

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kanturk Community Hospital
Centre ID:	OSV-0000572
Centre address:	Kanturk, Cork.
Telephone number:	029 500 24
Email address:	bernadette.oleary@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	3

About Dementia Care Thematic Inspections

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

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

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

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

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

The inspection took place over the following dates and times

From: 16 September 2019 09:00 To: 16 September 2019 18:30

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

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection that focused on six specific outcomes of dementia care. In addition, the inspector followed up on progress of the action plan from the last inspection. The centre did not have a dementia specific unit and at the time of inspection there were four of the 30 residents living in the centre with a formal diagnosis of dementia. Residents' dependencies ranged from low to maximum dependency, with some residents requiring a high level of support due to their dependency and communication needs.

The inspector found significant improvement in the service since the previous inspection with little evidence of institutional practices or behaviours. The registered provider representative, the person in charge, clinical nurse manager (CNM) and care team were committed to delivering a person-centred approach to care and promoting a culture of openness and inclusiveness. The governance and management structures in place assured good oversight and support of the service where residents' autonomy and independence was promoted. The inspector met with residents and relatives during the inspection and observed practices that suggested that care was delivered in a relaxed atmosphere with good support from the person

in charge. Residents gave positive feedback regarding staff, their kindness and good humour, and about their life in the centre and the improvements in the recent months. Safeguarding was paramount to care delivery and the inspector observed that there were no barriers to residents reporting issues to the person in charge or the CNM.

Care practices and interactions between staff and residents were observed using a validated observational tool. All care staff had responsibility with residents exhibiting aspects of responsive behaviours, and observations demonstrated that staff actively engaged in a positive connective way to enhance peoples' quality of life throughout the day.

Meal time was observed and significant improvement was noted here. Most residents now dined in the day room or conservatory; residents who remained in their bedrooms did so out of choice. Appropriate assistance was offered and delivered discretely.

While the premises remained a significant issue due to the multi-occupancy bedrooms for example, many areas were refurbished and was much brighter and homely and less institutionalised in appearance. The quiet room was upgraded and had a new coffee doc with fridge, microwave, tea and coffee making facilities for residents and their visitors. A second secure courtyard was being constructed at the time of inspection located outside the conservatory to provide additional outdoor space for residents to enjoy. Dementia-specific signage to orientate residents to areas such as the garden, church and new coffee doc would further enhance life by allaying possibilities of disorientation and confusion.

The inspector reviewed care documentation and found care plans were person-centred; behavioural support plans were available but there was no resident requiring such oversight at the time of inspection, nonetheless, care plans were quite specific in directing care of residents with a diagnosis of dementia to minimise the potential for anxiety or confusion. Residents had timely access to medical services including out-of-hours services and allied health professionals.

Staff had access to on-line and in-house training and there was good oversight of staff training needs. Staffing levels were adequate to the size and layout of the centre and night duty staff levels were maintained cognisant of fire safety precautions.

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):

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

Findings:

The inspector tracked the journey of residents with dementia and also reviewed specific documentation of care including medication management, restrictive practice and management of responsive behaviours. Pre-admission assessments were completed. Assessments were carried out on admission of all residents, including those people with a diagnosis of dementia. Validated assessment tools were used to support assessments and care, and these were comprehensively completed. Care plans were person-centred and timely updated. Behavioural support plans formed part of the care planning documentation, but there was no resident requiring such oversight at the time of inspection, nonetheless, care plans were quite specific in directing care of residents with a diagnosis of dementia to minimise the potential for anxiety or confusion. Documentary evidence showed that residents and their families were involved in planning care and assessing care needs. Nonetheless, while residents had 'missing persons profiles' photographic identification was not routinely in place in line with best practice; consent forms were not used in accordance with legislation; both of these were repeat findings.

Following review of healthcare records and residents' feedback, residents had timely access to health care services. The general practitioner (GP) attended the centre on a weekly basis; and residents had good access to psychiatry of old age, geriatrician, dietician, speech and language, dental, ophthalmology, chiropody, tissue viability and community palliative care services.

Residents had access to community services such as the Irish Wheelchair Association and Headway and their needs were under constant review to maximise their accessibility to these services. Review of medication management charts showed that they were reviewed by the GP. Nonetheless, gaps were identified in the medication administration records; in addition, some medications were being administered without the appropriate instructions, in accordance with the requirements set out in An Bord Altranais professional guidelines for medication management. Wound management was discussed with staff and they demonstrated good knowledge regarding preventative measures as well as treatments regimes for wounds. Various high grade pressure relieving mattresses and cushions were available to residents following assessments.

While there were systems in place to optimise communication between residents and families and the acute hospitals, information from acute care settings was not as comprehensive, for example, one resident admitted from the acute care setting had significant bruising following a fall in the hospital, however, there was no information relating to this on the transfer letter to the centre. There were several other examples of this evidenced. Nonetheless, the person in charge followed up on this and other issues identified following assessment of residents upon admission to ensure residents had appropriate and timely care and services.

In general, the inspector observed good, kind care and interactions with residents and visitors. Residents spoken with said they could raise issues and they would be dealt and 'nothing was a problem' to the management team.

Residents gave positive feedback about the quality of their meals, the menu choice and choice in where to dine. Mealtimes were protected and medications were administered either before or after meals to enable residents have an enjoyable dining experience. There were arrangements in place to meet the nutritional and hydration needs of residents including people with a diagnosis of dementia. Residents had timely access to dietician and speech and language specialist services as part of their health promotion. Weights were completed regularly in accordance with their assessed needs. Reports demonstrated that there was good oversight to residents' nutritional wellbeing. Some residents were on a four-day fluid and nutritional monitoring to provide oversight of their intake to inform further interventions to support their healthcare needs. The inspector observed breakfast, snack, lunch and supper times on inspection. Overall, the dining experience had significantly improved from previous inspections where most residents now came to the dining room for their meals and people chatted and shared all kinds of news. Staff engaged with residents in a normal social manner and offered assistance in a respectful kind manner. There were new table clothes and tables were set properly with condiments, cutlery and napkins.

While the directory of residents was maintained, it was not up-to-date. This was discussed with the person in charge and assurances were given that the CNM would be responsible for the daily update of information in accordance with the requirements listed in Schedule 3 of Regulation 19.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

There were local policies and procedures in place to support national policies relating to matters as set out in Schedule 5 of the regulations. Policies to support dementia care included safeguarding vulnerable persons at risk, management of suspicions of abuse of vulnerable persons, use of restraint, guidance on promoting a restraint-free environment with associated national policies.

The person in charge and CNM were well known to residents and residents reported that they could raise any concerns or issues with management.

Training records indicated that all staff had up-to-date training related to protection, dementia awareness and managing behaviour that was challenging. Observations confirmed that staff knew and understood residents and staff demonstrated good practice, positive engagement and distraction techniques with residents with communication needs and residents exhibiting aspects of responsive behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD).

There was improvement noted in the oversight of restrictive practice and promotion of a restraint-free environment. A risk assessment was completed prior to using bedrails. There was evidence of trialling alternatives prior to using bedrails such as low-low beds and alarm mats. Daily records were maintained of checks when bedrails were in use. Residents with specialist chairs had all been assessed by the occupational therapist.

Residents had access to advocacy services and information relating to advocacy was displayed at main reception and formed part of the residents' guide information booklet.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation**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 inspector used the validated observational tool (Quality of Interaction Schedule – QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. These observations took place in the day room and dining area; each observation lasted 30 minutes. Interactions observed were positive and kind, where staff positively engaged with residents and adapted their approach to reflect the individuality of each resident.

Residents were well dressed in outfits of their choice and gave positive feedback about their new purpose-build wardrobes and bedside lockers.

There were no restrictive visiting arrangements. Residents' privacy and dignity was respected, including receiving visitors in private. The inspector observed guests visiting in the day room, conservatory, new coffee doc and residents' bedroom.

There was a full-time activities co-ordinator. There was a daily programme of activities as well as special events, outings and celebrations. People reported that they participated if they wished and their right to not participate was respected and this was observed. Photograph albums were on coffee tables in the day room and conservatory of recent outings to Inch beach, Muckross House and Grenagh open farm, and the day the animals came to Kanturk; residents said 'the best of all' was feeding the donkeys, the beautiful golden retriever and Shetland pony and said they had great fun.

The residents' advocacy meetings were facilitated by an external independent service. Minutes from these meetings showed that the agenda was based on the national standards, however, they did not appear to elicit people's thoughts or feedback people's on the service. This was discussed in detail with the person in charge and CNM and outlined that the purpose of these meetings was to give residents' their say in the organisation and running of the centre. The person in charge and CNM agreed that they would be able to follow through on issues identified immediately if they facilitated these meetings, and agreed to take over responsibility for them with immediate effect.

Residents had access to the information booklet in accordance with Regulation 20.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents spoken with were aware of their right to raise concerns and they relayed they had no barriers reporting anything. This was observed on inspection. One resident reported that the person in charge and CNM made a 'great team' and there was no problem talking with either.

There were policies and procedures relating to the management of complaints. A synopsis of the complaints procedure was displayed at main reception. Residents had access to advocacy services and information relating to advocacy was displayed at

reception.
Judgment: Compliant

Outcome 05: Suitable Staffing

Theme: Workforce

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Resources were in place with the appropriate skill mix to meet the assessed needs of residents. Residents spoken with gave positive feedback about staff and reported that the 'girls were great'. Lovely chat and banter were observed throughout the inspection between staff, residents and relatives, and visitors were made very welcome. Healthcare assistant staff had completed FETAC level 5 training. Household staff had completed training regarding cleaning solutions and techniques and all staff had infection control and hand hygiene up-to-date training. Overall, there was good oversight of training needs to ensure staff had up-to-date training appropriate to their role and responsibility. Healthcare assistant and household staff duties were segregated and staff were trained appropriate to their role and responsibility.</p> <p>The person in charge worked full time and the registered provider representative provided on-going support on a daily basis and was on site fortnightly.</p> <p>A sample of staff files were reviewed and documentation was in line with the requirements set out in Schedule 2 of the Regulation.</p>
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Judgment: Compliant

Outcome 06: Safe and Suitable Premises

Theme: Effective care and support

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

Findings:

The layout and facilities available in the centre have been highlighted in all the previous inspection reports as not suitable for their intended purpose. Nonetheless, the centre had been repainted since the last inspection; curtains and upholstery were colour coordinated and made the place warm and homely; bedrooms were colour-coordinated as well and residents' relayed that they were involved in choosing the fabric for curtains and bedlinen. Curtains were in place and bed covers were due shortly. Residents were very happy with their improved surroundings and highlighted the improvements were 'happening all the time', for example, their new purpose-build wardrobes, lockers and comfortable bed-side chairs.

The person in charge gave assurances that the planning application was lodged with the Cork County Council and following that, the building works would go to tender. Nonetheless, the person in charge outlined the ongoing remedial works to make the centre to make it more homely. A new enclosed courtyard was being constructed off the conservatory to give residents further additional access to the outdoors. Dementia-specific signage to orientate residents and visitors would further enhance the positive findings of this inspection. While additional storage space was created since the last inspection, storage space remained inadequate for the amount of specialised wheelchairs and other equipment used.

Residents' accommodation comprised single and multi-occupancy five and six-bedded rooms. Assisted toilets, showers and bathroom were available; one shower room was totally refurbished since the last inspection and was significantly better than the previous. Residents had access to private storage space including secure storage. Bedrooms were more personalised in accordance with individual preferences. Hand rails and grab-rails were available throughout. Advisory signage was evident to highlight the change in camber along the corridor.

Cleaning regimes were in place for routine cleaning as well as deep cleaning and curtain changing. Sluice rooms were upgraded since the last inspection with hand wash sink facilities. Good hand hygiene practices were observed throughout the day.

Judgment:

Non Compliant - Moderate

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:

Breeda Desmond
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:	Kanturk Community Hospital
Centre ID:	OSV-0000572
Date of inspection:	16/09/2019
Date of response:	14/10/2019

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

Residents had 'missing persons profiles' but photographic identification was not routinely in place in line with best practice; consent forms were not used in accordance with legislation; both of these were repeat findings.

Gaps were identified in the medication administration records; in addition, some medications were being administered without the appropriate instructions, in accordance with the requirements set out in An Bord Altranais professional guidelines

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

for medication management.

1. 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:

The Directory of residents is now being managed by the director of Nursing and the CNM2 to ensure compliance with regulations.

All missing person profiles have been updated and all now contain photographs of the residents. Regular audits using DML audit tool, will take place to ensure photographs of resident is in situ to ensure compliance with missing persons profiles

All consent are been reviewed to ensure compliance with legislation.

Every residents drug chart has been reviewed and where necessary instructions have been added, gaps in signing of medication has been addressed and all staff have been made aware of the importance of Compiling with NMBI guidelines on medication management. Prescription sheets are being audited on a regular basis using both metrics and the DML audit tool to ensure compliance with legislation. All staff nurses have received medication management training.

The Director of Nursing or her representative will attend all residents meetings , next meeting planned for end October 2019

Proposed Timescale: 15/10/2019

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The layout and facilities available in the centre have been highlighted in all the previous inspection reports as not suitable for their intended purpose.

There was inadequate storage for equipment in the centre.

2. Action Required:

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

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

A store room has been identified off site and this is being used for equipment, an area at the back of the church is also being used for storage of equipment when not in use at night

Proposed Timescale: 30/09/2019

Theme:

Effective care and support

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

Due to the layout and facilities available, the centre did not meet the needs of residents.

3. 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:

Currently planning permission is being sought to enhance the residents experience within the centre , planning was lodged with Cork County Council early August 2019,a decision is due from the council in Oct 2019

Proposed Timescale: 31/10/2019