

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Baltinglass Community Hospital
Centre ID:	OSV-0000485
Centre address:	Baltinglass, Wicklow.
Telephone number:	059 648 1255
Email address:	carol.gannon@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Dempsey
Lead inspector:	Sheila Doyle
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	58
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 February 2017 10:00 To: 23 February 2017 18:00

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

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

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Baltinglass Community Hospital is a two-storey building with all resident accommodation on the ground floor. It provides residential and respite care for 60 people. Approximately 50% of residents have dementia. The overall atmosphere was

homely, comfortable and in keeping with the overall assessed needs of the residents who lived there.

The inspector met with residents and staff members during the inspection. The journey of a number of residents with dementia within the service was tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken on admission and care plans were in place to meet their assessed needs.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. Staff were offered a range of training opportunities including a range of dementia specific training courses. Volunteers had been vetted appropriate to their role.

Measures were in place to protect residents from being harmed or abused. Residents rights were upheld although improvement was required to ensure that all residents had opportunities to participate in meaningful activities.

Some improvement was also required to one aspect of medication management. Improvements were noted to the premises with additional work being undertaken at the time of inspection. Plans were in place to ensure that initiative's such as dementia appropriate signage will be extended to all areas of the premises following the current phase of renovation works.

These are discussed further in the report and included in the action plan at the end if required.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However some improvement was required around one aspect of medication management practices.

The inspector reviewed a sample of administration and prescription records and noted that some improvement was required. Some residents required their medication to be crushed. However this was not consistently prescribed this way in line with national guidelines. Otherwise the inspector saw that medication practices including storage and disposal were in line with An Bord Altranais agus Cnáimhseachais na hÉireann guidance. Pharmacy services were also available for advice, support and training.

The inspector was satisfied that suitable arrangements were in place to meet the health and nursing needs of residents with dementia. Samples of clinical documentation including nursing and medical records were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. Admission was generally arranged through the admission forum and many of the admissions were already known to the service as they had availed of either day care or respite services.

At the previous inspection it was noted that residents' assessed needs and planned interventions were not consistently set out in some individual care plans. The inspector saw that this had been addressed. The inspector reviewed a sample of care plans. Comprehensive assessments were carried out on all residents admitted to the centre and care plans were developed based on assessments of need and in line with residents' changing needs. Residents and their families, where appropriate were involved in the care planning process. Residents' level of cognitive impairment was assessed on a regular basis to monitor any changes in the residents' condition.

The inspector reviewed the management of clinical issues such as nutritional care, dementia care and wound management and found they were well managed and guided by robust policies.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site and all residents were assessed on admission. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

It was noted that meals were an unhurried social experience with appropriate numbers of staff available to support residents if required in a discrete and respectful manner. The food provided was appropriately presented and provided in sufficient quantities. Weights were monitored on a regular basis and nutritional assessments were carried out. Dietary and fluid intake were recorded as required. The specific dietary needs of residents were clearly documented. Records showed that some residents had been referred for dietetic review. Care plans were updated to reflect the recommendations. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Drinking water and juices were provided for residents and snacks were available outside of mealtimes if required.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Should admission to the acute services be required a hospital passport was in place to ensure that the hospital had sufficient information to appropriately care for residents with dementia. A detailed transfer form was also completed. The inspector noted that similar information was provided on discharge back to the centre including updates from members of the multidisciplinary team.

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Previous initiatives undertaken continued. Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. In some cases, very specific information was documented regarding their preferences. The person in charge stated that the centre received advice and support from the local palliative care team.

The person in charge outlined other improvements that had taken place. For example, the mortuary was located on the grounds of the centre. Staff felt that it was more appropriate if the deceased could stay within the centre until removal to the undertakers or church. This was now the practice and staff said that bereaved relatives appreciated this.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector saw that measures were in place to protect residents with dementia being harmed or suffering abuse.

There was a policy and procedures in place for the prevention detection and response to abuse. All staff had received training and knew their responsibilities in the event of an allegation.

There were policies in place about managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Policies were seen to give clear instruction to guide staff practice. Because of their medical conditions, some residents showed responsive behaviours. The inspector saw that assessments had been completed and possible triggers and appropriate interventions were recorded in their care plans. Assessments were completed following each episode and these were analysed to identify any possible trends or patterns. The inspector saw evidence of regular support from the psychiatry of later life services. Staff spoken with were able to outline possible triggers and signs of agitation and interventions that might be used to ease the situation. During the inspection staff approached residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

The use of psychotropic medicines was audited on a regular basis. Three monthly reviews of all medications were undertaken. The nursing team were clear on the considerations they would give with regards to whether or not psychotropic medication was needed in consultation with the medical team.

Ongoing improvements were noted around the use of bedrails. The inspector saw that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Safety checks were completed when in use. Additional equipment such as low beds and crash mats had also been purchased to reduce the need for bedrails.

Administration staff managed some residents' finances. The staff member responsible was on leave on the day of inspection but staff available described the process which was the same as on previous inspections. This will be reviewed at the next inspection. Internal and external audits were carried out to provide additional safeguards.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected. The inspector saw however that for residents not in the dementia specific unit, sometimes the activities were dictated by the routine and resources and did not reflect the capacities and interests of each individual resident.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the day rooms. It was noted that the results from the dementia specific unit indicated a majority of positive connective care. The inspector noted that during one observation period in a day room on a different unit, neutral care only was observed. There was limited interaction between staff and residents even though a large group of residents were in the day room. The inspector saw that the activity coordinator was not on duty on the day of inspection and a replacement was not rostered. This was discussed with the person in charge.

Residents' privacy and dignity were respected, including receiving visitors in private. Adequate screening was available in shared rooms.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available. Mass and Church of Ireland services were celebrated on a weekly basis and residents told the inspector how grateful they were for this. These services were streamed into some of the bedrooms for residents who were unable to attend. The inspector saw that currently the provider was working to stream services from the local church as well. Each resident had a section in their care plan that set out their religious or spiritual preferences.

There was a residents' committee in operation. The minutes were on display in the day rooms. Issues discussed included personalising the bedrooms, activities, ongoing renovations etc.

Independent advocacy services were currently unavailable to residents although were previously in place. The person in charge was working on this. In the interim, relatives took part in the residents' meetings to ensure that all residents' views were represented. There was evidence that feedback was sought from residents and relatives on an ongoing basis on the services provided. Satisfaction surveys had recently been

completed and the results were currently being analysed to inform improvements.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in several locations around the centre met the regulatory requirements.

Detailed records were maintained of all complaints received. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that, on the day of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents, and in particular residents with a dementia. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

A recruitment policy in line with the requirements of the regulations was implemented in practice. The inspector examined a sample of staff files and found that all were complete.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty. Up to date registration numbers were in place for nursing staff.

There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. A training matrix was maintained. The inspector saw that an extensive training programme was underway for 2017 which included dementia specific training and managing responsive behaviours. Staff spoken with confirmed that they had attended training on dementia care. Many stated how beneficial they found this and the person in charge said that additional training was currently being sourced through another centre.

Several volunteers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that a file was maintained on each including evidence of garda vetting, references, a job description and a volunteer application form.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Extensive renovation and development work had been undertaken to ensure that the premises met resident's individual and collective needs in a comfortable and homely way.

All resident areas were on the ground floor and are divided into three units. Primrose Place is a 12 bedded dementia specific unit. Ceidin has accommodation for 28 residents and Willow Way can accommodate 20 residents. All residents living in the centre now had access to either single or twin rooms which were of a suitable size. Some had en suite shower and toilet facilities while the remainder had a wash hand basin and staff hand washing facilities. There was one three-bedded room which was reserved for residents attending respite services only. Adequate screening was available in the shared rooms. Additional toilet and shower facilities had also been provided in each unit. There was a wheelchair accessible visitor's toilet should it be required.

Additional seating areas were provided in each unit to allow for private visits if so

required. Fully equipped sluice rooms were available in each area and cleaner's rooms had also been provided.

Call bells were provided in all bedrooms and communal areas. The corridors were wide, had grab rails, were clutter free and allowed residents plenty of space to walk around inside.

Upstairs was used as offices, storage, meeting rooms and some staff facilities and library. Staff facilities were also available downstairs including a separate area for catering staff.

The design and layout of Primrose Place, the dementia specific unit, encouraged residents to wander in a safe environment. Corridors were designed to allow residents to walk unimpeded. There was appropriate signage used, such as labelling on bathroom and toilets doors to orientate residents and to promote independence. All bedroom doors were a different colour to provide additional cues. Names and photographs on the doors (with input from residents and relatives) provided additional orientation aids. The inspector saw a resident looking at the photographs and then going in to his room.

Residents had personalised their rooms with photographs and memorabilia. There were clocks in each room. All areas were appropriately decorated and were well maintained.

The inspector saw that contrasting colours were used in the toilets and bathrooms. The inspector noted that there was an enclosed well maintained garden area which could be seen from three large windows in the dining/day room. Numerous bird feeders were located there and residents liked looking out at this area and it was very popular during good weather.

There were several well maintained secure garden areas in addition to extensive grounds surrounding the premises. The front garden area has temporarily changed to a parking area while the present renovations are underway.

The person in charge discussed renovations and works underway at the time of inspection. Extensive work was being carried out to the front of the building where the offices and physiotherapy department are. This work will also include a large coffee dock area for residents and visitors. In addition work was underway to provide additional parking and a drop off system at the front of the building.

The inspector found that a high level of cleanliness and hygiene was maintained throughout the building. Staff spoken with were knowledgeable as regards infection control measures and the safe use and storage of cleaning chemicals and disinfectant agents.

The person in charge discussed plans to continue to improve Ceidín and Willow Way to make them more dementia friendly. This will include additional appropriate signage, photographs and pictures.

Judgment:
Substantially 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:

Sheila Doyle
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:	Baltinglass Community Hospital
Centre ID:	OSV-0000485
Date of inspection:	23/02/2017
Date of response:	06/03/2017

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Some residents required their medication to be crushed prior to administration. However this was not consistently documented this way in line with national guidelines.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The fault occurred because the prescribing doctor failed to tick the 'crushing' box when she wrote the prescription the previous week.

A checklist (in line with national guidelines for prescription writing) has been devised for use by the doctor when prescriptions are being written to include all the requirements of prescription writing.

Proposed Timescale: Checklist devised, circulated to Medical staff and Nurses & implemented 3/03/2017

Proposed Timescale: 03/03/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Some residents in one particular unit were unoccupied during the afternoon of the inspection.

2. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Education has been organised for all staff grades in relation to the provision of meaningful activities for residents. This will include fostering of good, positive and meaningful communication skills when interacting with residents.

The activity coordinator will be replaced when she is on leave.

Training organised as follows: April 2017 (1 day) May 2017 (two days) & September 2017 (1 day)

Activity coordinator replacement when on leave with immediate effect.

Proposed Timescale: 30/09/2017

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Independent advocacy services were currently not available.

3. Action Required:

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

Sage no longer provides a volunteer advocate for a facility or service. They will provide a referral service for individual cases.

Plan:

- Complete referral application for sage in order to have a contact name if a specific resident requires the service of a trained advocate.
- A volunteer advocate will be sought outside of sage to visit regularly, be known to residents and be available to communicate expressed needs of residents. The usual volunteer application process will be undertaken. This advocate will be sought from our bank of volunteers and if this is unsuccessful we will advertise locally.

Proposed Timescale:

- Application for referral to sage advocate will be completed as soon as the application material is received (requested to-day).

Completion date: 16th March 2017

- Volunteer advocate outside of sage

Completion date: 31st March 2017.

Proposed Timescale: 31/03/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

4. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

- The process of extending dementia friendly signage to all three units has already commenced. Meeting with supplier scheduled for 22nd March 2017.
- Each bed room door will be painted differently when redecorating is due again in 2018

Proposed Timescale:
Signage: 1st May 2017.

Repainting of doors: March 2018

Proposed Timescale: 31/03/2018