

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	New Houghton Hospital
Centre ID:	OSV-0000603
Centre address:	Hospital Road, New Ross, Wexford.
Telephone number:	051 420 553
Email address:	annem.roche@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	5

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.

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 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: 16 November 2016 09:30 To: 16 November 2016 16:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from a monitoring inspection carried out on 11 November 2015 and to monitor progress on the actions required. This inspection also considered information received, notifications forwarded by the provider and other relevant information.

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as policies and procedures care plans and medication management practices. This inspection evidenced significant improvement in quality of care and management systems. There was evidence of progress in many areas by the provider and person in charge in implementing the required improvements identified at the last inspection.

Healthcare support staff, nursing and ancillary staff were well informed and were observed to have friendly relationships with residents. Staff who spoke with the inspector could convey a comprehensive understanding of individual residents'

wishes and preferences. Quality of life and wellbeing was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated by actively engaging in their care programmes and in social activity. There was a varied programme of activities and a dedicated activities coordinator was now available to ensure activities took place as scheduled.

Overall the inspector was satisfied that the person in charge, provider and management team were committed to ensuring the centre was in substantial compliance with current legislation and that residents were safe and well cared for. A total of ten outcomes were inspected. The inspector found nine outcomes were compliant and one outcome was substantially compliant with the Regulations.

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):

No actions were required from the previous inspection.

Findings:

Effective management systems were seen to be in place in the centre during the inspection. The person in charge was suitably qualified and demonstrated a satisfactory knowledge of the Regulations. The inspector observed that there were sufficient resources in place to ensure the delivery of safe and quality care to the residents with the present skill mix and staffing levels.

The inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. Appropriate resources were allocated to meet residents' needs. These included appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses.

There was an organisational structure in place to support the person in charge which included a clinical nurse manager on each floor. There was a reporting system in place as observed by the inspector to demonstrate and communicate the service was effectively monitored and safe between the person in charge, the provider nominee and all staff. The inspector saw that there was a detailed audit schedule in place.

The inspector reviewed audits completed by the person in charge and staff. The areas reviewed included medication management, documentation, care records, bed rail, hygiene, hand hygiene and pain management in dementia. The person in charge discussed improvements that were identified with staff and an action plan to improve compliance was outlined as observed by the inspector.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place for 2015. The inspector observed that the action

plan for quality improvement initiatives for 2016 as outlined in the annual review had been completed. Resident satisfaction surveys, food surveys and sleep surveys had just been completed during 2016, the results of which indicated satisfaction with the service provided.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not changed since the time of the last inspection. She provided a good standard of governance and clinical leadership to the staff team in all aspects of care delivery. She was suitably qualified as a registered nurse and had the authority accountability and responsibility for the provision of the service. The inspector found that she was well informed about residents and person centred in her approach.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge works on a full time basis and is supported by clinical nurse managers. A clinical nurse manager assumes responsibility of the designated centre in the absence of the person in charge.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with Health Service Executive (HSE) procedures which incorporated the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (2014). 98% of staff had received training in HSE national policy of safeguarding vulnerable persons at risk of abuse.

Staff who spoke with the inspector demonstrated a good understanding of elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. Residents spoken with stated that they felt safe in the centre. There was a visitors log in place. Garda Síochána vetting was available for all staff members.

There were policies in place on behaviours that challenge and the use of restrictive practices. Supporting assessment tools were available. The inspector saw that incidents were being reported and evidence based tools, such as ABC (Antecedent Behaviour Consequence) charts, were used to log and monitor behaviour to track trends and aid understanding of the behaviour. 98% of staff had received training in challenging behaviour and 80% of staff were trained on the restraint policy. There was a consent policy in place and all staff had received training in this policy as observed by the inspector.

The use of restraint had decreased since the last inspection. On the previous inspection in November 2015, 30 residents had bed rails in place. On this inspection there were 19 residents with bed rails in use. The inspector saw that eight low low beds had been purchased and crash mats were in use. The use of lap belts had reduced from three to two currently in use and the inspector was satisfied that these were in place to promote the safety and welfare of residents. There were no residents prescribed psychotropic medications on a p.r.n (as required) basis. The inspector observed application of a good standard of assessment and care planning in this area. There were clear assessments in place to reflect their use and alternatives tried prior to their use were clearly recorded.

The system in place to manage residents' finances was not reviewed on this inspection as this line of enquiry was compliant on a previous inspection. The person in charge told the inspector that an audit had been completed on residents' monies the previous week and it was compliant.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that the health and safety of residents, staff and visitors in the centre was promoted and protected. There was an up-to-date health and safety statement dated June 2016. There was a risk management policy that was in line with the Regulations. There was information on general hazard identification and a risk register that outlined general and clinical risk areas. The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency.

Measures were in place to prevent accidents in the centre. A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced on a regular basis. Directional signage was visible in prominent places. Means of escape and fire exits were unobstructed as observed by inspector. All staff were trained in fire safety and those who spoke with the inspector knew what to do in the event of a fire. The inspector saw that regular fire drills had been completed throughout the year.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described within the national incident management system. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where residents sustained unwitnessed falls.

Falls and incidents reported were reviewed, trended and analysed by the clinical risk manager and a report was issued to the person in charge. These are discussed at quality and safety meetings as observed by the inspector. The inspector also observed that other satisfactory measures were in place to mitigate all risks associated with falls such as environmental measures, staffing ratios, physiotherapy and occupational therapy referrals. The inspector saw that falls were currently at a minimum level in the centre.

All staff had been trained in manual handling and appropriate practices were observed by the inspector. The centre had an infection control policy in place. The inspector saw that the centre was visibly clean. Staff were trained in infection control and inspectors observed that adequate sanitising gels, hand washing facilities, gloves and aprons were provided. Regular hygiene and hand hygiene audits were completed as observed by the inspector. There were sluice rooms on each floor.

Judgment:

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:

On the previous inspection it was found that there was no agreed maximum or minimum stock levels to ensure that adequate stock is maintained and not excessive. This action was complete.

The inspector found that there were safe systems in place for the management of medication. There was clinical space where medication trolleys and supplies of medication were securely stored. Fridges used to store medication products were functioning at an appropriate temperature which was checked and recorded daily by staff.

Staff were well informed about the medication in use and residents' medication regimes. Resident's medication was noted to be reviewed every three months by the GP, nursing staff, by specialist services or when residents' needs changed.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a stock balance and found that it was correct.

The inspector observed that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. There were procedures in place for the handling and disposal of unused and out of date medicines. 100% of staff had completed medication management training.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. For example prescribing of medications required to be crushed had been individually prescribed by the prescriber. The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

The inspector was informed that stock control was monitored by the pharmacist and the inspector saw that there were minimum stock levels in operation. There was a checking system in place for medication supplied to the centre and this was undertaken by nursing staff.

Judgment:

Compliant

<p>Outcome 10: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to HIQA as required.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11: Health and Social Care Needs <i>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.</i></p>
<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that a good standard of personal care and appropriate medical and allied health care access was in place. A new paper based care planning system was in place. The inspector reviewed a sample of five care plans and found that assessment and care planning was specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the needs of residents</p> <p>There was evidence that timely access to health care services was facilitated for all residents. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. 50% of residents had a diagnosis of</p>

dementia. There was one general practitioner (GP) dedicated to attending to the needs of the residents and an "out of hours" GP service was available if required. The records reviewed confirmed that residents were assisted to achieve and maintain the best possible health through medication reviews, blood profiling and other diagnostics when required. There was good supervision of residents in communal areas and good staffing levels to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff.

Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had on going access to allied healthcare professionals including dietetics, speech and language therapy, diabetic clinics, chiropody and physiotherapy. Since the previous inspection all residents had been assessed by the occupational therapist and three new chairs had been purchased. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians.

Recognised assessment tools were used to identify residents care needs, evaluate progress and assess risk factors such as vulnerability to falls, dependency levels, compromised nutritional status, risk of developing pressure sores and moving and handling needs. There was a record of the resident's health condition and treatment given completed daily as required by the Regulations.

The inspector reviewed a sample of resident's care plans and certain aspects within other care plans such as wound management, residents with compromised nutritional status and care plans related to residents with dementia. In the sample of care plans reviewed there was evidence that the care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in care plans.

The inspector reviewed in detail a care plan of a resident receiving wound management. There was evidence that the wound had been assessed and dressed in accordance with good practice guidance. There was a wound management policy which guided the staff in the prevention and management of wounds. The inspector saw that records outlined the size and extent of the tissue damage, the dressings in use and progress each time the dressing was changed. Staff were well informed on wound care practice. Expert advice was available from nursing staff in the acute services and externally that had specialist expertise in this area.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. There were group and one to one recreational activities scheduled daily to meet the needs of residents. Timetables for these activities were displayed throughout the centre. This is further outlined under Outcome 17.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

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

Findings:

Only the actions arising from the previous inspection were considered as part of this inspection. On the previous inspection it was found that the majority of residents were accommodated in four bedded rooms therefore the option of a single room in the event of more than one resident requiring end of life care could not always be guaranteed for residents.

On this inspection the inspector saw that there was a dedicated end of life room on each floor which were decorated to a high standard. Residents now had the option of a single room if required and these rooms also facilitated family and friends to be with the resident overnight if they wished.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A new activities coordinator had been appointed and she worked 20 hours over a four day period. The community employment programme also provided community employment placement workers and they provided activities in conjunction with the activities coordinator. There was a revised activities programme in place and this was

displayed on each floor. The programme included both group and individual activity sessions.

It was found to reflect the interests of residents and it included arts and crafts, bingo, knitting and movie afternoons. The inspector observed that dementia relevant activities were included in the programme such as imagination gym and sonas (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation). The inspector spoke with the activities coordinator who had been recently appointed. The inspector found that she was enthusiastic and dedicated to improving quality of life for residents.

The inspector sat and observed the knitting club session for a period of time and found that all residents interacted with her, other residents and relatives. The inspector also noted that the management team had completed their own quality of interaction schedule or (QUIS). One to one time was scheduled for residents with more severe dementia or cognitive impairment or who would not participate in the group activities. A residents' committee was in operation and the last meeting had taken place on 10 November 2016. Advocacy services were available to residents.

The activities coordinator was undertaking advocacy training with SAGE. There was a coffee morning held in May 2016 which had been facilitated by the Alzheimer's society. There was evidence that residents had gone on some outings during the summer and there were forthcoming trips planned during the winter also. The inspector observed that many residents like to sit in the enclosed garden.

Satisfaction surveys had been completed in 2016 which indicated overall satisfaction with the services provided. There was a communication policy in place. The inspector observed that staff wore red name badges on their uniform which enhanced their names. Staff told the inspector that residents found it easier to read their names with these badges.

Overall, while the inspector found that residents had opportunities to participate in meaningful recreation it was limited to Monday to Friday. Weekend activities and/or stimulation was dependent on health care staff to facilitate for residents.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector viewed rosters for staffing levels, which reflected actual staff provision on the day of the inspection. From observations during the inspection and discussions with residents and staff, the inspector found that the number and skill mix of staff of staff was appropriate to the assessed needs of residents and the size and layout of the centre. Good interactions were observed between staff and residents who chatted with each other in a relaxed manner. Staff spoken with were knowledgeable of residents' individual needs. There was adequate staff supervising communal areas as observed by the inspector.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' condition. There was evidence of regular staff meetings taking place. The inspector observed that staff appraisals took place on an annual basis. Good supervision practices were in place with the nurses visible on each floor providing guidance to staff and monitoring the care delivered to residents. Residents told the inspector that they were very well cared for by staff.

Staff demonstrated to the inspector their knowledge in a number of areas for example, infection-control, fire safety, adult protection and caring for residents with dementia or responsive behaviours. Staff who spoke with the inspector confirmed that they were supported to carry out their work by the person in charge.

Records reviewed confirmed that all staff had mandatory education and training in place. Staff had also been provided with education on a variety of topics, such as pain management in dementia, responsive behaviours, infection control; two nurses had completed dementia champion modules and medication management. This enabled staff to provide care that reflects current best practice. Staff spoken with told the inspector their learning and development needs were being met and they demonstrated a good knowledge of policies and procedures.

Staff recruitment procedures were in place and included vetting of staff. A sample of staff files were examined by the inspector and were found to contain all of the necessary information required by Schedule 2 of the Regulations.

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:

Ide Cronin
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:	New Houghton Hospital
Centre ID:	OSV-0000603
Date of inspection:	16/11/2016
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 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:

The inspector found that residents had opportunities to participate in meaningful recreation. However, it was limited to Monday to Friday. Weekend activities and/or stimulation was dependent on health care staff to facilitate for residents.

1. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for

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

occupation and recreation.

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

Following a resident survey recently, it was noted that the preference was that there would be no organised activities on Sundays other than special events. On this basis it is agreed that there will continue to be organised activities over six days with choice given to residents with regard to Sunday activities.

Proposed Timescale: 28/11/2016