



# Report of an inspection of a Designated Centres for Older People

Name of designated centre:	St Gabriel's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Colla Road, Schull, Cork
Type of inspection:	Announced
Date of inspection:	21 and 22 March 2018
Centre ID:	OSV-0000600
Fieldwork ID:	MON-0020755

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Gabriel's Community Hospital is a 21 bedded residential care facility located on the outskirts of Schull village on well-maintained grounds with beautiful views over Schull harbour. A new single-storey wing consisting of 17 single bedrooms and two twin bedrooms, all of which were en suite, was added in 2012. The ground floor of the new wing also included extensive communal accommodation.

Communal accommodation is extensive and includes a large sitting or recreational room with an adjacent lounge which overlooked the garden and sea. There is a decked balcony outside the lounge area with seating and a bird table. Further communal areas include a dining room with a built-in kitchen area. The ground floor of the old building is used for physiotherapy and occupational therapy, and it also contains a clinical room, a hairdressers room, kitchen and store rooms. The centre also provides a lovely visitors' room with a pull-out bed and cooking and dining facilities if families wished to stay overnight (particularly if a family member was at end of life). An enclosed garden area opened off the dining room with plenty of tables, chairs, benches and plants for residents to enjoy.

The primary objective of the service is to support the needs of the population of the Mizen Peninsula catchment area by providing continuing care, respite care, palliative care, community support and convalescent care mainly to older people. The service also provides care to younger people over the age of 18 as required. It is a mixed gender facility catering for all dependency levels. Care is provided by a team of nursing and care staff covering day and night shifts. They are supported by chefs, household staff, medical officers and a multidisciplinary team.

**The following information outlines some additional data of this centre.**

Current registration end date:	24/06/2018
Number of residents on the date of inspection:	17

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information and information submitted by the provider or person in charge since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre.
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
21 March 2018	10:50hrs to 17:30hrs	Caroline Connelly	Lead
22 March 2018	09:00hrs to 14:45hrs	Caroline Connelly	Lead

## Views of people who use the service

The inspector spoke with the majority of the 17 residents present during the inspection. Residents said they felt safe and well cared for and knew the names of the person in charge, clinical nurse manager (CNM) and staff whom they considered to be approachable and helpful. Residents were very complimentary about staff saying they were very caring and helpful and that they always came when they rang the bell morning and night. They said staff went over and above the call of duty and sometimes came in on their time off to take residents out or prepare them for going out.

The majority of residents reported satisfaction with the food and said choices were offered at meal times. They complimented the home baking which they looked forward to and enjoyed daily. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals. There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents' satisfaction.

Residents with whom the inspector spoke were very happy with the activities and said they particularly enjoyed the music sessions, exercises and art sessions. A number talked about the trips out on the centre's mini bus accompanied by staff which they enjoyed. Residents were complimentary about the transition year students who visited weekly and said it was nice to see young people coming into the centre.

A number of residents said that they knew who to approach if they had a complaint and felt it would be addressed. A lot said they never had to complain. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

Residents were very complimentary about the centre, their spacious en-suite bedrooms and the beautiful views out to sea.

## Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from on the previous inspection had generally been addressed and rectified.

The centre was operated by the Health Service Executive (HSE) who was the registered provider. The provider representative was available to the management team. The inspector saw that there was a clearly defined management structure in place. The centre was managed by an appropriately qualified person in charge responsible for the direction of care. The person in charge was also person in charge for another centre in the area and divided his time between the two centres. He was supported in his role by a full time CNM2, a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management.

There was evidence of good oversight by the provider representative and meetings were held with all the persons in charge from the community hospitals in the area. The meetings were a forum for discussion, sharing of ideas and promotion of developments in services and practices. Results of audits and key performance indicators were reviewed and discussed. The person in charge also held regular meetings attended by the CNM and staff.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a good place to work and staff retention was high. The inspector saw that systems had been put in place for monitoring the quality and safety of care provided to residents. Key clinical quality indicator data was collected including pressure ulcers, falls, the use of psychotropic medications, bedrails, medication management and administration, the assessment of risk, and health and safety. Quality management measures such as reviews and audits were in place to demonstrate that the service provided was safe and effective. Incident recording and investigation processes included an assessment with evidence of learning and revised practice taking place. The inspector saw that a comprehensive annual review of the quality and safety of care and support in the designated centre had been undertaken by the management team in accordance with the standards for 2017. This review was made available to the inspector and there were a number of recommendations and actions from this review that had been actioned.

Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. This enabled staff to provide evidence-based care to residents. Staff supervision was implemented through monitoring procedures and senior nursing staff ensured appropriate supervision at all times.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations

were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Resident records such as care plans, assessments, medical notes and nursing records were complete. Other records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained. The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements and probation reviews.

#### Regulation 14: Persons in charge

The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and his statutory responsibilities.

Judgment: Compliant

#### Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff, household and catering staff.

Judgment: Compliant

#### Regulation 16: Training and staff development

A training matrix and staff spoken with confirmed that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training was generally completed along with other relevant training such as infection control . Nursing staff also attended clinical training such as wound care, blood letting, medication management and care planning training. However, not all staff had completed training in responsive behaviours as required by the regulations.

Judgment: Not compliant
<b>Regulation 21: Records</b>
All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to very well maintained and contain the requirements of schedule 2 of the regulations. The centre had in place HSE Garda Vetting Liaison Officers' vetting report confirmation forms for staff. However, this is not a disclosure in accordance with the National Vetting Bureau Act 2012 as required by schedule 2 of the 2013 care and welfare regulations. A full vetting disclosure was made available for the staff members requested by the inspector immediately following the inspection.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The inspector saw that there was up-to-date insurance in place against injury to residents and other risks including loss or damage to residents' property.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There were clear governance and management arrangements in place to ensure the centre was providing the service described in the statement of purpose and meeting the needs of the residents. There was a comprehensive annual review of the quality and safety of care delivered to residents in the designated centre with an action plan for the year ahead.
Judgment: Compliant
<b>Regulation 24: Contract for the provision of services</b>
The inspector viewed a number of contracts of care and, although they did contain

details of the service to be provided and the fee to be paid, they did not detail the room occupied by the resident and what the charges were for additional services not included in the fee.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

The statement of purpose was found to meet the requirements of legislation.

Judgment: Compliant

### Regulation 30: Volunteers

On the previous inspection, the role of the volunteer had not been clearly defined and there was no vetting in place. On this inspection, there were no volunteers working in the centre but the person in charge was aware of the requirements of legislation should another volunteer commence in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents were generally notified to HIQA in accordance with the requirements of legislation.

Judgment: Compliant

### Regulation 34: Complaints procedure

On the previous inspection, the policy did not identify the person responsible for ensuring that all complaints are appropriately responded to and that adequate

records were maintained. This remained the same on this inspection.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

The centre has all of the written operational policies as required by legislation and the inspector saw that these were reviewed and updated at intervals not exceeding three years as required.

Judgment: Compliant

#### Quality and safety

Overall, residents were supported and encouraged to have a very good quality of life which was respectful of their wishes and choices. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the beautiful surroundings and scenery and also by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives gave very positive feedback regarding all aspects of life and care in the centre.

There was a local general practitioner (GP) providing medical services to the centre and the GPs attended on a daily basis including Saturday mornings if required. Out-of-hours medical cover was available where necessary. The inspector met one of the GPs during the inspection and a sample of medical records reviewed confirmed that residents were reviewed on a very regular basis. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The centre provided in-house physiotherapy services. Each resident was reviewed on admission and regularly thereafter by the physiotherapist who attended the centre two to three days per week and provided an exercise class for residents. The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including occupational therapy, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were very well met.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Resident surveys had been undertaken. There was evidence of consultation with residents and relatives through residents' meetings chaired by external activity staff. The inspector noted that issues raised by residents were brought to the attention of the person in charge and items were followed up on subsequent meetings.

The centre had introduced a person-centred programme in September 2017 where the staff, residents and their families have introduced a new programme of events to the centre. Through the programme, staff offered their services and skills in baking, hairdressing, massage, driving, music and dance. Many of these services were provided to residents in their own time and staff came in to assist residents to get ready to go out and accompanied them on many trips and to concerts. Residents shared their baking skills and shared tips with staff while making breads and cakes. An Ipad pro was purchased from fundraising for residents to use where they can receive emails, photos, and videos from family and friends. Many other initiatives were planned and had occurred in consultation with residents and staff.

There was evidence that the centre is deeply rooted in the local community with local choirs and schools regular visitors to the centre. The inspector met transition year students visiting during the inspection and residents said it was lovely to meet the young people. Arts and music groups are regular visitors to the centre and the centre celebrated culture night with the local Schull Fastnet film crew showing movies in the dayroom attended by residents their families and people from the local village.

A varied and interesting social programme was seen and residents' art work was displayed throughout the centre. A special piece of glass art work had been commissioned and was hung in a prominent place in the centre displaying the life history and stories of the residents who resided there.

Improvements were seen in care planning with the introduction of more person-centred documentation. Advocacy services were available to residents as required. The premises was purpose built and met the needs of residents in a homely and spacious way and was seen to be of very high quality. Plenty of outdoor space was provided and access to private areas for visiting were readily available. Overall, residents and relatives were very satisfied with all aspects of life and care in the centre as expressed to the inspector.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were generally followed. An emergency plan had been developed an appropriate response was in place for all emergency situations. The provision of regular fire drills required review.

## Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal area and in the designated visitors' room. The inspector saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

## Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions including locked storage space in all residents bedrooms.

Judgment: Compliant

## Regulation 13: End of life

There were written operational policies and protocols in place for end-of-life care. There was a fully equipped large palliative care room available for end of life in the centre. Religious and cultural preferences were facilitated and facilities were available for family members to stay overnight if required. The inspector saw that care practices showed that residents are cared for with the utmost respect at end of life. There was good access to palliative care and there was evidence of referral and review. Staff had received training in end- of- life care.

Judgment: Compliant

## Regulation 17: Premises

The premises was of a very high standard with spacious and comfortable private and communal facilities. The premises and grounds were well maintained. The inspector noted that the centre was warm and homely with high levels of cleanliness. There was evidence of a continuous programme of maintenance. An enclosed garden area opened off the dining room with plenty of tables, chairs, benches and plants for residents to enjoy. There were improvements in signage since the previous inspection with pictorial signage on key communal areas.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met, meals and meal times were observed to be an enjoyable experience.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant

### Regulation 28: Fire precautions

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident were documented. Annual fire training was provided to staff and fire evacuation drills formed part of this training. However, no

further drills had taken place and no fire drill was undertaken when there was reduced staffing levels in the centre.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. Medications were stored in locked cupboards in each residents individual bedroom. A sample of prescription and administration records viewed by the inspector contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Improvements were seen in the overall assessments and care planning since the previous inspection. Care plans viewed by the inspector were personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place and detailed residents wishes at end stage of life.

Judgment: Compliant

### Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of daily access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, dietician, speech and language, podiatry and tissue viability as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans.

Judgment: Compliant

### Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Improvements were seen since the previous inspection in the management of residents' finances and a more robust system was implemented.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated. External activity staff chaired the meetings and maintained minutes of these meetings which were submitted to the person in charge for follow up.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Gabriel's Community Hospital OSV-0000600

Inspection ID: MON-0020755

Date of inspection: 21/03/2018 and 22/03/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training in responsive behaviors will be provided for staff 	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contracts of care now stipulate the room that is to be occupied by our resident. There is access to a private Chiroprapist and Hairdresser. The charges for both of these re now stipulated In the contract of care. 	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The policy has been updated and now clearly indicates the person responsible for ensuring that all complaints are appropriately responded too and recorded. 	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire evacuation drills will be carried out 6 monthly commencing week beginning April 30 <sup>th</sup> 2018 and also In November.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Yellow	30 June 2018
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	26 April 2018
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety	Not Compliant	Orange	30 May 2018

	management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	26 April 2018