

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Castletownbere Community Hospital |
| Centre ID: | OSV-0000601 |
| Centre address: | Castletownbere, Cork. |
| Telephone number: | 027 70004 |
| Email address: | Cathy.Sheehan@hse.ie |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Ber Power |
| Lead inspector: | Mary O'Mahony |
| Support inspector(s): | None |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 24 |
| Number of vacancies on the date of inspection: | 7 |

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 2 day(s).

The inspection took place over the following dates and times

| | |
|------------------------|------------------------|
| From: | To: |
| 22 February 2017 10:45 | 22 February 2017 18:30 |
| 23 February 2017 09:30 | 23 February 2017 18:15 |

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 | Compliance demonstrated | Substantially Compliant |
| Outcome 02: Safeguarding and Safety | Non Compliant - Moderate | Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | Substantially Compliant | Non Compliant - Major |
| Outcome 04: Complaints procedures | Compliance demonstrated | Compliant |
| Outcome 05: Suitable Staffing | Substantially Compliant | Non Compliant - Moderate |
| Outcome 06: Safe and Suitable Premises | Non Compliant - Moderate | Non Compliant - Major |

Summary of findings from this inspection

This inspection of Castletownbere Community Hospital by the Health Information and Quality Authority (HIQA) was unannounced and took place over two days. The centre was registered to accommodate the needs of 31 residents. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. On the day of the inspection there were 24 residents in the centre and seven vacant beds.

The inspector followed the experience of a number of residents with dementia from admission to the centre up to the days of inspection. Interactions between staff and residents with dementia were observed by the inspector using a validated observation tool. Prior to the thematic inspection process commencing providers were invited to attend information seminars organised by HIQA. In addition,

evidence-based guidance was developed to guide providers on best practice in dementia care. The person in charge had completed a self-assessment questionnaire prior to the inspection which indicated that there were more than 50% of residents in the centre with a diagnosis with dementia.

The centre was located adjacent to a seaside town with lovely views of the harbour and surrounding hills. Residents had access to a front porch area where they were seen to enjoy the view and fresh air while sitting with relatives. This area was furnished with suitable outdoor seating and colourful plants. During the dementia thematic inspection the inspector met with residents, visitors, the person in charge, the clinical nurse manager 2 (CNM2), nurses, multi-task attendants, the activity personnel and catering staff. The inspector reviewed documentation such as, care plans, medical records, allied health care records and policies. A number of staff files and care plans of residents with dementia were checked for relevant documentation.

The person in charge informed inspectors that she was involved in the centre on a daily basis. Together with the staff she was seen to be dedicated to the care of residents and had extensive knowledge of each person residing in the centre. Residents were ageing "in place", happily surrounded by friends and relatives, local accents, local knowledge and a vibrant community involvement in the centre. There was a warm and welcoming atmosphere there and staff and residents were looking forward to the long promised improvements to the building which would enhance the lived experience of residents.

The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016, formed the basis for the judgments made by the inspector in the following report. There were findings of major non-compliance with the regulations set out for the premises in a designated centre, Consequently, there were findings of major non-compliance with the regulations and standards set for maintaining residents' privacy and dignity. In addition, the inspector found that the centre was substantially compliant with health and social care needs and moderately non-compliant with staffing levels.

A second action plan was requested from the provider as the initial action plan did not adequately address the findings of non-compliance with the regulations. In addition, the provider was requested to attend a meeting at the Head Office of HIQA to discuss the findings and the proposed renovation commencement date. The provider stated that an application would be forwarded to HIQA to vary the conditions of Registration as regards extending the proposed timescale for the completion date of the renovations. The action plan at the end of the report sets out the actions, required to be implemented by the provider to address the findings of non-compliance.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of residents' care plans which outlined residents' needs and choices. Informative and comprehensive narrative notes were observed in the care plans of residents with dementia viewed by the inspector. Fluid balance and food intake records were maintained for those residents with dementia who were confined to bed or on antibiotics. There was a wholesome and varied diet available. There was on-going monitoring of each resident's health status and staff regularly checked residents' weight, blood pressure and blood tests. The CNM2 stated that care plans were reviewed on a four monthly basis and there was documented evidence of residents' and their representatives' involvement in the care planning process. A number of care plans had been developed which guided staff on strategies for residents who communicated through behaviour. Staff spoken with were aware of the needs of specific residents. The inspector found that these plans were person-centred and risk assessments were in place for residents who exhibited behaviours associated with the behaviour and psychological symptoms of dementia (BPSD). Since the last inspection one resident had been provided with more suitable accommodation for his needs and his care plans had been well maintained. However, one resident with dementia who had specific needs at night time did not have a care plan to guide staff in addressing these needs. In addition, the social needs of a resident could not be met due to the lack of suitable rooms in the centre. This was addressed under Outcome 3: Residents' rights, dignity and consultation.

Relevant medical personal and allied health services were availed of to enhance care. Residents were facilitated to attend various consultant or other external medical appointments. Residents had access to general practitioner (GP) services and appropriate treatment and therapies. The CNM2, spoken with by the inspector indicated that medicines were reviewed by the GP every three months. This review was multi-disciplinary and involved the pharmacist, the doctor and the CNM. PRN (when necessary) medicines were reviewed regularly and the use of psychotropic drugs was audited by the pharmacist. Residents, who experienced BPSD, were assessed prior to the administration of any such medication. Staff were trained in the recognition and management of this behaviour using non-pharmaceutical methods where possible. Staff

spoken with outlined various strategies which proved to be successful in supporting a number of residents with dementia. However, there were two very large containers of un-used or out-of-date medicines awaiting return to the pharmacy. The staff member stated that patient care was prioritised when the nursing complement was not at optimal levels. The staff member undertook to liaise with the pharmacy to collect these medicines as the large number disposed of in an accessible container constituted a risk.

Residents expressed that they enjoyed their lives in the centre. They spoke about recreational activities with the inspector. Residents praised the staff and management personnel. Some activities were held on the day of inspection such as music, card playing, chair based activities and sensory activities. However, the inspector found that each activity session was attended by a very small group of residents which the person in charge attributed to the lack of a suitable room in which to do activities. As the space in the sitting room was restricted a number of residents spent the whole day sitting in their bedrooms. These issues were addressed further under Outcome 3: Residents' privacy and dignity. In some bedrooms a small table had been provided if a resident choose to sit at this for tea. However, these tables were observed to be in use by only one resident at the time of inspection.

A resident who was approaching end of life at the time of inspection was seen to be accommodated in a single room. All staff were very attentive to this resident and the family during the two days of inspection. The holistic needs of all present were taken to account and supported by staff. Relatives spoken with by the inspector confirmed their positive experience of supportive and kind, caring, staff during their sad time. Relatives had unrestricted use of a family room with facilities to make tea and rest. The inspector observed trays of sandwiches and other snacks provided in the family room. However, all residents had yet to have comprehensive end of life care plans developed. For example, the inspector found that information in relation to end of life care which was documented in the medical notes of one resident had not been documented in the resident's care plan on end of life care. In addition, there was no relevant medical note recorded in the file of a resident who had died. The death of the resident had been recorded in the nurses' narrative notes only.

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 policy on the prevention of elder abuse set out the protocol in place for the

prevention, detection, reporting and investigating of any allegations. The policy and training was seen to incorporate the new national and HSE (Health Service Executive) Policy, 2014, on Safeguarding Vulnerable Older Adults. The inspector found that measures were in place to protect and safeguard residents. Staffs, spoken with by the inspector, were aware of the procedure to follow, if they witnessed, suspected or received, an allegation of abuse. Training records reviewed, confirmed that staff had received relevant training. Staff confirmed that this topic was covered in detail, during their induction also. Residents, spoken with, said they felt safe in the centre and said that staff were supportive and kind. Relatives confirmed, with the inspector, that staff were approachable and resident orientated.

There was an up-to-date policy in the centre, to support staff in interventions and approaches for residents, who exhibited behaviours, which were related to the behavioural and psychological symptoms of dementia (BPSD). Staff members spoken with confirmed that training had been provided to them, in how to support residents with dementia. Staff were aware of the individualised care plans on behaviour issues, which were in place, for residents with dementia.

The safety of bedrails, in use for residents with dementia, was checked regularly. These records were viewed by the inspector. There was evidence that consent had been sought for the use of bedrails and that other options had been considered prior to their use. Multi-disciplinary (MDT) input was documented, in relevant files. There were alternative measures of maintaining safety in place for some residents, such as, the use of low-low beds and cushioned mattresses, to mitigate the risk of injury, should a fall occur. In addition, the CNM2 informed the inspector that she was undertaking an audit of all bedrails in use and was hoping to further reduce these, where feasible.

The inspector found that residents' finances were managed robustly, in the centre. The inspector spoke with the accounts manager, who explained the system of fee payments and extra charges for hairdressing and pharmacy. Two staff members signed for financial transactions and a sample of these records and receipts, checked by the inspector, were seen to be accurate.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:

The inspector reviewed minutes of residents' meetings and copies of relatives' surveys. One survey result indicated that a resident would like "more activities" if staff had "time" and if "money" was available. The minutes of residents' meetings were brief, and did not contain enough detail to evaluate their effectiveness, in addressing any issues which were brought up. One comment recorded stated that "residents asked if staff could have more time to talk with residents". However, the person in charge stated that she spoke with residents on a daily basis and this was confirmed by residents, who were found to be familiar with the governance and management system. In addition, relatives survey results contained very positive comments, in relation to, the "excellent" care available, in the centre. Residents had access to independent advocacy services and the inspector observed information, on this service, displayed in the centre. The person in charge informed the inspector that residents were facilitated to vote. Residents confirmed that they were consulted with and that they were informed of any upcoming events.

The inspector found however, that similar to findings on previous inspections, there was evidence that practices in the centre were led by routine, staffing levels and resources, in the centre. Meals times appeared to be held early, to facilitate staff breaks, for example, dinner was served from 12.15 onwards. In addition, on both days of inspection a number of residents were seen to be in bed for their dinner at 12.30 or sitting by the bed, and a number of residents were in bed for their tea at 4.30 pm. For example, at 4.30 pm on the second day of inspection, the inspector observed that 12 of the 24 resident were in bed, for their tea. Only three residents were not sitting by their beds. Staff, on duty, were very busy attending to the care needs of residents, including the resident with palliative care needs. The person in charge explained that it was very challenging to replace nursing staff when a nurse was out on sick leave or holiday leave. For example, she had been unable to replace a staff member on sick leave during the inspection. This impacted on all other staff who were busier than usual with the daily tasks. In addition, one resident with specific needs was seen going in and out of residents' rooms. He was heard to occasionally shout loudly at residents, staff and relatives. However, despite staff being busy, staff remained calm. They were seen to have a good rapport with him and the inspector found that staff utilised distraction techniques, to good effect. However, this had an impact of the privacy and dignity of other residents and relatives. This person had no place to go to sit quietly or to walk around safely indoors or outdoors, to fulfil the need to be active and walking, without impinging on others' privacy and feelings of safety.

The inspector observed that the activity staff members had increased the availability of activities. However, similar to findings on the previous inspection there was a lack of communal space for these activities as well as for recreation. This was confirmed by the person in charge. The inspector reviewed documentation from activity personnel which confirmed that only a few residents were available to attend activities on some occasions. For example, documentation was seen by the inspector which confirmed that an activity was cancelled as a result of only two residents being available in the sitting area. The person in charge confirmed that the lack of suitable private and communal space had a significant negative impact on the freedom of residents to attend all communal activities, to attend for meals in the dining room and to visit with relatives in private. However, the inspector spoke with a number of personnel who organised activities and they stated that they also visited residents in their bedrooms to enable them to participate in art, beauty therapy and reading among other activities. In

addition, the inspector spoke with a member of the West Cork based 'Arts for Health' partnership. This group continued to support residents on a twice weekly basis. These sessions included among others, art work, activities, poetry, story reading and reminiscence. Works were displayed on the wall of the centre and afforded a clear insight into residents' lives and experiences. Records of these events were well maintained and the inspector observed that the number of residents benefitting from interaction with this group varied between eight and 13 residents per session. These staff also attended to residents' activity needs in their bedrooms. On the evening of day two of the inspection three residents were seen to be playing cards with a relative.

Most bedrooms in the centre were multi-occupancy rooms. This communal arrangement impacted on residents' privacy and dignity. For example, a number of residents required to use commodes. The inspector observed a 'used' commode being wheeled out into the corridor without a cover. Staff stated that this commode would then have to be wheeled through a two-bedded room as the most suitable sluice room was located in that area. While there was a second sluice room available in the centre it was not in use, as staff informed the inspector that the bedpan washer was too small to accommodate commode pans. In addition, a resident in one multi-occupancy bedroom was heard by the inspector to call out at intervals due to the effects of her medical condition. Another resident in the bedroom stated, "I'm used to it now". Furthermore, in a resident survey reviewed a resident had stated that he would like a single room. This choice was not available. The inspector also observed that staff had documented that one resident with dementia who slept in a multi-occupancy bedroom was awake and restless some nights at various times for example, at 03.50 am on 22/07/17 and also on 20/02/17, 18/02/17 and 14/02/17. In addition, this resident's care plan stated "take time to sit and talk in private environment, as much as possible". The inspector found that it was not possible to provide this individual care to the resident in the four-bedded room or in other areas of the centre due to the lack of private areas. She was seen to sit by the bed for all meals with the other three residents. She said to the inspector "I read a lot, because there is little else to do here". Staff used comments such as "very bothered", "awake several times during the night" and "restless", to describe the night time behaviour of this resident.

The inspector observed that similar to findings on previous inspections that sluice rooms and cleaning rooms were accessed through two, double bedrooms. This had a constant negative impact on the privacy and dignity of residents' in these rooms, as staff were passing through with commodes and cleaning trollies. In addition and more significantly, the inspector observed that the resident who was accommodated in one of these rooms, at the time of inspection was unwell and had no peaceful place to sit or lie down. In addition, his meals were served in this 'busy' bedroom area. Furthermore, the inspector observed, similar to previous findings, that a further consequence of the lack of space in the centre meant that there was no place for the hairdressing sink, apart from being unsuitably located, next to a toilet, behind one of these two bedrooms.

In addition, due to the lack of alternative dining or sitting spaces, the majority of residents ate their meals next to their beds, or in bed. They entertained visitors next to their beds also. Similar to findings on the previous inspection, in September 2015, there was little space for wheelchair-bound residents, or residents using high-dependency chairs, to manoeuvre within the small sitting room space. There was a beautiful view

over the harbour from this room. There was a large-screen, modern TV, in this room. However, there was only one table, which served as the dining table for all residents, in the centre. This table seated four residents. The lack of space in this room had a substantial, impact on the choice available to residents, as to their dining venue. For example, on day two of the inspection, only one resident was sitting in the dining room, at tea time. The location of this sitting area also impacted negatively on the privacy and dignity of residents. For example, everybody who entered the centre used the front door, which was located adjacent to this, sitting/dining room, space. There was no wall, or suitable privacy arrangement in place, to screen residents, from any visitors, to the centre. This was discussed on previous inspections. The inspector formed the view, that such an arrangement, would have enhanced residents' privacy and dignity, particularly for residents with dementia, who may not have chosen to sit in that room.

In addition, the lack of alternative suitable, recreational space, impacted on the inspector's ability to carry out the required observations, as part of the dementia thematic inspection. Consequently, one observation was carried out, discreetly, in a bedroom, during meal time. A second observation was carried out during an activity, in the sitting area. Only three residents with dementia, were present for each observation period. A validated, observational tool was used by the inspector, to rate and record at five minute intervals, the quality of interactions between staff and residents. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). Each observation lasted a period of 30 minutes and during that time the inspector evaluated the quality of interactions. In the sitting room area, the inspector found that interactions were positive and meaningful. Staff members related to residents in a calm and relaxed manner. Residents were referred to by name. Staff members encouraged residents to respond and take part, according to their abilities and capacity. The atmosphere during the activity was social and inclusive. Two of the residents with dementia were seen to be enjoying the group interaction. The third resident was sleeping for periods of time. Staff sang a resident's favourite song, which had been seen by the inspector to be displayed on the resident's wardrobe. Staff stated that they had all learned the song to support person-centred care, for that resident who had dementia. The overall evaluation of the quality of interactions, during this period of 30 minutes, was one of positive, connective care, with some periods of neutral care-giving, recorded. However, as three staff members were engaged with a group of six residents in total, the other 18 residents were not able to avail of an activity at that time. In addition, the inspector observed that the room was at full capacity, when six of the 24 residents were present, doing a chair-based, parachute activity.

The second observation period was undertaken, discreetly, in the bedroom area, while three residents with dementia were being supported with their meal, by two staff members. Again, residents were addressed by name and they were seen to be engaged in a happy and cheerful way, with the staff. Staff and residents engaged in social conversation and gentle banter. Two residents were in bed and one resident was sitting next to her bed. The inspector found that the majority of interactions during the 30 minutes observation periods, involved positive connective care.

Judgment:
Non Compliant - Major

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

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

Findings:

The centre had policies and procedures in place for the management of complaints. The process for making a complaint was displayed in a prominent position in the centre. There was a nominated person to deal with complaints and a complaints log was maintained. The inspector observed that since the previous inspection the satisfaction or not of complainants was recorded following the receipt of a concern or complaint. The inspector spoke with relatives of residents with dementia who stated that they were encouraged to speak up if they had any concerns. In addition, they were confident that their complaints or concerns would be addressed.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

The person in charge informed inspectors that nursing staff levels were not always met as it was challenging to get staff to replace nurses who were unable to attend work on a specific day. She attributed this to the remote location of the centre. For example, she informed the inspector that on the day of inspection a staff member was unavailable for work and was not replaced due to the unavailability of staff. In addition, a senior member of the management team had been absent from work for an extended period of time. She had been replaced on an "acting basis" by another senior nurse who was found to be clinically knowledgeable and person-centred in her approach.

Since the previous inspection staff had been afforded mandatory training. The inspector viewed the policy on staff training and staff induction. A large number of staff had been trained in managing and understanding behaviours that challenge and de-escalation techniques. However, not all staff had received training in infection control: this was

significant due to the location of the sluice rooms, the commodes and cleaning trollies being pushed through bedroom areas and residents being accommodated in multi-occupancy rooms. In addition, the inspector observed that the shower outlets in the shower rooms were not clean. This was attributed to the fact that carers were also multi-task attendants. Therefore, when there was a shortage of staff for care requirements this had an impact on the cleaning rota. Staff confirmed that they were "very busy" and would love more time to talk with residents. The person in charge informed the inspector that she planned to separate the 'caring' and 'cleaning' duties of staff in the future.

The inspector saw that the staff rota records correlated with the number of staff on duty during the inspection. There was a nurse on duty at all times. Staff, with whom inspectors spoke were aware of the Health Act 2007 and the regulations and standards for older adult care.

A sample of staff files reviewed contained the documentation required under the regulations. Staff had attended nurse leadership courses, documentation workshops, designated officer in safeguarding training, medication management and coaching and learning needs training. Support staff meetings and staff meetings were held regularly. The person in charge stated that a Quality and Safety Committee had been set up in the centre and the five staff members involved reviewed the risk register, the risk assessments and the health and safety statement, when required.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

None of the actions in relation to premises generated from the most recent inspections of January 2015 and September 2015 had been addressed. Actions in relation to the premises had been issued in all previous inspections carried out by HIQA, since 2010. These actions were as follows:

- 1) to ensure a suitable physical design and layout to meet the needs of residents
- 2) to provide adequate sitting space separate to residents' private accommodation
- 3) to provide adequate recreational space separate to residents' private accommodation
- 4) to provide suitable communal space for social, cultural and religious activities

As observed on previous inspections adequate dining space for residents separate to the residents' private accommodation was not provided. There was one dining table and four dining chairs for the total, full-occupancy complement of 31 residents in the centre. The layout of this room did not make the dining experience enjoyable or support dining as an important social occasion for residents with dementia. The remaining residents had their meals at their bedside, in bed or at small tables in some of the bedrooms.

The following premises issues did not comply with Regulations and did not provide a suitable living environment for residents, including residents with dementia:

- the sitting room was too small and could not accommodate all residents residing in the centre
- residents could not dine at the dining table as the table was not large enough
- the day room was also used in the evening as a store for extra chairs and wheelchairs
- suitable, spacious, communal, sitting space separate to the residents' private accommodation was not provided for residents, apart from a small alcove in the corridor which did not afford privacy as it was central to all passing traffic
- adequate recreational space separate to the residents' bedroom accommodation was not provided
- the current location of the reception/administrative office did not allow staff to view the main entrance door.

Some minor improvements had been put in place since previous inspections. Small blinds had been secured for the glass panels on bedroom doors. New notice boards and art work had been placed on the walls. A water dispenser was in use in the sitting area and bedrooms were seen to be personalised. Staff and family members were involved in personalising the residents' spaces. The inspector formed the view that the two-bedded rooms, room five and room nine, through which an amount of daily 'traffic' passed including, staff transporting commodes, cleaning trollies, staff toilet access and residents attending the hairdresser, were totally unsuitable as bedroom accommodation. Similar to findings on the previous inspection the inspector observed that privacy and dignity was significantly, negatively, impacted on by the inadequate size, design and layout of these rooms.

In addition, the inspector observed the following:

Bedroom 1 was a two bedded room with an en suite shower and toilet. However, the inspector found that there was not enough room for residents to have chairs in the bedrooms, for their use or their visitors use. Where chairs were available they often impeded access to lockers and wardrobes.

Bedroom 3 was a four bedded room. There were a number of personal items on display in the room but there was not enough room for bedside chairs for each resident. One resident said she would like a bigger wardrobe, however she said there was not enough space for this and she was happy with what was available. In addition, the inspector saw documentation which indicated that a relative of a full-time resident would like to have a bigger wardrobe provided.

Bedroom 4 was a four bedded room, there was limited space in this room and as a consequence one wardrobe was not adjacent to the resident's bed but was stored in the corner of the room. There was not sufficient space for a bedside chair next to all beds. Due to the lack of space in all bedrooms, the TV's were positioned unsuitably high, for

the needs and abilities, of residents.

Bedroom 5 was a two bedded room through which staff had to regularly walk in order to access the sluice and cleaning room as addressed under Outcome 3. There was no screen inside the double access door to this room. This was still the case on this inspection. There was no possibility of privacy in this room and it was not suitable for two residents as it was, in essence, a 'corridor'. There was no space for bedside chairs and there was insufficient space for staff to work at both sides of the beds in these rooms.

Bedroom 7 was a four bedded room. Due to lack of space there was room for only two bedside chairs.

Bedroom 8 was a three bedded female room which formerly had been a four bedded room. There was adequate space in this room for chairs and wardrobes and it also had an en-suite toilet and shower area. There was room for a small round table and chair in this bedroom.

Room 9 was a two bedded room and similar to room 5 it was an access 'corridor type' room into a toilet, sluice and cleaning room area.

Room 11 was a three bedded room. There was a double door opening into this three bedded room however, one bed was directly in front of these doors as found on previous inspections. This meant that when the door was left open the resident in the middle bed could be viewed from the corridor. The inspector observed that there was a portable screen in use in an attempt to enhance privacy.

There was no assisted bath in the centre and this restricted residents' choice as regards washing facilities. The kitchen was well equipped. However, there was a large area of stained floor covering located under an old food 'macerator' which was no longer in use. In addition, in some rooms the paint work needed attention as there were unpainted sections of wall visible.

The centre had a small family room and a third sluice room which was used for storage. The inspector observed that the treatment room and the staff room were securely locked with a keypad lock. The centre had a chapel, a staff room and staff offices also.

The person in charge acknowledged to the inspector that the centre had serious and significant premises challenges as regards space, room for private visits, room for storage and bedside chairs. In addition the premises failing impacted on the ability to fulfil the care needs of residents with dementia, to provide a proper dining and art room and also as regards the impact on residents' privacy and dignity, due to the restricted bedroom space, as discussed in detail, under Outcome 3: Residents' rights, dignity and consultation. The person in charge was informed that the centre continued to be non-compliant with the regulations on premises. A costed, specific, realistic, time bound plan with available funding had previously been submitted to the Chief Inspector. However, the person in charge stated that this had now been changed and dates to commence the work had consequently been delayed. Planning permission for the revised plans had yet to be granted. She stated that previous plans, which have now been revised would have afforded nine, single en-suite rooms for residents' use. As there was a condition on the previous registration, requiring the provider to complete the initial proposed works by 2017, the provider was now required to apply to vary this condition on the current registration.

Judgment:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|-----------------------------------|
| Centre name: | Castletownbere Community Hospital |
| Centre ID: | OSV-0000601 |
| Date of inspection: | 22/02/2017 |
| Date of response: | 20/04/2017 |

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:

An end of life care plan was not available for all residents:

A care plan, for one resident, did not specify the medical decision for end of life for the resident.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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

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:

Action 1.

- 1) All residents End of Life Care Plans are being reviewed to ensure that they are completed within 48 hours of admission as per regulation 5.
- 2) Documentation training for all Nurses has been facilitated by an independent nurse consultant with particular emphasis on End of Life Care planning

Proposed Timescale:

- 1) 20/04/2017
- 2) Completed

Proposed Timescale: 20/04/2017

Theme:

Safe care and support

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

A medical record had not been maintained in a resident's file of the death of the resident as required under Schedule 4 (e) of the regulations.

2. Action Required:

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

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

Action 2.

The Medical Officer has recorded the death of the Resident in the Resident's file in accordance with schedule 4 of the regulations and in future will record the notes as per regulations.

Proposed Timescale:

Completed

Proposed Timescale: 20/04/2017

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:

There were inadequate facilities available for the provision of activities and recreation for residents.

3. Action Required:

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

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

Action required.

Plans are currently at design stage 2 (a) to upgrade the physical environment to include facilities for occupation and recreation which include recreation room, sitting room and dining room. This will be addressed fully in the current national development plan 2016 – 2021 for Community Hospitals.

In the meantime each resident is offered the choice to get up and retire at any time and to participate in any activity of their choice. There is a daily schedule of events organised in the Day Room but staff are willing to alter depending on Resident's wishes. Staff encourage conversation and one to one interaction in the evening.

Proposed Timescale:
End 2017

Proposed Timescale: 31/12/2017

Theme:

Person-centred care and support

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

All residents were not provided with opportunities to participate in activities due to the lack of space for such activities.

For example: The sitting area could only accommodate six residents for the chair based parachute activity.

4. 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:

Residents who wish to participate in activities of their choice are facilitated to do so at various times throughout the day

Plans are currently at design stage 2 (a) to upgrade the physical environment to include facilities for occupation and recreation which include recreation room, sitting room and dining room. This will be addressed fully in the current national development plan 2016 – 2021 for Community Hospitals.

In an audit of Activities in 2016 most residents expressed the wish to take part in group activities. From that audit a schedule for group activities was drawn up for each day of

the week.

The Day Room can accommodate 12 residents, depending on residents needs.

Proposed Timescale: 31/12/2017

Theme:

Person-centred care and support

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

Residents were not afforded opportunities to carry out activities in private due to being accommodated in multi-occupancy rooms:

For example: some residents required the use of commodes: these could not be used or cleaned discreetly due to being in a multi-occupancy room and due to the location of the sluice rooms.

A resident who was unwell was inappropriately accommodated in a two-bedded corridor-type room.

5. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

1. All residents who can mobilize to the bathroom are assisted to do so.

The privacy of residents is paramount to the staff and privacy is maintained within the constraints of the physical environment.

2. Private screens are used in multi-occupancy rooms to protect the dignity of residents.

3. Residents who occupy a two-bedded room and become unwell will be accommodated in a single room if available and with their agreement.

Proposed Timescale:

Ongoing- until the refurbishment of hospital accommodation is complete.

Proposed Timescale: 31/12/2017

Theme:

Person-centred care and support

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

All residents were not afforded choice as follows: to eat in a dining room, to stay up late, to watch a favourite TV programme without interfering with others, to sit in a sitting room, to talk to relatives in private, to have private time in their bedroom or sitting room.

6. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise

choice in so far as such exercise does not interfere with the rights of other residents.

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

Environment restrictions are a reality at this time and will be addressed on the refurbishment plan for the hospital.

Interim measures include:

1. Screens are used to secure privacy of residents.
2. Any resident who wishes to stay up late to watch television is facilitated in the dayroom or family room and are supervised by support staff.
3. Residents are facilitated to entertain visitors in the family room or Sacristy.

Proposed Timescale:

For refurbishment is end of 2017

Proposed Timescale: 31/12/2017

Theme:

Person-centred care and support

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

A resident with behaviour challenges was unable to fulfil the choice of walking around and being active, without impinging on the rights of other residents, due to lack of staff resources, sufficient space indoors and safe outdoor space.

7. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

Staff make special effort at all times to assist residents to exercise outdoors when weather conditions permit.

Due to the nature of communal living, residents will naturally interact with each other on a daily basis. Every effort will be made by staff to ensure that resident's behaviour will not impact negatively on the residents.

Proposed Timescale:

End 2017

Proposed Timescale: 31/12/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

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

the following respect:

Staff were not available or replaced at all times, in the absence, due to illness or otherwise, of another staff member. This impacted on the availability of staff to socially engage with residents and also impacted on the availability of sufficient staff for care duties, as staff were required to also attend to cleaning duties, in the centre.

8. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

1. There is an active campaign ongoing to recruit nursing staff. In the interim Agency nursing staff is being utilised to insure rosters complete. However another nurse has been recruited and will be available from May 1st.

2. Cleaning and caring duties for support staff will be separated.

A working group involving the CNM2 and a number of Support Staff has been set up in order to re-organise the roster and separate cleaning and caring roles throughout the day.

Proposed Timescale: 02/07/2017

Theme:

Workforce

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

Areas of the centre, such as the shower outlets were not clean. Staff stated that this was due to the fact that multi-task attendants had to prioritise care, over cleaning, when there were insufficient staff on duty.

9. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

1. Bathrooms are to be checked and signed off as clean twice daily

2. Cleaning and caring duties for support staff will be separated.

Proposed Timescale:

1) Completed

2) 1st July 2017

Proposed Timescale: 01/07/2017

Theme:

Workforce

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

All staff had not been afforded training in infection control which was relevant to the centre due to the layout of sluice rooms and the duties required of staff.

10. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All staff will undertake HSE Land "Breaking the Chain of Infection".

Training for staff has been organised on site and will take place in May 2017

Proposed Timescale: 01/06/2017

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:

The premises did not conform to the matters set out in Schedule 6 of the regulations as follows:

- there was no bath in the centre
- multi-occupancy bedrooms did not allow for sufficient space for chairs and extra wardrobe space, if required
- the floor covered was heavily stained in one area of the kitchen
- some bedroom walls required repainting
- there was inadequate dining space
- there was inadequate recreational space
- bedroom layouts and location did not afford residents space to carry out activities in private
- suitable storage space was not available
- external grounds were not suitable, for residents with dementia, who wished to walk outside
- multi-occupancy rooms were not suitable to the needs of residents with dementia, due to behaviour aspects of the condition
- sluicing facilities were not appropriate
- the hairdressing sink was inaccessible except through a bedroom area

11. 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:

Castletownbere Community Hospital has 13 en suite bedrooms & 1 independent shower room all containing assisted showers. The 13 en suites service 1, 2, 3 & 4 bedded, 2, 5, 6, 7, 8, 10, 11 & 12 rooms.

: This will be addressed under the National Plan for Community Hospitals 2016-2021. Plans are now at Stage 2 A which means they will be ready for application for planning permission shortly. This should take approximately 3 months providing that there are no problems. Plans will go to tender and construction will begin.

3. The floor will be repaired by 13th April.2017

4. Maintenance Department are organising painting of 4 bedroom walls which will be completed by 31st May 2017.

9. While grounds are not suitable for residents to walk outside unaccompanied, staff facilitate residents to walk outside by accompanying them.

Regarding Castletownbere Community Hospital, the hospital was included as part of Cork Community Hospital HIQA Compliance Work projects.

The projects involved compiling a Project Brief which would address compliance with HIQA standards.

The revised or new standards were to take account of the issue of existing shared bedrooms i.e. it was proposed that up to 4 bedded shared bedrooms would be permissible – whereas previously existing shared bedrooms would be no more than 2 beds. Other issues to be revised related to Dining rooms and ratio of no. of toilets per resident.

The bed space provided for in the shared bedrooms in Castletownbere CH (as with the other hospitals) is in accordance with the latest legislation i.e. 7.4m².

Proposed Timescale:

Awaiting clarification from National HSE Estates Department. Delay in building project attributed to work required to amend project brief, HSE Management apologised for this delay and will submit new timescales as soon as possible. We will also be submitting a request to vary conditions of registration in the coming weeks

Proposed Timescale: 29/12/2017