

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Gorey District Hospital
Centre ID:	OSV-0000676
Centre address:	McCurtin Street, Gorey, Wexford.
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Email address:	Barbara.Murphy@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):	Mary O'Donnell
Type of inspection	Unannounced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	8

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: 13 July 2016 08:30 To: 13 July 2016 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection, the inspector met with residents and staff members. The purpose of this inspection was to monitor on going compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspector also followed up on the action plan from the previous inspection of November 2014.

The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The centre provided care for short stay residents for example residents admitted for respite, convalescent, palliative care and residents waiting long stay placements. There was a clear management structure in place. Management systems were in place to ensure that the service to be provided was safe, appropriate to residents' needs, consistent and effectively monitored. Residents expressed satisfaction with services and the care provided and staff interactions with resident interactions were observed to be respectful and supportive.

There was evidence of individual residents' needs being met. The inspector found that the residents were well cared for and that their nursing and care needs were being met. Residents had access to general practitioners (GP) and allied health professionals to include speech and language therapist, dietetic service and occupational therapy were available.

A total of ten outcomes were inspected. The inspector judged seven outcomes as compliant, one was judged to be moderate non compliant and a further two as substantially in compliance with the Regulations. The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

As part of the inspection process the inspector reviewed the statement of purpose and found that it consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which are to be provided for residents. It also contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Compliant

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 inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. There was an organisational structure in place

to support the person in charge. There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge and nurse manager. The clinical nurse manager worked on the floor both day and night supervising staff and directly in the delivery of care to residents.

The inspectors viewed audits completed by the nurse manager which included medication management, nursing care plan documentation, hand hygiene and food satisfaction surveys. A recent satisfaction survey completed by residents indicated that the results were very positive towards the staff and the service.

An overall report of the annual review of the quality and safety of care delivered to residents for 2015 was made available to the inspector the day following inspection. There was no evidence that the annual review was completed in consultation with the residents and their families. A copy of this review is required to be made available to residents in accordance with legislation.

The centre was adequately resourced. There was appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses. In 2015 a new sensory garden had been completed, the unit had extensive paint work completed, electrical work had been completed with lights and bells over all beds, dining room and sitting room were upgraded for residents.

Judgment:
Substantially Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
Only the component of the contracts of care was reviewed as part of this inspection. The inspector read a sample of completed contracts and saw that they adequately met the requirements of the regulations as they included adequate details of the services to be provided and the fees to be charged.

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 has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was well known by residents as observed by the inspector. The person in charge could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately. There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. The person in charge is supported by a clinical nurse manager.

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 inspector found that there were measures in place to safeguard residents and to protect them from abuse. The HSE policy on safeguarding vulnerable persons at risk policy was in operation. The person in charge was a train the trainer and facilitated training in relation to safeguarding vulnerable persons awareness programme. On the day of inspection there were no allegations of abuse being investigated. Staff spoken to by the inspector confirmed that they had received recent training on safeguarding vulnerable persons at risk, and were familiar with the reporting structures in place.

There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of

residents. Staff confirmed that there were no barriers to raising issues of concern. The inspector spoke with some residents during the inspection who were satisfied with the overall level of care being provided, and stated that any concerns they raised were addressed.

The policy on restraint was based on the national policy on promoting a restraint free environment. The inspector reviewed a sample of assessments that underpinned physical restraint practice (bed rails). Restraint measures in place included the use of bedrails by 50% of residents on the day of inspection. There was a risk assessment completed prior to the use of the restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative. However, further work is required in exploring alternative options prior to using a restraint measure to promote a restraint free environment in line with the national policy.

There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. Residents' finances were managed in line with the HSE, private property accounts procedures and subject to audit. There was a policy on management of behavioural symptoms associated with dementia dated October 2015. Some staff had received training in dementia care. A staff nurse told the inspector that there was good access to mental health services and the community psychiatric nurse would regularly come to the centre for advice and support.

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):

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

Findings:

The fire policies and procedures were centre-specific. There were notices for residents and staff on "what to do in the case of a fire" throughout the building. The inspector viewed records which showed that fire training was provided to staff on an on going basis. Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire. However, records did not evidence simulated fire drills are undertaken to reflect a day or night time situation when staffing levels are reduced. Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided and were serviced annually. The inspector noted that the means of escape and exits were unobstructed.

The governance arrangements to manage risk situations were specified. Responsibility

for health and safety procedures and an organisational safety structure was included in the risk management policy. All risk assessments had been revised in June 2016. There was a centre-specific health and safety statement in place dated 2014. There was a risk management policy and a register of risks, detailing the precautions in place to control them. Arrangements were in place for investigating and learning from serious/adverse events involving residents. The risk management policy met the requirements of legislation.

Personal protective equipment, such as gloves and aprons, and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. Staff had completed hand hygiene training. Regular hand hygiene audits were conducted and the results of these audits were displayed in the front reception. Overall satisfactory procedures consistent with the standards published by HIQA were in place for the prevention and control of healthcare associated infection.

The training records showed that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents needs. Each resident's moving and handling needs were identified and outlined in an assessment. Other clinical risk assessments that were undertaken, included falls risk assessment, assessments for dependency and continence. The provider has contracts in place for the regular servicing of all equipment.

The inspector saw that accidents and incidents were reviewed and there were comprehensive details of the situation and the actions taken at the time of an incident. There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission. Measures were in place to mitigate any risks associated and identified further to incidents which took place.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedure to follow in the event of an emergency. For example, it identified alternative accommodation where residents may be relocated too should a full evacuation of the centre be required.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. The inspector saw that practice was supported by a comprehensive medication management policy. The inspector reviewed a sample of medication administration charts. All items had been individually prescribed and signed by the doctor. There was photographic identification on the sample of charts examined. The prescription sheets were designed so that they had to be renewed every 12 weeks.

Medications were ordered from the pharmacy in Wexford General Hospital and generally delivered on one day per week. A general stock of medications was maintained for all residents with the exception of residents' receiving respite care, who brought their own medications with them.

The management of controlled drugs was in line with legislative requirements. There was appropriate secure storage available and the supply was checked and a record maintained by two nurses, one from each shift as required. Medications requiring refrigeration were appropriately stored and the fridge temperature was monitored daily.

Medication prescribed on an "as required" PRN basis was identified clearly and the maximum dose to be administered in a 24 hour period was outlined. Medication that had to be administered in crushed format was appropriately prescribed where this applied. The inspector saw that medication management audits were being carried out on a regular basis by the clinical nurse manager and results were on the notice board. The last audit had been completed on 13 July 2016. All staff nurses involved in the administration of medications had undertaken medication management training.

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):

No actions were required from the previous inspection.

Findings:

The centre had sufficient GP cover and an out of hour's service was also provided. A contract was in place with three GP practices in the local town. Each practice was responsible during a month period for assessing newly admitted residents during that period. Residents were seen by a GP within 24 hours of admission. Records confirmed that residents were reviewed regularly by a GP which included regular medication reviews and the GPs visited very frequently if a resident was receiving palliative end of life care.

Residents had assessments completed on admission which included; dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination. These assessments were generally repeated on a three-monthly basis or sooner if the residents' condition had required it. However, the inspector found that further improvements were found to be required to ensure the care plans informed any necessary interventions to meet residents' assessed needs. For example when a need such as pain was identified, there was no correlating assessment tool with the plan of care. This would ensure that care was delivered in accordance with contemporary evidence based practice.

There was a policy on end of life care which addressed all physical, emotional, spiritual and social needs of residents at end of life and promotes respect and dignity for dying residents. The practice was informed by the centre's policy on end of life care which in turn was informed by national policy such as hospice friendly initiatives. Staff had received some training in end of life care.

The person in charge and staff demonstrated an in-depth knowledge of the residents and their needs and this was reflected in the care plans. There was evidence of resident/ relative involvement in the residents care and in care planning. Overall, the inspector was satisfied that facilities were in place so that each resident's well-being and welfare was maintained by an adequate standard of evidence-based care and appropriate medical and allied health care.

There were opportunities for residents to partake in activities. Healthcare assistants directed the activities on a daily basis which was informed by what the residents wanted to do on the day. Some residents told the inspector that they enjoyed bingo and music. Since the previous inspection an enclosed sensory garden has been developed and the inspector observed some residents outside in the garden on the day of inspection.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a local policy and procedure in place to ensure complaints were monitored and responded to. Formal complaint procedures and appeals details were outlined in the HSE complaints policy 'your service your say'.

The inspector reviewed the complaints procedure and noted that leaflets were displayed inside the main entrance. There was a designated individual was nominated with overall responsibility to investigate complaints. A complaints log was in place which contained the facility to record all relevant information about complaints. A suggestion/comments box was located on the wall in the entrance lobby.

Judgment:

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):

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

Findings:

The inspector found that there are appropriate numbers and skill mix to meet the assessed needs of residents and to the size and layout of the designated centre. Residents confirmed that staff provided a good standard of care and were attentive to all their care needs, and communicated well at all times. The inspector reviewed the staff rota and found that there is enough staff on duty seven days per week to meet the specific needs of residents outlined in the statement of purpose while taking into account the size and layout of the centre and the rate of planned admissions.

Staff have up-to-date mandatory training. Staff had received a range of training suitable to meet the assessed needs of residents. For example, dementia care, end of life care, infection control, health and safety training. The inspector talked to varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported by the management team.

Good interactions were observed between staff and residents who chatted with each other in a relaxed manner. There were adequate staff supervising the dining room during lunch to ensure that each resident was assisted in a timely fashion. The inspector observed that call-bells were answered in a timely fashion.

The inspector saw records of regular meetings between management and staff at which operational issues were discussed. Staff told the inspector that copies of the Regulations and the standards had been made available to them. Staff were aware of the policies and procedures of the centre. Recruitment was not carried out at a local level. There was a national HSE policy for the recruitment, selection and Garda Síochána vetting of staff. As staff files were compliant on the previous inspection they were not reviewed on this inspection.

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:	Gorey District Hospital
Centre ID:	OSV-0000676
Date of inspection:	13/07/2016
Date of response:	29/07/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was no evidence that the annual review was completed in consultation with the residents and their families.

1. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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:

The quality annual review has been discussed with staff , residents and friends of Gorey Hospital.

Proposed Timescale: 26/08/2016

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:

Records did not evidence simulated fire drills are undertaken to reflect a day or night time situation when staffing levels are reduced.

2. Action Required:

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

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

Fire drills will take place on two monthly basis to ensure compliance with Regulation 28 . 100% of the staff are trained in fire safety .

Proposed Timescale: 05/08/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

The inspector found that further improvements were required to ensure the care plans informed interventions any necessary to meet residents' assessed needs. For example when a need such as pain was identified, there was no correlating assessment tool with the plan of care.

3. 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).

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

All care plans and assessment tools have been reviewed. A pain assessment tool has been included in the care plans that require it, and education has been provided to staff

by the clinical nurse manager.

Proposed Timescale: 20/07/2016