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:	Ennistymon Community Hospital
Centre ID:	OSV-0000608
Centre address:	Dough, Ennistymon, Clare.
Telephone number:	065 707 1622
Email address:	annamarie.nagle@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maria Bridgeman
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	3

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:
24 August 2016 09:00	24 August 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	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of a monitoring inspection, which took place to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place on one day.

As part of the inspection the inspector met with residents, relatives, the person in charge and staff. The inspector observed practices and reviewed documentation such as care plans, medical records, health and safety records, incident logs, complaints logs, policies and procedures.

On the day of inspection, the inspector was satisfied that the nursing and healthcare needs of residents were being met.

The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents and relatives spoken with were very satisfied with the service provided.

The provider and person in charge demonstrated a continued commitment to

meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Phase one of the new development which comprised of four twin bedrooms with assisted shower en suite facilities was completed and occupied. Residents and staff spoken with stated that they were delighted with the new facilities.

Phase two of the building works was almost completed. It included a separate designated smoking area, a sitting room, eight single bedrooms with en suite facilities, a visitors' toilet and storage facilities. Plans were in place to develop a larger dining space within the existing original building. On completion of these works many of the issues relating to the premises referred to in the action plan will be addressed.

The inspector noted that conditions of registration were being adhered to and no new long stay residents had not been admitted to the multi occupancy bedrooms.

Areas identified for improvement included inconsistencies in the nursing documentation, the location of the designated smoking area in the front conservatory, inadequate communal space for residents and visitors, inadequate dining space, the size and layout of multi-occupancy rooms. These are contained in the Action Plan at the end of this report.

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:
The provider had established a clear management structure. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included a clinical nurse specialist (CNS), a clinical nurse manager 2 (CNM2), a CNM1, risk advisor, infection prevention and control manager, business manager and senior operations manager. The management team were in regular contact. The person in charge met with the CNM on a weekly basis to review and discuss the individual care needs of all residents. The weekly review included discussion on pain, restraints, psychotropic medications, sleeping tablets, indwelling catheters and significant events. There were established regular meetings of persons in charge to discuss issues of concern and share learning. Formal management meetings took place on a regular basis.

The person in charge worked full time and had the appropriate experience and qualifications for the role. The CNM2 deputised in the absence of the person in charge. There was an on call out of hours system in place.

The person in charge told the inspector that she continued to be well supported in her role that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

Systems were in place to review the safety and quality of care. There was an audit schedule in place, recent audits completed included medication management, falls, care planning, infection control and hand hygiene. Recommendations were documented and quality improvement plans were in place. The results of audits were discussed with staff and there was evidence of learning and improvement as a result. A review of performance against the National Standards for Residential Services for Older People in Ireland had been completed for 2015. Some improvements had been identified and an

improvement plan was in place.

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 is a registered nurse with the required experience in the area of nursing older people. She has been working in the post since March 2014 and she works full time. She was on call at weekends and out of hours.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Standards and her statutory responsibilities. She was very knowledgeable regarding the individual needs of each resident.

The person in charge had maintained her continuous professional development having previously undertaken a BA in Health Services Management, she recently completed training in food safety management training (HACCP), crisis prevention intervention and risk management. She had also attended a managers development programme.

The person in charge was actively engaged in the governance of the service and accepted responsibility and accountability for its governance, operational management and administration. Suitable governance arrangements were in place in the absence of the person in charge. The CNS deputised in the absence of the person in charge. There was always a clinical nurse manager or senior staff nurse on duty to supervise the delivery of care.

The inspector observed that the person in charge was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

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:
The provider/ person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on the prevention, detection and responding to abuse. Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education in relation to recognising and responding to elder abuse. Further training on the national safeguarding policy was scheduled for September 2016.

The inspector reviewed the policies on responding to behaviours that challenge and use of restraint. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The inspector reviewed a sample of files of residents who presented with behaviours that challenged and noted that care plans were in place and episodes of behaviour were being logged using an ABC chart in line with policy. However, inconsistencies were noted in that some care plans did not outline clear guidance for staff regarding the known types of behaviour displayed and clear strategies for dealing with the behaviours. Staff spoken with knew the residents well and were able to describe individual behaviours and strategies for dealing with them but these were not always reflected in the care plans. Inconsistencies in the nursing documentation are discussed further under Outcome 11 Health and social care needs.

The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment. There were six residents, some at their own request using bedrails at the time of inspection. The inspector noted that risk assessments and care plans were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded. Alternatives such as low low beds and sensor mats were also considered and used for some residents. All staff had received training on behavioural and restraint management. The use of bed rails was regularly reviewed and discussed weekly. The inspector noted some inconsistencies in the nursing documentation in that the rationale for use of bedrails was not always clear.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
The provider had systems in place to protect the health and safety of residents, staff and visitors, most actions required from the previous inspection had been addressed but the location of the designated smoking area was still a risk.

There was a health and safety statement available. Systems were in place for regular review of risks, all risks were discussed/reviewed at the two monthly staff meetings. The designated smoking area continued to be located in the entrance conservatory. There was inadequate ventilation to this area as the smoke could not be contained in this area and spread throughout the building. The inspector noted that phase two of the building works was now almost complete and included a separate well ventilated designated smoking area.

The inspector reviewed the emergency plan which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The inspector observed good practice in relation to moving and handling of residents during the inspection.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in August 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in August 2016. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training.

Handrails were provided to all circulation areas and grab rails were provided in all toilets

and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. The building was found to be clean and odour free. All staff had recently completed training in infection control/ hand hygiene. There was a monthly infection control audit schedule in place and monthly infection prevention control meetings took place to discuss and review all infections.
The inspector spoke with housekeeping staff regarding cleaning procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals.

Judgment:
Non Compliant - Moderate

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:
The inspector found evidence of good medication management practices and sufficient policies and procedures to support and guide practice. The medication management policy had been updated following the last inspection to provide comprehensive guidance.

The inspector spoke with nursing staff on duty regarding medication management issues. They demonstrated competence and knowledge when outlining procedures and practices on medication management.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medication prescribing/administration sheets. All medications were regularly reviewed by the general practitioners (GP).

Systems were in place to record medication errors which included the details, outcome and follow up action taken. Staff were familiar with them.

Systems were in place for checking medications on receipt from the pharmacy and the return of unused/out-of-date medications to the pharmacy.

Regular medication management audits were carried out by the qualified nurse transcribers. A recently completed audit reviewed indicated good compliance. All nursing staff had attended a medication management study day during 2015 and some nurses had recently completed on line medication management updates.

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

Findings:
The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to a general practitioner (GP) services. The GP visited the centre five days a week. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that the GP reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk, presenting with behaviours that challenge and with wounds. See Outcome 7 Safeguarding and safety in relation to management of restraint and behaviours that challenge.

Up-to-date nursing assessments were in place for all residents. A range of up-to-date

risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency and manual handling.

The inspector noted many inconsistencies in the nursing documentation. Some of the care plans reviewed were found to be generic, some sections were inappropriate while other sections were incomplete. The care plans in some cases did not clearly guide the care of the resident. Recommendations from allied health services such as SALT and dietician were not always reflected in residents care plans. Nursing staff spoken with were very knowledgeable regarding the individual needs of residents and clearly described the care delivered but this was not always reflected in the care plans.

The person in charge and the CNM told the inspector that they had commenced working on updating nursing documentation to ensure more person centred individualised care plans. The person in charge undertook to ensure that this work would be prioritised and completed quickly. She advised that the care plan audit tool in use required updating to ensure that the content of each care plan was also reviewed.

The inspector was satisfied that wounds were being well managed. There were adequate up-to-date wound assessments and wound charts in place.

The inspector was satisfied that weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed.

Judgment:
Non Compliant - Moderate

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:

The inspector noted that further improvements had been carried out to the premises since the previous inspection. Phase one of the new development was completed and occupied, phase two was almost completed. Phase one comprised of four twin bedrooms each with assisted shower en suite facilities. There was a sluice room, nurses' office and linen store. The new extension was finished to a high standard.

The inspector was shown around phase two of the new extension which was nearing completion and due to handed over by the builders in the coming week. It included a separate designated smoking area, a sitting room, eight single bedrooms with en suite facilities, a visitors' toilet and storage facilities.

The person in charge advised the inspector that plans were in place to redesign and convert the 'Ragairne ' room to a dining room for residents.

The size and layout of multi-occupancy rooms did not meet all the needs of residents. The inspector noted that while staff were sensitive to residents' rights for privacy and dignity, the physical environment posed significant challenges when delivering personal care; attending to residents' care needs and communicating in privacy.
Residents' in the eight-bedded rooms had limited space for the storage of personal belongings.

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):
No actions were required from the previous inspection.

Findings:
During the inspection, staffing levels and skill mix were sufficient to meet the assessed needs of residents. There were four nurses, a clinical nurse manger and two care staff on duty in the morning and afternoon, two nurses and two care staff on duty in the evening and two nurses and one care staff on duty at night time. The person in charge and CNM2 were normally on duty during the day time Monday to Friday.

Nursing registration numbers were available and up-to-date for all staff nurses.

The management team were committed to providing on going training to staff. There was a training plan in place for 2016. All staff had up to date mandatory training in fire safety, manual handling and recognising and responding to elder abuse. Staff had recently completed further training in crisis prevention intervention, infection control, food safety, dysphagia, falls management, risk management and assessment and end of life care.

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:

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Inspector of Social Services
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Health Information and Quality Authority
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:	Ennistymon Community Hospital
Centre ID:	OSV-0000608
Date of inspection:	24/08/2016
Date of response:	19/09/2016

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 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The rationale for use of bedrails was not always clear.

1. 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.

[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:
Bed rail use is the only form of restraint used in Ennistymon Hospital and is guided by the National policy on the use of restraint in designated residential care units. The care plan specific to this identified need has been updated to ensure the rationale for the use of bed rails for each resident is clear, individual, person centred and detailed.

Proposed Timescale: Immediately/ Complete.

Proposed Timescale: 19/09/2016

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:
The location of the designated smoking area in the front conservatory was still an open risk.

2. Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
Phase 2 of the building works include a separate well-ventilated designated smoking room. The front conservatory presently used will revert back to a non-smoking communal space. Windows are opened when appropriate to provide as much ventilation as possible.
All residents who smoke have had individual risk assessments completed

Proposed Timescale: 30/11/2016

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were many inconsistencies in the nursing documentation. Some of the care plans reviewed were found to be generic, some sections were inappropriate while other sections were incomplete. The care plans in some cases did not clearly guide the care of the resident. Recommendations from allied health services such as SALT and dietician were not always reflected in residents care plans. Nursing staff spoken with

were very knowledgeable regarding the individual needs of residents and clearly described the care delivered but this was not always reflected in the care plans.

3. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
Care plans are being changed from pre-populated generic plans to person centred individualised care plans. The person centred individualised focus will ensure that care delivered is clearly documented and specific to each residents individual needs. Recommendations following assessment by allied health professionals will be clearly recorded in the updated care plans. The care plan audit tool will be revised to ensure the content of residents care plans reflect their individualised care needs as assessed and delivered.

Proposed Timescale: 28/10/2016

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 layout and design of some multiple-occupancy rooms and the location of two day rooms were not suitable for its intended purpose.
There was inadequate dining space provided to meet the needs of all residents.
The designated smoking area continued to be located in the entrance conservatory.
The size and layout of multi-occupancy rooms did not meet all the needs of residents.

4. 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:
Phase 2 of the building works scheduled for completion in October 2016 will provide 8 single bedrooms with en-suite facilities. This will negate the use of the multi-occupancy rooms.
Phase 2 will provide a designated smoking room which will allow the front conservatory to revert to a non-smoking communal area.
The 'Ragairne' room will be re-designed and converted to a dining room for residents.

Proposed Timescale: 30/11/2016 for bedrooms and smoking room.
30/04/2017 for re-designed dining room

Proposed Timescale: 30/04/2017