not been submitted to HIQA as required.

Judgment:
Non Compliant - Major

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The policy on the prevention of elder abuse set out the protocol in place for the prevention, detection, reporting and investigating of any allegations. The policy was seen to reference best evidence based practice and new national and HSE (Health Service Executive) policies. The inspector found that measures were in place to protect and safeguard residents. Staff spoken with by the inspector were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records reviewed confirmed that staff had received training on recognising and responding to elder abuse. Most residents spoken with said they felt safe and secure in the centre, however, due to a current on-going unresolved situation a number of residents stated they were fearful, as addressed under Outcome 3: Residents' rights, dignity and consultation. Relatives confirmed with the inspector that management and staff were approachable. Residents also stated that staff were supportive and helpful even though they felt that staff "had their hands full" at the moment due to the aforementioned issue.

There was an up to date policy in the centre to support staff in interventions and approaches for residents who exhibited behaviours that challenge, which were related to the behavioural and psychological symptoms of dementia (BPSD). Staff were aware of the individualised care plans on behaviour issues which were in place for residents with dementia. They were aware of resident's individual needs and strategies to support these needs. Bedrails were checked regularly when in use and these records were viewed by the inspector. There was evidence that consent of the resident or a representative had been sought or that where a clinical decision had been made for the

use of restraint, a consultation process was followed. Multi-disciplinary (MDT) input was sought and this was documented in relevant files. There were alternative measures of maintaining safety in place, such as the use of low-low beds.

The inspector found that residents' finances were managed carefully in the centre. The inspector spoke with the accounts manager who explained the system of fee payments. Two staff members signed for individual financial transactions and a sample of record and receipts checked were seen to be accurate.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

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 inspector viewed the minutes of residents' meeting and of resident and relative surveys. These indicated that residents were consulted about how the centre was run. Residents satisfaction surveys were conducted. Documentation was available which indicated that suggestions were acted upon. Since the previous inspection extra newspapers were made available and the evening mealtime was adjusted to a later time at residents' request. Residents had access to televisions in the day rooms and the bedrooms. However, residents had identified in the meetings and surveys that the positioning of televisions in the bedrooms were not accessible for all to view comfortably. This was due to the layout of the beds in the multi-occupancy rooms and the location of televisions high up on the walls or at the end of the room high up on a wardrobe. Remote controls were not available in one bedroom, for a shared TV. One resident stated he liked to watch TV. However, as he had no remote control he could not turn it on. He stated was difficult for him to see the TV due to its location. A second TV on the opposite wall of the same bedroom was shared by 3 other residents in that room. It would not be possible for a resident to watch a favourite TV programme if both TVs were on, at the same time. Another resident stated that the TV was out of order for a long time in her room and she felt it was in the centre since "1916". It was seen to be an old fashioned set located high on top of a wardrobe, for use by four residents. There was no remote control available for the TV. The person in charge stated this would be addressed.

There were single room facilities in the newer section of the building as well as more spacious four bedded rooms. However, as previously outlined one resident required a second wardrobe and shelving to accommodate belongings. However, these rooms were newly furnished and were personalised for each resident. All residents were encouraged to take part in meaningful activities which met their interests. These activities were

suitable for resident with dementia who were seen to engage in singing, prayer and music sessions. The centre was located near the town of Skibbereen and visitors were able to avail of unrestricted visiting times. Residents had the opportunity to meet with visitors in private in a number of smaller sitting rooms. Residents had access to mobile phones in the centre and several were observed using these to speak with friends and relatives. The inspector noted that fixed screens were used when residents were receiving care, to protect their dignity, as much as the environment allowed.

Evidence seen by the inspector of the negative impact of living in the restricted space afforded to residents in the multi-occupancy rooms included:

- there was limited space for residents to store their clothes, which were seen on chairs, on radiators and bags and hanging on behind the fixed screen at the bedside
- residents who had chairs by the bed had limited access to wardrobes as due to the lack of space by the bed the chair was located in front of the wardrobe, in addition, due to the lack of space not all residents could have a suitable chair located by the bed
- in the four bedded unit the three wardrobes were blocked by the location of a bed table and a chair as well as bags of personal items
- residents informed the inspector that residents with dementia were heard to call out at regular intervals: a number of residents informed the inspector that some residents were 'very noisy' at night and stated that they were afraid of the loud banging and shouting, which could be heard in the hallway on occasions. Incidents reviewed indicated that this noise was caused as a result of a behaviour outburst and created a sense of fear in residents for their health and safety. This impacted on a resident with dementia and resulted in an incident form being filled in and a notification submitted to HIQA of the event.
- one resident in a four bedded room stated that there was very little space for personal items. The resident had wanted to display some items from home and some books, but said there was no space for these items. The person in charge felt that shelves would take up too much space by the bed.

Staff informed the inspector that

- large OT specialised chairs, commodes, care trollies and other assistive equipment were difficult to manoeuvre within the limited space of the multi-occupancy rooms
- large chairs and wheelchairs were stored in interlinked corridor areas between the multi-occupancy bedrooms
- not all clothes had been removed from storage when no longer required
- clothes of three residents were stored in a wardrobe belonging to another resident
- a staff member stated that residents' lack of privacy was a challenge. For example, the large bedrooms the inspector observed that residents were receiving care behind the fixed screens in one bedroom, while two groups of relatives were present
- residents and a staff member stated that residents find the six bedded units disturbing at night because of some residents calling out, the use of hoists and the use of commodes
- time spent with residents was limited when staff were out on sick leave as staff were not replaced. In addition, a resident requiring one to one care for long periods of time at day and night had not been afforded a member of staff to provide this care, which was in addition to rostered staff. This was addressed under Outcome 5: Staffing.
- a staff member stated that the environment hindered and impacted on promoting and

developing standards of care

-while over-bed hoist equipment was provided in all rooms, the use of this equipment required staff to be able to access both sides of residents' beds and to move the hoist around the room, from bed to bed, along an over head cable. This was noisy and disruptive for other residents particularly at night.

However, all residents spoke highly of their care in the centre and that they were treated well by staff. Weekly advocacy services were available to residents and they were facilitated to vote. They stated that religious needs were met in the centre. Documentation confirming this was seen by the inspector. In addition, a priest was seen to visit some residents during the inspection. At various times during the inspection, the inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents. The observation tool used was the Quality of Interaction Schedule or QUIS (Dean et al 1993). These observations took place in the dining and sitting room areas. Each observation lasted a period of 30 minutes and the inspector evaluated the quality of interactions between carers and residents with dementia.

In one sitting room area the observing inspector noted that interactions were positive, warm and meaningful. Staff members interacted with residents in a calm and relaxed manner. Residents were referred to by name. Staff members engaged in social conversation and encouraged residents to respond according to their abilities and capacity. The atmosphere was social and inclusive. Residents were seen to be enjoying the group interaction and were heard responding to queries and to initiate conversation. Residents with dementia sang their favourite songs and nursing staff also sang when requested by residents. One staff member played the accordion for residents and the resident who owned the accordion also played a number of tunes to the delight of the other residents. A family member was also encouraged to sing. A variety of soft drinks were provided and residents were supported with supplementary drinks during the period of observation. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care. A further two observation periods were undertaken in the dining areas. Staff were seen to facilitate resident with their meals in a kind manner. Residents were addressed by name and they were seen to be engaged in a happy and cheerful way with the staff members who were serving and helping with the meals. Residents were seen to be familiar with staff and staff were aware of their likes and dislikes. Residents were heard to engage in social conversation and to reminisce about the past, favourite foods, family visits and weekend outings. Residents were neatly and appropriately dressed indicating a sense of respect for their dignity. The inspector found that the majority of interactions during these observation periods involved positive connective care.

Minutes and emails relating to the advocacy service were seen by the inspector and these were found to be informative, person- centred and inclusive of all residents. Issues raised were acted upon and the advocate was seen to have a good understanding of each resident's needs. Posters relating to the national advocacy services were available in the front hallway.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

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:

Policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents expressed confidence in the process. They stated they had no concerns about speaking with staff. The person in charge was the person nominated to deal with complaints and she maintained details of complaints and the actions taken. An independent person was available if the complainant wished to appeal the outcome. Visitors of residents who had been diagnosed with dementia told the inspector that they were confident that any complaint would be addressed appropriately.

There was an open approach to listening and dealing with complaints. The inspector viewed the complaints log and found that complaints were recorded in detail and addressed appropriately. The satisfaction of the complainants was also recorded.

Judgment:

Compliant

Outcome 05: Suitable Staffing

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 the inspector that staff were supervised according to their role and appraisals were conducted annually. A sample of these were seen by the inspector. Members of staff spoken with stated that they had received training in the prevention of elder abuse, in dementia care, in moving and handling techniques and in fire safety. Staff attended external training events such as relevant conferences in clinical skills, leadership programmes and in aspects of care of the older adult. An actual and planned roster was maintained in the centre. Records seen indicated that there were consistent staff in the centre some of whom had been working there for many years.

There was a clear management structure in place and staff were aware of the reporting mechanisms and the line management system. Staff demonstrated an understanding of their role and responsibilities. The inspector spoke with staff members during the two day inspection and they were found to be knowledgeable of residents' backgrounds and needs. The person in charge and her deputy facilitated the auditing and management process in the centre. They informed the inspector that they were involved in delivering and organising staff training.

However, the person in charge, who was acting up in the position for the last two years, stated that she was also the person in charge of another centre. She stated that she had wanted to step down from the second post, however, this had yet to be accommodated. The second centre was a geographical distance from Skibbereen Community Hospital. She stated that as the centre in Skibbereen accommodated 40 residents it was very busy due to the complex needs of residents. She stated that she was "stretched" to fill the responsibilities of the post as required by regulations, in both centres.

The inspector, the person in charge and the provider discussed on-going challenges in relation to providing supervision and one to one care for particular residents. Staff had stated that there were times when there was not an appropriate number of staff available to meet the assessed needs of residents, including residents with a diagnosis of dementia. Staff spoken with by the inspector had outlined that the needs of some residents required one to one care, at times. This was being provided from the current staffing levels. The inspector reviewed incidents which indicated that one such resident required individual special care for a period of hours, particularly at night and at weekends. As staffing levels were reduced when this occurred staff stated that they felt that it was difficult to provide person centred care to the other 39 residents. A staff member stated that this was particularly significant at night when there were only four staff on duty for all residents. The person in charge stated that the pre-admission assessment, which was done externally, had not indicated the needs and level of care required by some residents.

In addition, time spent with residents was restricted when staff were out on sick leave as these staff were not replaced. Multi-task attendants on the cleaners rota would have to leave cleaning tasks to care for residents. Staff stated that this had a knock-on effect on the cleaning requirements for the next staff members assigned to cleaning duties.

The inspector reviewed a sample of staff files. These were found to contain most of the documents required under the regulations. However, in the sample of staff files reviewed there was no references and no curriculum vitae (CV) for one staff member. In addition, there were gaps in the CV of another staff member.

Judgment:
Non Compliant - Major

Outcome 06: Safe and Suitable Premises

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:

Skibbereen Community Hospital was observed to be nicely furnished, clean and decorated appropriately. There was adequate communal space in the centre with two large spacious sitting and dining room combinations. Meals were served in these rooms and the ladies and men utilised separate rooms by choice. Occasionally they sat together for prayers, activities and singing sessions. There were two smaller rooms which were used for quiet time, reading and activities. One room was furnished with a kitchenette and this led out to a secure garden decking area. There were raised flower beds in this garden which were tended by staff and residents.

In the older section of the building which dated from the 1930's the six bed multi-occupancy bedrooms, and one of the four bed multi-occupancy respite bedrooms, were unsuitable in design and layout to protect the privacy and dignity of the residents. The statement of purpose of the centre stated that a homely environment was created for residents. However, the design and layout of the multi-occupancy rooms impeded on achieving this aim for residents who resided in these rooms. The design and layout had a significant negative impact on residents as they were unable to undertake personal activities in private or to meet with visitors privately in their bedroom. This was addressed in detail under Outcome 3: Residents' rights, dignity and consultation. There was not enough room to manoeuvre chairs and equipment required to care for residents. One staff member described trying to provide care in a private and dignified manner as a "nightmare" in the restricted space. Wardrobes were not located beside beds for all residents. They were located at the end of the bedroom. There was no bath in the centre which was required by the regulations to afford choice to residents, who wished to avail of this facility. In the newer wing of the centre the four-bed multi-occupancy rooms were found to be more spacious. However, not all residents were happy with the storage space provided. There were six single rooms with en-suite bathrooms in the centre, two of which were designated palliative care beds.

There was an appropriate number of sluice rooms in the centre which had adequate storage and hand-washing facilities. Since the previous inspection a rack to air-dry basins and containers had been installed.

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:

Mary O'Mahony
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:	Skibbereen Community Hospital
Centre ID:	OSV-0000598
Date of inspection:	02/11/2016
Date of response:	25/11/2016

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

Not all residents had updated care plan assessments by allied health services according to their assessed needs.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

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

A comprehensive assessment by an appropriate Healthcare Professional of the Health, personal and social care needs of every resident will be undertaken.

This will be documented in the Resident's Care plan.

Access to appropriate Healthcare Professionals, to include Physiotherapy, Occupational Therapy, Chiropody, Speech and Language Therapy, to contribute to this assessment will be provided where necessary.

Re assessment, and follow up will be provided by the specific member of the MDT team.

Recommendations from the MDT will be adhered to with the consent of the Resident

Proposed Timescale: 31/01/2017

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 make available access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

For example:

- physiotherapy,
- speech and language therapy or other allied health service.

2. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Access to appropriate Healthcare Professionals, to include Physiotherapy, Occupational Therapy, Chiropody, Speech and Language Therapy, to provide treatment to residents will be provided, where necessary.

Proposed Timescale: 31/12/2016

Theme:

Safe care and support

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

All records in relation to schedule 4 (7) of the regulations were not available or had not all been submitted to the regulator as required;

-For example:

-notifications of the absconson of residents

-notifications of a serious fall involving medical treatment.

3. Action Required:

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

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

The records indicated on Schedule 2, 3, and 4, shall be kept in the Centre, and will be available for inspection by the Chief Inspector.

Notifications of Incidents as indicated on Schedule 4, (7), shall be submitted by the Centre, within 3 working days.

Proposed Timescale: 01/12/2016

Theme:

Safe care and support

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

Not all medications were securely stored;

For example;

-medical cream

-eye drops

-sedative medicines

-dietary supplements

4. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Medications stored in presses beside the Resident's bed are locked by the Nurse post administration.

Prescribed creams for Resident use are returned to Pharmacy fridge post use, if refrigeration required, or returned to the Resident locked box, by the Nurse.

Dietary Supplements in use remain within reach of Resident. Supply of dietary supplements are kept in Pharmacy fridge if indicated, or otherwise on shelf in Pharmacy.

Proposed Timescale: 21/11/2016

Theme:

Safe care and support

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

Medicines which had been administered were not signed as having been given on 6 occasions in the sample file reviewed.

The dose and times of administration of a psychotropic drug was not consistent on the prescription sheet and on the medications delivered from pharmacy.

5. 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:

All Nurses will complete Hseland Medication Management course online by 20/12/2016, and annually thereafter.

Medication Management Update will be provided for all Nurses.

Medication audit will be completed within next 2 weeks, and monthly thereafter, until sustained improvement reached, then 3 monthly.

Results will be discussed amongst Nursing Team, and any corrective actions will be followed through.

Proposed Timescale: 31/12/2016

Outcome 03: 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:

Not all resident had access to TV in their preferred location. Remote controls were not available for all TVs.

6. Action Required:

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

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

Access to television will be re-visited in the current environment and changes implemented if the environment allows. This issue will be addressed in the current National development plan 2016 - 2021 for Community Hospitals.

Access to Daily Newspapers, DVD's, Daily Mass from the local Church and cinema evenings available as per personal choice.

Proposed Timescale: 30/11/2016

Theme:

Person-centred care and support

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

Residents in the large multi-occupancy rooms had little opportunity to undertake any activities in private as rooms led into each other and people were seen passing from one room to another through the interlinking corridor.

In addition, when visitors were present with residents in the bedroom other residents residing there had no privacy.

7. 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:

(1) Every opportunity for Residents to carry out activities in private are facilitated to the best of the ability of the staff in the unit. (2) We are awaiting the new development and the re-configuration of the existing building which is at stage two A of the design phase. We will pull screens around the resident to maintain privacy, while in bed during the day, if he/she wishes.

We will consult with residents who are up by day, and ask could their visitors meet with them in an alternative area, to avoid too much noise in the shared bedrooms.

Proposed Timescale:

(1) 21 / 11 / 2016

(2) 31 / 12 / 2018

Proposed Timescale: 31/12/2018

Theme:

Person-centred care and support

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

A resident with communication issues which effected the resident's behaviour in a negative manner impacted negatively on the health and safety and lives of other residents in the centre.

8. Action Required:

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

Use of single room will be prioritized for Residents who may call out or disturb other residents, especially at night, as this may cause distress.

- Residents with communication difficulties are assisted to communicate freely
- With the use of aids and appliances,
 - With thorough assessment and appropriate response to identified needs.
 - Reassurance and regular observation.
 - Every effort will be made by staff to attend to the needs of the resident with dementia, prior to the need for him/her to call out to communicate an unmet need.
 - Personalisation of space at bedside will be enhanced, in an effort to provide the resident with dementia, pictures of loved ones, to provide comfort.
 - Resident Moved to a single room 17/10/16
 - Advocate involved
 - Liaised with National blind council 21/10/16

Proposed Timescale: 30/11/2016

Theme:

Person-centred care and support

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

Not all residents had their clothes located in an accessible location. Some extra wardrobe space was located in a store room.

9. Action Required:

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

Where space allows within the bedrooms, wardrobes will be purchased or built in to accommodate residents personal belongings.

Proposed Timescale: 31/01/2017

Theme:

Person-centred care and support

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

Not all residents had adequate space to store and display personal items. In addition, not all possessions could be stored in the limited space provided, for example coats were seen hanging behind the fixed screen by the bed of one resident, bags of person items were seen under chairs and on the pipe work behind some beds.

10. 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 plans have progressed to stage 2A of the design project ie. gone for planning permission.
Where space allows within the bedrooms, further wardrobes will be purchased or built in to accommodate Residents' clothes.

Proposed Timescale: 31/12/2018

Theme:

Person-centred care and support

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

Linen which had been laundered had yet to be returned to a number of residents and was seen stored in bags in a wardrobe belonging to another resident.

11. Action Required:

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

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

A member of staff has been assigned the task of returning laundry to each resident, when it comes back from the Laundry

Proposed Timescale: 04/11/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Due to the very high needs of a number of residents staffing levels were depleted at times due to the requirement of one to one care when incidents occurred.

12. 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:

Staffing is planned appropriately, and in advance to ensure adequate number and skill mix, appropriate to the needs of the residents.

Access to relief staff is utilised when possible.

When one to one care is required, it is provided where possible. The other team members continue to provide essential care

Proposed Timescale: 21/11/2016

Theme:
Workforce

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

Records required to be included in the staff files as per schedule 2 of the regulations were not all included in the sample of staff files reviewed.

13. Action Required:

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

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

Records for all staff as set out under regulation 21(1) as per schedules 2,3,4 will be available for inspection.

Proposed Timescale: 30/11/2016

Outcome 06: 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 did not conform to the requirements of schedule 6 of the regulations.

For example among other issues as outlined in the report:

- there was no bath available
- residents did not have space for belongings and possessions.
- the multi-occupancy rooms did not afford space for residents in which their privacy and dignity could be maintained.

14. 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 plans have progressed to stage 2A of the design project ie gone for planning permission. These plans 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).

In the interim:

Where space allows within the bedrooms, further furniture will be purchased or built in

to accommodate residents personal belongings.
Screens will be used in rooms to provide as much privacy as possible to residents.

Proposed Timescale: 31/01/2017