**Centre name:** Caherciveen Community Hospital  
**Centre ID:** OSV-0000562  
**Centre address:** Caherciveen, Kerry.  
**Telephone number:** 066 947 2100  
**Email address:** Caherciveen.CommunityHospital@hse.ie  
**Type of centre:** The Health Service Executive  
**Registered provider:** Health Service Executive  
**Provider Nominee:** Ber Power  
**Lead inspector:** John Greaney  
**Support inspector(s):** None  
**Type of inspection:** Announced  
**Number of residents on the date of inspection:** 33  
**Number of vacancies on the date of inspection:** 0
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
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<tr>
<td>24 October 2017 11:45</td>
<td>24 October 2017 18:30</td>
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<tr>
<td>25 October 2017 07:45</td>
<td>25 October 2017 16:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 03: Information for residents</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection

Caherciveen Community Hospital is a 33 bedded facility situated on the outskirts of the town. It is a single storey facility and 25 of the 33 residents are accommodated in multi-occupancy bedrooms of two, three and four beds.

This inspection report sets out the findings of an announced inspection that took place in response to an application to renew the registration of the centre. Overall, residents' healthcare and nursing needs were met to a high standard. The inspector saw that there were positive and respectful interactions between staff and residents.
Residents spoken with by the inspector stated that they felt safe in the centre and were complimentary of the care provided by staff.

Residents had access to general practitioners (GPs) of their choice, and to allied healthcare services including physiotherapy, dietetics, speech and language therapy, psychiatry, dental, chiropody and occupational therapy. Based on a sample of care plans reviewed, they were generally person-centred and provided adequate guidance on the care to be provided to residents on an individual basis. A sample of complaint records viewed indicated that action was taken in response to complaints and appropriate records were maintained.

Some improvements, however, were required. For example, there was inadequate communal and dining space. The dining room was also the sitting room and there was inadequate space for all residents to have their meals there, should they so wish. The inspector noted that a number of residents had their meals presented to them on trays, which were placed on the end of bedside tables in the sitting room. This practice does not support the dignity of residents and does not promote a homely environment.

Following the registration renewal inspection in January 2015, the provider gave a commitment that deficits in the design and layout of the premises, including access to outdoor space, would be remedied by 31 December 2020. A condition was attached to the registration based on this commitment. The most recent written update received from the provider indicated that they were progressing to finalise the building design plan and this condition would be met.

Other required improvements included:
• contracts of care did not identify if residents occupied a shared room
• respite and convalescence residents did not receive contracts of care
• not all staff had up-to-date training in fire safety or responsive behaviour
• there was insufficient space for residents to store their personal belongings and possessions
• the most recent environmental health report was not fully addressed.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of 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.
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: 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:
There was a written statement of purpose that accurately described the service provided in the centre. It contained all of the information required by the regulations.

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:
There were adequate resources to support the effective delivery of care. There was a clearly defined management structure. The person in charge was supported by a clinical nurse manager, both of whom work Monday to Friday. The person in charge and the clinical nurse manager met informally on a day-to-day basis to discuss the ongoing management of the centre. A more formal meeting was usually held weekly at which planned admissions, staff training and centre maintenance were usually among the topics discussed.
The person in charge met the provider representative monthly at regional quality and safety meetings. Attendance at these meetings usually included other directors of nursing, the infection prevention and control nurse, practice development staff, and the discharge coordinator. Results of audits and key performance indicators were discussed at these meetings and provided an opportunity for sharing of knowledge among peers.

An inaugural meeting of the recently convened quality and safety group was held in September 2017. This group was confined to staff from the centre and had multidisciplinary representation, including the person in charge, the clinical nurse manager, a staff nurse, a healthcare assistant or multitask attendant, a catering staff member, and a maintenance person. The agenda for the meeting included health and safety, risk assessments, incident management, complaints, audits and catering.

There was a food and nutrition group that met every few months to discuss issues relating to food, such as the environmental health officers report, dietary preferences of residents, staffing levels and equipment. On the days of inspection, some issues identified in the environmental health report from May 2017 remained outstanding and it was not clear when they would be addressed.

There was a comprehensive programme of audits that included audits of medication management, quality of life of residents, records, the use of restraint and the dining experience. Where issues were identified for improvement, these were usually addressed. There was an annual review of the quality and safety of care and an associated action plan.

Judgment:
Substantially Compliant

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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):
No actions were required from the previous inspection.

Findings:
There was a guide to the centre available to residents that included a summary of the services and facilities available.

The inspector reviewed a sample of contracts of care, which included details of the fees to be paid. The contract did not, however, detail whether or not the resident occupied a shared bedroom. Additionally, contracts were only issued to residents on long term care and were not issued to residents that were admitted for respite or community support.

Judgment:
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:
There was a person in charge of the centre who was a registered nurse and worked full time in the centre. The person in charge had the required experience in the area of nursing of the older person.

Throughout the inspection, it was evident that the person in charge had the required clinical knowledge and knowledge of relevant legislation and her statutory responsibilities. Residents and relatives could identify the person in charge and it was evident that she was involved in the day to day operation of the centre.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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 designated centre had all of the written operational policies required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Policies were comprehensive, centre specific and referenced latest national policy and guidance. Staff spoken with by
the inspector were knowledgeable of the centre's policies and this was reflected in day-to-day practice.

The inspector viewed a selection of staff files and found that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, had been met. Other records listed in Schedules 3 and 4 were also maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

**Judgment:**
Compliant

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**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was no period in excess of 28 days when the person in charge was absent from the centre. There were adequate arrangements for the management of the centre when the person in charge was absent.

**Judgment:**
Compliant

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**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:**
There were policies and procedures in place in relation to safeguarding residents from abuse. Training records viewed by the inspector indicated that all staff had attended training in recognising and responding to abuse. Staff members spoken with by the inspector were knowledgeable of what constituted abuse and what to do in the event
there were suspicions or allegations of abuse.

The inspector saw that there were positive and respectful interactions between staff and residents. Residents spoken with stated that they would have no difficulty in bringing any issues of concern to the person in charge. Residents spoken with by the inspector stated that they felt safe in the centre and were complimentary of the care provided by staff. They stated that they had full confidence in the staff and expressed their satisfaction in the care being provided. There was evidence of good recruitment practices including verification of references and a good level of visitor activity. The person in charge confirmed that there was no active reported, suspected or alleged incident of abuse in the centre.

Financial records were maintained using the Health Services Executive (HSE) financial computer software. The inspector reviewed the systems in place to safeguard residents' finances, which included a review of a sample of residents' financial records. The centre did not hold any money for safekeeping on behalf of residents. The inspector was informed by staff that the financial records were audited both internally and by an external auditor to ensure good financial governance was in place.

There was a policy on responsive behaviours (a term used to describe how persons with dementia represent how their actions, words and gestures are a response to something important to them). Most staff had attended training in the centre on responsive behaviours; however, not all staff had not received up-to-date training in this area. Staff had adequate knowledge of individual behavioural patterns of residents and was aware of how minimise the development of responsive behaviours.

There were adequate procedures in relation to the management of restraint. Where restraint was used there was adequate exploration of the alternatives to restraint. Where bedrails were used there was a risk assessment completed evaluating the risks associated with the use of bedrails and whether or not they were safe to use. There were records of safety checks while bedrails were in place.

**Judgment:**
Substantially Compliant

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
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<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
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| Theme: |
| Safe care and support |

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

| Findings: |
| There was an up-to-date safety statement. There was an up-to-date risk management policy that addressed the identification and assessment of risks and the controls in place for the risks identified. The policy included the risks specified in the regulations. Clinical |
risk assessments were undertaken, including falls risk assessment, assessments for dependency, assessments for malnutrition and assessments for pressure ulcer formation. Accidents and incidents were recorded on incident forms using the HSE national incident and accidents reporting system. There was evidence that all incidents and accidents were submitted to the person in charge and there was evidence of action in response to individual incidents, which included slips, trips and falls. Accidents and incidents were discussed at regional quality and safety meetings to support learning. As previously stated under Outcome 2, a local quality and safety committee had recently been established, however, this group was in its infancy and there were insufficient records available to ascertain its effectiveness.

There were reasonable measures in place to prevent accidents, such grab-rails in most toilets and handrails on corridors and safe walkways were seen in the garden area. The provider had contracts in place for the regular servicing of all equipment and the inspector viewed service records of equipment, which were up-to-date.

There was a plan in place for responding to major emergencies likely to cause death, injury, serious disruption to essential services or damage to property. The plan included details of alternative accommodation in the event of an evacuation of the centre, following any such major emergency.

The person in charge informed the inspector that no residents smoked tobacco in the centre. The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be adequate. There were notices for residents and staff on what to do in the event of a fire, appropriately placed throughout the building. There were personal emergency evacuation plans in place for residents. There was fire safety equipment located throughout the centre and annual maintenance of this equipment was taking place on the day of the inspection. The fire alarm and emergency lighting were serviced quarterly and the fire alarm was sounded weekly. There were daily checks of means of escape and all fire exits were seen to be unobstructed on the days of inspection.

Training records indicated that most but not all staff had up-to-date training in fire safety. Records were available indicating that fire drills were held annually and not at a minimum of six monthly as recommended. The fire drills did, however, include night time simulation. Staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire.

The environment was observed to be clean and personal protective equipment, such as gloves, 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. Arrangements for the disposal of domestic and clinical waste management were appropriate. Cleaning staff were knowledgeable in regard to procedures on cleaning residents’ bedrooms and en suites. A colour coded cleaning system was in use. Schedules of cleaning were available and were regularly updated. Deep cleaning schedules ran in tandem with the daily cleaning.

Care plans contained a current manual handling assessment and plan that referenced
the specific equipment required for resident and staff safety. Manual handling practices observed were seen to be in line with current best practice and the training matrix recorded that all staff were trained in manual handling.

**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 centre had operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. There were processes in place for the handling of medicines including controlled drugs, which were safe and in accordance with current guidelines and legislation. Medication administration practices observed by the inspector were in compliance with relevant professional guidance. A review of a sample of medication prescription and administration charts indicated that they were in compliance with the centre’s policies on medication management.

A health service executive (HSE) pharmacist visited the centre weekly. The pharmacist carried out a detailed review and medication reconciliation for all new residents and also reviewed residents' prescriptions on an ongoing basis. The pharmacist also monitored stock levels and provided advice to staff in relation to medication management. There were appropriate procedures in place for the management of unused or out-of-date medication. Medication requiring refrigeration were stored appropriately and the fridge temperature was monitored and recorded.

**Judgment:**
Compliant

**Outcome 10: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

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

**Findings:**
Based on a review of accident and incident records, notifications were being submitted
to HIQA as required.

**Judgment:**
Compliant

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

**Findings:**
Residents received a comprehensive assessment on admission and at regular intervals thereafter using recognised assessment tools. Care plans were developed for residents based on the assessments and these were seen to be personalised and provided good guidance on the care to be delivered to residents on an individual basis. The residents' social care needs and preferences for activities were assessed and provided adequate detail in relation to preferences and level of participation. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up-to-date needs and agreed that further personalisation of care plans was required.

Residents had access to general practitioners (GPs) of their choice. Medical notes indicated that residents were reviewed regularly by their respective GPs. Out-of-hours GP services were also available and readily accessible. Residents had good access to allied healthcare services due to the co-location of the centre with a day hospital and a mental health day centre. A physiotherapist visited the centre, usually for one hour each day, and there records indicating that residents were assessed regularly. A dietician visited the centre for one day each month but was accessible at other times should the need arise. Speech and language therapy and occupational therapy were available on a referral basis. Other services available include dental, psychiatry, geriatric medicine, palliative care and chiropody.

The inspector viewed a sample of residents' records, some of whom had been transferred to hospital from the centre and found that appropriate information about their health; medications and their specific communication needs were shared with the admitting hospital. Records of residents' assessments reviewed included comprehensive biographical details, medical history, and nursing assessments.

**Judgment:**
Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
Caherciveen Community Hospital is a 33 bedded facility situated on the outskirts of the town. Bedroom accommodation comprises eight single bedrooms, three twin bedrooms, one triple bedroom and four four-bedded rooms. Two of the single bedrooms were reserved for palliative care purposes and are self-contained in a separate wing that also includes two bedrooms for relatives and a small sitting room with tea/coffee making facilities. The palliative care rooms and the relatives rooms are en suite with shower, toilet and wash hand basin.

Sanitary facilities for the rest of the centre comprise one bathroom with assisted bath, toilet and wash hand basin; two bathrooms with assisted showers, toilet and wash hand basin; two toilets with two cubicles in each and two wash-hand basins; three single toilets with wash-hand basins; and a staff toilet. There were also three sluice rooms, each one with a bedpan washer, sluice sink, wash-hand basin and adequate racking for storing urinal bottles and commode pans.

Most bedrooms had overhead tracking hoists. Records were available demonstrating the preventive maintenance of equipment such as beds, mattresses, weighing scales and hoists.

The centre was generally well maintained, bright, clean and comfortable. Communal facilities comprised a sitting room that also served as a dining room. There was also a smaller sitting room adjacent to the sitting/dining room with comfortable seating. Even though this smaller room was suitably decorated, comfortable and was also used for some activities, it did not have an external facing window and hence had minimal natural light. The dining room/sitting room had large windows providing plenty of natural light and scenic views of the surrounding area. However, it was insufficient in size to meet the needs of all residents living in the centre. This had a negative impact on the dining experience of residents and a number of residents ate their meals from bedside tables in the sitting room. This is discussed in more detail in Outcome 16.
There was a small enclosed courtyard with high walls containing appropriate furniture and raised plant beds. This had recently been decorated with wall murals and an artificial surface on the ground. This area was readily accessible to residents, however, it was very small and did not allow for free movement. Additional external space was available at the front of the centre, however, due to the low boundary railing and proximity to the car park and the main road, it was unsuitable for residents with a cognitive impairment without staff supervision.

Following the registration renewal inspection in January 2015, the provider gave a commitment that deficits in the design and layout of the premises, including access to outdoor space, would be remedied by December 2020. A condition was attached to the registration based on this commitment. The most recent written update received from the provider indicated that they were progressing to finalise the building design plan and this condition would be met.

**Judgment:**
Non Compliant - Moderate

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**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 system in place to ensure that the complaints of residents or their representative were listened to and acted upon. There was a complaints policy that identified the person responsible for managing complaints and also included an appeals process. The complaints procedure was on prominent display in the centre, and summarised in the residents guide.

Throughout the inspection it was clear that residents were familiar with all members of management including the person in charge and the clinical nurse manager. It was apparent to inspectors that residents would find staff easy to approach with any concerns or complaints.

The inspector viewed the complaints log that contained details of complaints, the investigation of each complaint, the outcome of the investigation and whether or not the complainant was satisfied with the outcome of the complaints process.

**Judgment:**
Compliant
Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
There was evidence of consultation with residents in relation to the day to day operation of the centre. Staff members were seen to interact with residents in a respectful and caring manner and conversed with them on issues that appeared to be of interest or relevant to them. Staff spoken with by the inspector were knowledgeable of individual residents needs and preferences. Care plans were informative in relation to residents' likes and dislikes, including how they normally dressed. The inspector saw residents looking well dressed, including jewellery and makeup.

Residents were consulted about how the centre was planned and run through residents' meetings, which were chaired by an activities leader. Records of meetings viewed by the inspector indicated that actions raised at the meetings were brought to the attention of management to be addressed.

The centre had an open visiting policy and numerous visitors were observed to come and go throughout both days of the inspection. Feedback from relatives spoken with by the inspector was positive, with many stating that staff took time to talk with them when they visited or on the phone.

Improvements were required in the premises in relation to supporting the privacy and dignity of residents. 25 of the 33 residents were accommodated in multi-occupancy bedrooms of two, three and four beds. There was inadequate communal space for residents and there was inadequate dining space for residents. Residents had their meals in the main day room, which also served as a dining room. This room was insufficient in size should all residents wish to have their meals here. For example on the second day of the inspection there were 20 residents having their lunch in the dining room. 11 of these residents were sitting at small dining tables and nine were sitting in either armchairs or speciality chairs and were eating their lunch from a tray table. This practice was identified at the last inspection in October 2016 and does not allow residents partake of their meals in a dignified manner or promote dining as a social experience.
Improvements were noted in the number of residents that spent time in the sitting room from previous inspections. This was particularly noticeable in the morning time. However, a significant number continued to either remained in their rooms for mealtimes or returned to their rooms following their meals. The inspector observed that approximately 20 residents had their lunch in the dining room and the remaining residents dined in their bedrooms. The inspector noted that on the afternoon of the first day of the inspection there were 11 residents in the sitting room and two or three residents were wandering along the corridor. All other residents were in their bedrooms. While residents had access to two sitting rooms, as already stated, one of these was an internal room, with no access to natural light. This room was predominantly used for activities and was infrequently used by the majority of residents outside of this. The size, design and layout of the sitting rooms did not provide an inviting atmosphere for residents to spend their day away from their bedrooms.

Improvements were also identified in relation to the provision of activities since the last inspection. The programme of activities included group activities and also one-to-one activities, for residents less likely to engage in groups. The programme of activities included live music, arts and crafts, board games, crosswords, and physical exercises. The inspector also observed Sonas taking place in the afternoon.

Religious preferences were documented and there was evidence that they were facilitated. The centre had a small oratory. Religious ceremonies were celebrated in the centre, including daily prayers and monthly mass for Catholic residents. Residents were facilitated to vote in local and national elections and the returning officer visits the centre to facilitate residents to vote in elections.

Judgment:
Non Compliant - Moderate

Outcome 17: Residents’ clothing and personal property and possessions
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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 written policy on residents’ personal property and possessions and inventories were maintained of individual resident’s valuables and possessions. Bedrooms were personalised, insofar as possible in multi-occupancy rooms, and residents were facilitated to have their own items, such as pictures, if they so wished. However, while all residents had access to wardrobes, many of these were quite small. The inspector found that this did not allow residents full choice around their clothing and did not fully enable them to retain control over their possessions and clothing.
Residents' personal clothing was laundered in the laundry room and procedures were in place for the return of residents’ personal clothing. Bed linen was sent out to an external organisation for laundering.

**Judgment:**
Substantially Compliant

### Outcome 18: Suitable Staffing

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

**Theme:**
Workforce

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

**Findings:**
The inspector observed staff providing care in a respectful and caring manner. Residents appeared to be familiar with staff and staff were knowledgeable of residents care needs. An actual and planned roster was maintained in the centre, with any changes clearly indicated. The person in charge was supported in her role by a clinical nurse manager. There was a regular pattern of rostered care staff.

The staffing complement on the day of inspection comprised two staff nurses from 08:30hrs until 20:30hrs, and two staff nurses from 08:30hrs until 17:30hrs. There were four healthcare assistants on duty, one from 08:00hrs to 20:00hrs, one from 08:30hrs to 20:30hrs, and two from 08:30hrs to 17:30hrs. There were three catering staff, including a chef; a staff member in the kitchenette; one laundry staff, three housekeeping staff; one administrator; and a general operative.

There was a varied programme of training for staff. In addition to mandatory training the training programme included training on issues such as nutrition, palliative and end-of-life care, and hand hygiene. Improvements, however, were required in relation to staff training. While all staff had attended up-to-date training in safeguarding residents from abuse and all nursing staff had attended training in responsive behaviour and fire safety, not all care staff had attended training in responsive behaviour or fire safety. These actions are addressed under the relevant outcomes of this report.

The inspector reviewed a sample of staff files and found that all of the requirements of Schedule 2 of the regulations were met in the sample of files viewed. There were...
adequate records in relation to volunteers with their roles and responsibilities set out in writing, supervision arrangements and satisfactory garda vetting.

**Judgment:**
Compliant

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**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:**

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Caherciveen Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000562</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>24/10/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>06/12/2017</td>
</tr>
</tbody>
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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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

On the days of inspection, some issues identified in the environmental health report from May 2017 remained outstanding and it was not clear when they would be addressed.

1. Action Required:
Under Regulation 23(b) you are required to: Put in place a clearly defined management

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

**Please state the actions you have taken or are planning to take:**
The actions as stipulated in the EHO report will be completed by the 31/12/2017

| Proposed Timescale: | 31/12/2017 |

### Outcome 03: Information for residents

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Improvements were required in relation to the contract of care. For example:
- the contract did not detail whether or not the resident occupied a shared bedroom
- contracts were only issued to residents on long term care and were not issued to residents that were admitted for respite or community support.

| 2. **Action Required:** |
| Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre. |

| Please state the actions you have taken or are planning to take: |
| All contracts of care now detail if the resident shares a room or not, Residents that are admitted to respite/community support will be issued a contact as and from 18/12/2017 |

| Proposed Timescale: | 18/12/2017 |

### Outcome 07: Safeguarding and Safety

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Most staff had attended training in the centre on responsive behaviours, however, not all staff had not received up-to-date training in this area.

| 3. **Action Required:** |
| Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. |

| Please state the actions you have taken or are planning to take: |
| All staff will have received training in responsive behaviour by 31/03/2018 |
Proposed Timescale: 31/03/2018

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Training records indicated that most but not all staff had up-to-date training in fire safety.

4. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
All staff have received the annual fire training, those staff that are on extended leave will receive training on their return to work.

Proposed Timescale: 30/11/2017

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Records were available indicating that fire drills were held annually and not at a minimum of six monthly as recommended.

5. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
All staff have received the annual fire training and fire drills will be undertaken on a quarterly basis.

Proposed Timescale: 28/02/2018

Outcome 12: Safe and Suitable Premises

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

Improvements were required in relation to the premises. For example:
- there was inadequate communal space
- there was inadequate dining space
- 25 of the 33 residents were accommodated in two, three, and four bedded rooms.

6. 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:
The deficits in the design of the dining, communal and bedrooms areas will are incorporated into the new plans for refurbishment 31 December 2020

Proposed Timescale: 31/12/2020

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The size, design and layout of the sitting rooms did not provide did not provide an inviting atmosphere for residents to spend their day away from their bedrooms.

7. 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:
The sitting room furniture will be reconfigured in consultation with the residents, soft furnishing will be renewed to provide a more inviting atmosphere, the inner sitting area will be enhanced to encourage residents to use the sitting area more, all in the context of person centred care.

Proposed Timescale: 31/01/2018

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Improvements were required in the premises in relation to supporting the privacy and dignity of residents. For example,
• there was inadequate communal space for residents
• 25 of the 33 residents were accommodated in multi-occupancy bedrooms of two, three and four beds
• there was inadequate dining space for residents and residents had their meals in the main day room
• a number of residents were sitting in either armchairs or speciality chairs and were eating their lunch from a tray table.

8. 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:
The bedrooms will be address in the proposed new plans for refurbishment by the 31/12/2020
Residents will be offered choice as to dining area, either main dining area or in additional tables that have been made available in another sitting area.
The occupational therapist will undertake a seating review in relation to those residents in the speciality chairs as to determine the appropriate dining table (by 31/1/2018)
Residents will be offered choice as to where they wish to dine during their stay in the unit
The additional new dining/sitting area will be addressed in the proposed plan for refurbishment by the end 2020

Proposed Timescale: 31/12/2020

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Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All residents had access to wardrobes, many of these were quite small. The inspector found that this did not allow residents full choice around their clothing and did not fully enable them to retain control over their possessions and clothing.

9. Action Required:
Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

Please state the actions you have taken or are planning to take:
The residents will be provided with lockers that have 4 drawer space and an additional wardrobe attached available at their bed area, there is additional storage space available for the outdoor coats in a room at the end of the corridor, the residents summer garments and winter garments will be available to the resident in the according seasons.

Proposed Timescale: 28/02/2018