

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Listowel Community Hospital
Centre ID:	OSV-0000564
Centre address:	St Josephs Unit, Greenville, Listowel, Kerry.
Telephone number:	068 21022
Email address:	Jacqueline.Brick@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Ber Power
Lead inspector:	Mary O'Mahony
Support inspector(s):	Vincent Kearns: Aoife Fleming
Type of inspection	Announced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	1

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.

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 Quality 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

From:	To:
28 January 2015 09:45	28 January 2015 18:30
29 January 2015 09:15	29 January 2015 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report set out the findings of an inspection of St Joseph's Unit, in Listowel Community Hospital by the Health Information and Quality Authority (HIQA or the Authority). The hospital was a single storey premises, consisting of two units, St Joseph's and the District. St Joseph's Unit was the designated part of this Health Service Executive Centre (HSE) premises which was due for re-registration. It was situated approximately one kilometre from the centre of Listowel town with car parking to the front of the building. Long term residential, respite and palliative care was provided in St Joseph's unit which at the time of this inspection had been reduced from 28 to 24 beds. Care was provided primarily for residents over 65 years of age including residents diagnosed with dementia. The centre also provided care

for two younger residents with disabilities. At the time of inspection the person in charge informed inspectors that there were only three independently mobile residents in the centre.

The bedroom accommodation consisted of four single rooms each with an en suite toilet and sink. There were four five-bedded rooms each with an en suite assisted toilet and wash-hand basin. There were views and access through double doors to a large grass lawn area from each of these bedrooms. In addition to the en suite toilet facilities there were two other assisted toilets within close proximity to the sitting room and dining area. There were two communal assisted shower rooms. The person in charge said that the assisted bath had been removed and two shower trollies had been purchased for residents. There was a large room in the centre which served as a combined sitting and dining room. This room had four tables which were brought out to the centre of the room during meal times. The garden area could be accessed through this room also.

During the two day inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as nursing records, care plans, medical records, incident and complaints logs, policies, and staff records. The provider, who had recently been appointed, was interviewed on day two by inspectors and she outlined the funding difficulties being experienced to provide for more suitable or modified premises, which would comply with the requirements of the legislation. She acknowledged to inspectors that the privacy, dignity and rights of residents were seriously compromised in the current building, due to the design and layout of the multi occupancy five bedded rooms, and the lack of private space for residents to meet their visitors and carry out activities in private. She also acknowledged that the amount and location of just two shower rooms for 24 highly dependent residents had serious consequences for residents' dignity, privacy and choice.

There was evidence that overall, residents in the centre received a good standard of care. The premises were well maintained and had recently been renovated. Overhead hoists had been procured, new curtains and wardrobes had been installed and homely hall furniture was in place. Staff with whom inspectors spoke were knowledgeable about residents' individual health needs. However, there were numerous issues of non compliance in relation to the design and layout of the premises as regards the legislative requirement to protect and promote the privacy and dignity of residents. Improvements were also required in the areas of safeguarding and safety: health and safety and risk management: medication management: notification of incidents: health and social care needs: safe and suitable premises: complaints procedure: residents' rights dignity and consultation: residents' clothing and personal property and staffing. The provider submitted an action plan to the Authority which was not satisfactory as regards the plans, the provision of funding and the timescale for required renovations to the premises. A second action plan was requested and this also was unsatisfactory as before.

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 Quality 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 which accurately described the service that was provided in the centre. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was kept under review and was revised at intervals of not less than one year. Staff were familiar with the statement of purpose and it was implemented in practice. However, inspectors noted that there was a list of visiting times on display at the entrance to the building. This was not in compliance with legislative requirements or with the centres own statement of purpose. This will be addressed under outcome 16: Residents' rights, dignity and consultation.

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:

The quality of care of residents was monitored and developed on an ongoing basis. Effective management systems were seen to be in place in the centre during the inspection. The person in charge assured inspectors that there were sufficient resources in place to ensure the delivery of safe and good quality care to the residents with the present skill mix and staffing levels. The person in charge was supported by an experienced clinical nurse manager (CNM) who also acted as CNM to the attached district hospital. There were clear lines of authority and accountability. There were daily care handover meetings and all grades of staff were included in these meetings. Inspectors saw evidence of staff meetings and saw that any issues arising were addressed. Improvements were seen to have occurred as a result of the learning from the outcome of audits.

Inspectors spoke with the new CNM who outlined the improvements in care which she had instigated since her appointment and the training plans which she had put in place. She had an audit system planned in the areas of infection control and falls, among others. She was knowledgeable about the residents and their need for appropriate activities. She was engaged in continuous professional development and had engaged with staff about providing a person centred approach to care.

There was evidence of consultation with residents and their relatives. Inspectors spoke with residents who said that there were residents' meetings held in the centre. Relatives spoke with inspectors about the fact that staff frequently consulted with them if there was a change in the status of the resident or for example if any accident happened. Relatives and residents were familiar with the person in charge and with her role and were able to identify her by name to inspectors. Inspectors viewed the details of residents' surveys, the minutes of residents' meetings and the pre inspection questionnaires for this inspection. These indicated a person-centred approach to the care and quality of life of the residents.

Judgment:

Compliant

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:

The Resident's Guide was seen by inspectors and this was available to residents and their representatives. It was placed prominently in the hallway of the centre and was easily accessible. Contracts of care had been implemented for residents and a sample of these contracts were viewed by inspectors. The contracts were comprehensive and

contained the required details under the Regulations such as: the fees to be charged and how the care and welfare of residents would be met. The contracts had recently been updated to include the extra cost of chiropody service. There was relevant information available for residents on notice boards in the centre including meal choices and upcoming activities and events.

Judgment:

Compliant

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:

The person in charge was a suitably qualified and experienced registered general nurse. The person in charge was employed full-time at the centre and had the minimum of three years experience in the area of nursing of the older person within the previous six years as required by the Regulations. She demonstrated sufficient clinical knowledge throughout the inspection and had adequate knowledge of the legislation and her statutory responsibilities. There was evidence that she was committed to continued professional development and had completed a post-graduate diploma in gerontological nursing.

The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was familiar with resident's individual needs.

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:

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

No actions were required from the previous inspection.

Findings:

Records required under the Regulations were maintained in the centre. However, not all residents' records were stored secured and inspectors observed resident's personal files and life stories at the end of each bed. Inspectors viewed a selection of residents' care plans. Each care plan outlined the social and medical needs of the resident and recognised tools were used to assess the medical, physical and psychological needs of residents. There was evidence of input from, and assessments by, allied health professionals, where necessary. Inspectors found that the care plans contained information about residents' holistic needs and there was evidence that the plans were individualised. There were centre specific policies which were updated and reviewed when required and these included the policies specified in Schedule 5 of the Regulations. Staff demonstrated an understanding of these and inspectors viewed a signature sheet for staff to sign when the policies were read. However, inspectors noted that not all the policies were implemented for example, the procedures to be followed in the event of an allegation of abuse and the policy on complaints. This was not in compliance with Regulation (4) (1). These failings will be expanded on under outcome 13: Complaints procedures and under outcome 7: Safeguarding and Safety.

The centre was adequately insured against injury to residents according to the insurance certificate viewed by inspectors. Fire safety records were seen and were found to have met the requirements of the regulations as regards, training, testing and maintenance of the system. Inspectors viewed a sample of staff files and found that they were maintained in good order. There was a policy for volunteers in the centre and guidelines were set out for the parameters of the role and the responsibilities attached. The staff roster was viewed and inspectors saw that it correlated with the staffing levels which the person in charge had outlined. Inspectors viewed the directory of residents which had the required details recorded.

Documentation was seen by inspectors which indicated that residents' right to refuse treatment was documented where this occurred and there were records available to indicate that discussions were held with residents and their representatives about CPR (Cardio-Pulmonary-Resuscitation). Inspectors were shown an up-to-date complaints and incident book. Complaints were documented in the complaints book and they were investigated but not all complaints seen had a record of the satisfaction or not of the complainant recorded. This will be addressed under outcome 13: Complaints procedures. Other failings in the area of complaints will be addressed under outcome 7: Safeguarding and Safety and outcome 10: Notifications.

Training records were maintained in the centre however, these were not up to date and did not indicate that all appropriate training had been provided to staff. This will be addressed under outcome 18: Staffing: The centre utilised a daily flow chart for recording care given to residents. However, inspectors noted that in one care plan a record of a resident having a seizure in December had not been highlighted by staff

when the care plan update had been undertaken. This was significant as that seizure event had resulted in an increase in this resident's anti-seizure medications. Inspectors noted that in some instances there were nursing notes that recorded the health conditions and medical treatment given on a supporting 'communication' sheet. However, in a sample of care plans reviewed inspectors noted that there were gaps in recording in a narrative form of the health and medical condition of each resident. This system of recording health conditions and medical care did not comply with the requirement of Regulation 21, Schedule 3, 4 (c) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 or with the guidelines as set out in An Bord Altranais agus Cnaimhseachais na hEireann "Recording Clinical Practice Guidance for Nurses and Midwives" 2002.

Judgment:

Non Compliant - Major

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:

The Authority was appropriately informed when the person in charge was absent for more than 28 days and of her subsequent return to work. Suitable arrangements had been put in place in her absence.

In the event of this situation arising again, the clinical nurse manager, who was the designated person participating in the management of the centre, would take on the role of acting person in charge and was a suitably qualified person.

Judgment:

Compliant

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:

The person in charge stated that staff were made aware, on a regular basis, of the policy on the prevention of elder abuse. She attended the centre daily to ensure that she was informed of any issues regarding residents' welfare. Residents with whom inspectors spoke said that they felt safe in the centre and that their concerns would be listened to. Staff were able to confirm their understanding of the types of elder abuse. They explained how they would support a resident in this situation. Inspectors viewed the policy for responding to allegations of adult abuse. This policy was comprehensive and provided details in relation to the actions required by staff when responding to an allegation to elder abuse. However, inspectors noted that in staff and residents' documentation seen allegations of abuse were not investigated as such but were recorded and investigated as complaints. This was not in line with the guidelines in the centre's own policy or the 'Trust in Care' (HSE 2005) document. This issue was addressed under outcome 10: Notifications. In addition, staff training records indicated that all staff had not received updated mandatory training in the prevention and response to elder abuse. A sample of records seen indicated that some staff did not have updated training and new staff had yet to be afforded relevant training.

The centre had a policy on behaviour that challenges. However, all staff had not been afforded the specific training outlined in the policy to enable them to respond to and manage this behaviour safely. Inspectors reviewed the measures that were in place to safeguard residents' money and noted that receipts were obtained and where possible residents' or their representatives' signature had been recorded. However, not all receipts were specific as regards how the money was spent and the administrator undertook to ensure that all receipts were itemised. Inspectors were informed that most financial records were maintained centrally by the HSE. Transactions on these computerised accounts appeared clear and transparent. Residents' valuables were in safekeeping and records of these were seen and checked by inspectors.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The centre had a comprehensive emergency plan in place which detailed the actions to

be taken by staff in the event of an emergency situation. It specified the arrangements for the evacuation of residents and identified an external location for the temporary placement of residents. The emergency plan was found to meet the requirements of legislation. The fire prevention policy was viewed by inspectors and was found to be detailed and centre-specific. There were signs placed prominently around the centre to alert staff and residents to the procedure to follow in the event of a fire. The emergency lighting was checked and serviced at regular intervals and inspectors viewed these records. Documentation and evidence was also seen which indicated that the fire extinguishers were maintained and serviced as required. Fire training was provided to staff on a number of dates in 2013 and 2014. Regular fire evacuation drills were undertaken. Staff spoken with by inspectors were aware of the procedure to be followed in the event of a fire. The fire alarm and the fire doors were checked regularly and these records were reviewed by inspectors. Inspectors noted on day one that one red emergency key box located near the double exit door in one bedroom was broken and the key was not present. On day two of the inspection the broken key box had been removed and there continued to be no key available in the vicinity which meant that the staff could not exit immediately, in an emergency. The person in charge undertook to replace the emergency key and its container.

Inspectors viewed the record of accidents and incidents. The records indicated that any issues were investigated. The centre had a risk register which was updated when new risks were identified and inspectors were shown the health and safety statement for the centre. This identified the responsibilities of staff in managing risks and promoting health and safety in the centre. The risk management policy was reviewed and this outlined the controls for the risks specified under regulation 26 (1). Hand sanitisers were present at the entrance to the building, on the corridors and in the staff and resident areas. Inspectors saw that gloves were stored safely. Hoists, wheelchairs, weighing scales, electric beds and mattresses were serviced on a regular basis and these records were seen by inspectors. The centre had an outside smoking area. There were risk assessments noted in the care plans of residents who smoked and there was an external smoking area available. Clinical risk assessments were undertaken for the residents, including falls risk assessment, dependency levels, nutrition, skin integrity, continence, moving and handling and challenging behaviour. Inspectors viewed these in the residents' care plans.

However, inspectors observed that not all the risks in the centre had been identified and risk assessed for example, the fact that the emergency fire door key (break glass unit (BGU)) was not made suitable available, residents' privacy and dignity risks due to the location of the shower rooms and the multi occupancy bedrooms. In addition, inspectors noted that one shower room was extremely cold and the radiator appeared to be leaking and could not be turned on. In the other shower room the radiator was on and inspectors noted that it was too hot to touch. This temperature of this radiator was checked and the surface temperature was recorded as 51' C. However, this had not been observed or risk assessed. The person in charge called the maintenance personnel who attended to the radiators immediately.

A number of residents had laundry sent home for washing. Most of the personal laundry and bed linen was outsourced and there were few issues with missing laundry. Inspectors observed staff abiding by best practice in infection control with regular hand-

washing and the appropriate use of personal protective equipment such as gloves and aprons. The centre was seen to be visibly clean.

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:

Inspectors noted that there was a written operational policy relating to the ordering, prescribing, storing and administration of medicines to residents. The policy was comprehensive, centre-specific and was updated in October 2013.

The processes in place for the handling and administration of controlled drugs were in accordance with current guidelines and legislation. The controlled drugs were checked by two nurses at each shift handover. Storage of medicines was safe and in accordance with current regulatory requirements. Medication fridge temperatures were monitored and recorded. However, PRN (as required) medications were not individually stored for each resident on the medication trolley.

A system was in place for reviewing and monitoring safe medication management practices. Medication incidents were recorded in a medication management incident log by staff. There was evidence that each resident's medication regimen was reviewed by the pharmacist and/or the relevant general practitioner on a regular basis. However, residents did not have a choice of pharmacist which was a requirement under regulation.

The prescription records were transcribed by the general practitioner and contained the appropriate signatures. Medication prescription sheets were current and contained many of the required elements. Photographic identification for residents was present. However, the medication dose was not always clearly identified on the prescription sheet. The discontinuation date was not always specified. In addition, the times of medication administration did not match the times on the medication administration sheet.

Medication administration sheets contained the signature of the nurse administering the medication and there was a space to record if a patient had refused or was withheld a medication. Medications being crushed were prescribed by the doctor on the prescription sheet. Inspectors saw that liquid or dispersible formulations were used where appropriate for patients with swallowing difficulties. However, medications were not

identified on the prescription sheet.

Medications that were out of date or no longer in use were segregated for return to the pharmacy, as outlined in the centre's policy.

Judgment:

Substantially 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:

A record of all incidents occurring in the centre was being maintained. However, notifications as regards allegation of abuse were not being made to the chief inspector in line with the requirements of the Regulations. A complaint was recorded of an allegation of neglect and omission of care. This should have been notified as an allegation of abuse as it had been upheld by the person in charge as follows "the care delivered to a number of residents was sub-standard and deficits occurred in managing continence and personal hygiene needs" of residents. Nevertheless, the person in charge sent the required notification forms to the Authority following the inspection.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

Residents were provided with the services of a general practitioner (GP) on admission

however, Regulation 6 (2) (a) requires that the resident shall be offered a "medical practitioner chosen by or acceptable to that resident" however, inspectors noted that this choice was not offered to residents. Residents received a full review of all their medical care and their medication was updated as necessary. Residents with whom inspectors spoke expressed satisfaction with the medical care provided to them.

A physiotherapist was employed by the HSE to offer services to the residents and she was seen in the centre attending to residents during the inspection. However, inspectors noted that a large group of residents remained sitting in wheelchairs throughout the day. Inspectors formed the view that this facilitated timing of tasks in the centre, as residents could be moved without delay to the toilet, to meals and back to their bedrooms. This was addressed under outcome 16: residents' rights, dignity and consultation. There were other indications that care may not have been person centred for all residents such as the timing of meals and bedtime which were addressed under other outcomes in this report. Staff said that only three residents in the centre were capable of mobilising. A podiatry service was available also and residents had access to the opticians, the dentist and the occupational therapist (OT) if required. These services were availed of in house and on an external basis. The person in charge informed inspectors that it was difficult to get an appointment with an OT due to the long waiting list for the service. Dietary advice and speech and language therapy (SALT) were provided by allied health professionals and from a nutritional company who also offered training to staff. Inspectors viewed the training records of staff and saw that staff had training in nutrition, dysphagia (difficulty in swallowing) and modified diets.

Inspectors viewed a number of residents' care plans which detailed residents' needs and choices. Inspectors observed that care was seen to be delivered to residents in accordance with their care plan. The care plans were reviewed on a four monthly basis as required by the regulations and there was documented evidence of residents' involvement in the care planning process. However, one resident who had been diagnosed with depression did not have a depression scale done and had been referred to a psychiatrist. In addition, this resident did not have an appropriate risk assessment done. Nevertheless, a care plan for this residents' low mood was put in place when the issue was brought to the attention of the person in charge. Inspectors noted that another resident had suffered from constipation and had no bowel motion for nine days. A resident who took emergency medication with her when leaving the centre did not have this medication readily available as it had not been kept in stock for her needs. A resident had complained that he could not go for his usual smoke as he was told that they were short staffed. In addition, inspectors noted that dates had not been included on photographs of pressure sores in residents' care plans and this created confusion as to the current status of wounds. In one case the wound had healed but this was not clear from the documentation seen.

Residents' had access to their personal file if required. Guidelines from the national policy on restraint were followed in the implementation of restraint when necessary and inspectors observed that consent forms had been signed by residents. Where appropriate their representatives had been informed of the reason for the use of a restrictive practice. The centre had maintained a restraint log as required by the Regulations. There was evidence that staff were liaising with the relevant medical teams for advice and assessment on a regular basis, if there were issues which needed a

particular input as required under Regulation 6(2)(c).

There were opportunities for residents to be involved in choosing their choice for dinner and tea. There was ongoing monitoring of each resident's health status and staff regularly checked residents' weight, blood pressure and blood tests. There was an activity programme in place and residents informed inspectors that they were aware of the activities available. Inspectors saw this programme was displayed on the notice boards in the centre and observed some activities during the inspection. Staff informed inspectors that activities usually took place between 13.30pm and 14.30pm. Inspectors noted that residents were entertained by visiting musicians and were seen to be singing along with the traditional songs. Work experience students were facilitated in the centre and these students were seen to chat with residents and to provide extra support on the days of the inspection. Other activities included art, hand massage, storytelling, DVDs and bingo. However, inspectors noted that a risk assessment had been carried out which indicated that staff requested an activity co-ordinator to provide activities for residents on 16 December 2014. The risk assessment had indicated that residents were not afforded adequate opportunities to participate in activities because there was no specific staff member to lead this.

The person in charge informed inspectors that residents' right to refuse treatment was documented and inspectors noted that where a resident refused medication for example, this was documented. Family and friends with whom inspectors spoke were praiseworthy of the staff and the overall care in the centre. Residents who were spoken with were happy in the centre and most of the residents had relatives living in the locality.

Judgment:

Non Compliant - Moderate

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:

Actions outstanding from previous inspections dating from 08 July 2010, 12 October 2011, August 2012 and 15 May 2013 included:

- The size and layout of multi-occupancy bedrooms used by residents were not suitable to meet their needs
- Insufficient assisted baths and showers to meet the needs of the residents:

Previous Responses from Provider:

"A review of the environment will be conducted to provide a sufficient number of bath and shower facilities and will be raised as part of the HSE South further requirements to address the environmental aspects of the standards and will be addressed once funding is provided. Residents in multi-occupancy bedrooms are of maximum dependency and are offered opportunities to leave the ward to attend the dining and sitting room or to participate in social activities". October 2012

and the provider's response in 2013 was as follows:

"The centre has the two required wet rooms refurbished and completed since 5 June 2013.

The plan is to start one of the multi-occupancy bedrooms shortly and to phase the other three multi-occupancy bedrooms afterwards". This work had been proposed to be completed: 1 September 2013 and continue up to the middle of 2014.

Inspection findings on this inspection:

Listowel Community Hospital dated back initially to the time of the famine, when a workhouse hospital was built in 1846. The Sisters of Mercy took over the running of the workhouse hospital in 1883. It became a typhus fever hospital in 1912 and later became a tuberculosis unit. In 1940 a new hospital was built which also provided maternity services. In 1963 the hospital which was previously run by the County Council was handed over to the Southern Health Board. In 1984 a new long stay residential unit was built and the 1846 building was demolished.

The designated centre, within Listowel Community Hospital, which was inspected for the purpose of registration renewal, was St Joseph's Unit. It was a single storey centre laid out in ward-style rooms and it had a communal lounge utilised for sitting and dining purposes. This was a large room partially divided into two sections that opened out through patio doors onto a secure patio area. The building was bright and well decorated. There were two staff offices, a storage room, a family room, a small kitchenette, a staff room and a number of utility and administration rooms in the centre. There were four multi-occupancy bedrooms with five beds in each and four single rooms. All rooms had a toilet and wash-hand basin en suite and an additional wash-hand basin in the room. There were two separate assisted shower rooms located at the top of the hall past the nurses' desk area. There were two additional assisted toilets one located in the hallway and one near the communal area.

A chapel was accessible in the grounds. Mass took place daily and it was available for viewing to residents on their televisions. The external grounds were extensive and provided sufficient car parking. The garden areas had been renovated through local fund raising efforts and there was outdoor seating areas provided, as well as safe garden

areas for the residents' use. There was an outdoor smoking shelter available for staff and residents.

At the time of inspection the centre was run by the Health Service Executive (HSE) and provided long-stay, palliative, respite and convalescent care to the older population of Listowel and the surrounding area. The centre also provided care for adults with disabilities. An extra shower room had been added and the bedrooms had been reduced from six bedded rooms to five bedded rooms since the Authority began the monitoring process. Prior to this inspection ceiling mounted hoists had been installed and other improvements were noted in the introduction to this report.

However, there continued to be significant issues with the layout and design of the premises which did not conform to the requirements for premises in Regulation 17 (1) and Regulation 17 (2).

There was a lack of storage space and inspectors noted that wheelchairs and other specific seating were stored in the sitting and dining room which did not create an inviting and safe environment for residents to sit and watch TV late in the evening if they wished. A number of residents ate their meals next to their beds at tea time. Not all the large chairs which were required to accommodate residents' needs could be positioned at the dining table.

Inspectors noted that there were only two showers and no bath available for 24 residents thereby limiting residents' choice. Staff informed inspectors that residents had the use of a shower chair and two shower trollies within the shower rooms. Inspectors observed residents being transported up along the hall lying in the shower trolley for their shower. This had a serious impact on the residents' right to privacy and dignity as they had to pass through a busy hallway and past the desk where nurses were taking phone calls and consulting with various people.

The multi occupancy bedroom accommodation, highlighted as unsuitable in previous inspections, continued to fall short in design and layout to maximise the privacy and dignity of residents. The design and layout significantly impacted negatively on residents as they were not able to undertake personal activities in private or meet with visitors in private in their bedroom area. Activities such as the use of a bedpan or commode if required, may have been a significant source of embarrassment for the resident involved and may have created a sense of discomfort for other residents.

Inspectors noted that the statement of purpose outlined measurements for bedroom and communal areas which were within the recommended space per person for existing centres outlined in Standard 23.31 and 25.40 of the National Quality Standards for Residential Care Settings for Older People in Ireland 2013. However, due to the design and layout of these multi occupancy bedrooms; the space provided was not adequate to enhance and protect the quality of life and the dignity of each resident. Furthermore, the space around each bed for additional personal furniture and for staff to work at both sides of the bed when assisting residents was not adequate. In addition the space for each resident to display personal items and pictures of friends and family was limited and as outlined previously residents had not been afforded a lockable space for their personal effects.

On day two of the inspection residents met with the provider. She explained to inspectors that her role was 'manager of residential services for older people' in Kerry. She had recently been appointed to the role and outlined what she saw as the challenges for the centre in complying with the Regulations. She acknowledged that the five bedded rooms were still not acceptable from the viewpoint of privacy and dignity and environmental issues such as noise, attention required by other residents and visitors talking in private.

Inspectors noted that since the first inspection of this centre in 2010; action plans and correspondence with the Authority, in relation to complying with the Regulations, had yet to be fully implemented. Nevertheless, the provider informed inspectors that a detailed plan would be forthcoming but she said that funding for the necessary renovations had yet to be made available. The provider was advised that at this stage of registration renewal of the centre the premises would be required to be in compliance. An action plan was now required from the centre that was costed, time-bound, specific and realistic.

Judgment:

Non Compliant - Major

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:

The centre had an up-to-date policy and procedure for the management of complaints. The HSE complaints procedure 'Your Service, Your Say' was displayed and a copy was included in the Resident's Guide. It was referenced in each resident's contract of care. This was prominently displayed around the centre. Residents were aware of how to make a complaint and that the person in charge was the complaints officer. The person in charge informed inspectors that she monitored the complaints from each area. She was identified as the nominated person to deal with complaints and to ensure that all complaints were appropriately responded to. Residents spoken with by the inspectors stated that they could raise any issue or concern.

Not all complaints were fully and properly recorded however, in line with the centre's policy. There was no record on some occasions on whether or not the complainant was satisfied with the outcome. The log was used to record allegations of alleged abuse on some occasions as outlined under outcome seven: Safeguarding and safety and outcome 10: Notifications. The record did not specify in sufficient detail the measures

put in place for improvements in practice in response to complaints.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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:

There were written operational policies and protocols in place for end-of-life care in the centre. Staff with whom inspectors spoke were knowledgeable about how to support residents and families at the end-of-life stage. The policy referenced a document, HSE Multicultural Guide 2009, in recognition of diversity and the procedure to be followed for a range of religious denominations. The policy was read by staff and inspectors saw a signature sheet which verified this. The policy had been updated and augmented since the last inspection.

Staff had attended training in the use of a syringe driver and courses on holistic palliative care, among others. A family room was available for family and friends to use as an overnight facility or they had the option of staying in the room with their relative. Facilities were provided for relatives to have refreshments and snacks in the family room. Open visiting was facilitated at the end-of-life stage. A single room could be availed of for a resident if this was necessary. Staff informed inspectors that the GP service was available on a daily basis and that they were responsive to the needs of residents. Inspectors were informed that specialist palliative care services were available. The person in charge told inspectors that staff had commenced documenting the residents' wishes in the care plan for the end of life. This process was being developed and inspectors saw completed care plan documentation for some residents. Staff, with whom inspectors spoke, explained the importance of holistic care at the end-of-life and they explained how they would assess residents' needs.

Inspectors spoke with some relatives who expressed that they found the staff to be very supportive. Residents could attend services in the chapel on the grounds. There was weekly access to a pastoral care service and newsletters and booklets were circulated to any resident who asked for them. There was also an oratory within the district hospital section of the hospital which any resident could access. There were suitable books and information leaflets available there and in the family room. Property inventories were maintained and the centre had a specific protocol for the return of a deceased residents' clothing to the family.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

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:

Inspectors reviewed the policy on food and nutrition which was updated in 2014. This was found to be relevant and comprehensive. Inspectors viewed training records which indicated that staff had attended training on portion size, safe eating, drinking and swallowing management as well as food safety and hygiene. These education sessions were sourced from a dietician and a speech and language therapist (SALT) as well as external trainers.

Inspectors noted that staffing levels were adequate during mealtimes, however the person in charge informed inspectors that staffing levels were augmented by the presence of work experience students. 24 residents utilised the dining room at dinner time and the staff ensured that the residents maintained their independence where possible when eating their meals. Second helpings were readily available. Relatives or friends could attend in the dining room only if providing support to a resident, as part of the policy to protect mealtimes. After dinner, residents were offered a choice of dessert and tea. Staff informed inspectors that they were aware of the actions to take if a resident appeared to be choking or had difficulty swallowing. The modified diets on offer were served in an appetising manner.

The dining area consisted of two adjoining rooms. It was bright and spacious and there was plenty of space between the tables. The tables were nicely decorated and the crockery and cutlery were of good quality. Snacks including juice and fresh drinking water were readily available throughout the day. The chef and the kitchen staff had received relevant training in food safety and HACCP (hazard analysis critical control points). Inspectors saw these records in the training file. Inspectors were informed that there was good communication between the chef and the staff about visits from the dietician, whom the chef said would suggest supplements or fortified food. The chef was found to be knowledgeable about modified consistency diets for residents with swallowing difficulties. There was a four weekly menu rotation in place. Inspectors viewed copies of the daily 'food choice' form which was filled in with each resident.

Care plans were in place for residents with swallowing difficulties or other nutritional need. All residents at the table were seen to be offered a variety of food while inspectors were present. Relatives were present with some residents. Some relatives were facilitated to use the family room to make tea while visiting. The evening meal was served from 16:30hrs onwards and inspectors observed that there was a selection of home baking on offer. Residents told inspectors that they would have tea and a snack at 19.30hrs and that food was available on request at any time of the day or night.

Residents had varying access to GP, dietary and occupational therapy when available (who advised on positional and seating arrangements). There was evidence of this in the sample of care plans reviewed. Residents had also attended outside services particularly the diabetic and wound care clinics. The care plan of a resident who had a wound had evidence of GP, wound care and dietician involvement, with supplements prescribed and wound dressings continuing. Where a resident had been diagnosed as having a swallowing difficulty inspectors noted that the GP had signing for the crushing of medications. The nurse confirmed the names of residents who were having their medications crushed.

Inspectors noted that all residents had a malnutrition universal screening tool (MUST) assessment and that this was repeated three-monthly or when required. Residents were weighed monthly and inspectors saw these records in the residents' files. A food chart was also completed for new admissions. If a dietary need or weight loss was identified the GP was informed and the appropriate service contacted to review the resident. The clinical nurse manager informed inspectors that if a resident was seen to be at risk of dehydration a 24hr monitoring of fluid and food intake would be commenced.

Oral care assessments had been carried out for some residents and there was access to dental services both in the centre and outside in the community. Inspectors observed afternoon tea and cake being served to residents and some family members at 15.00. Staff members were seen to be present to observe and support those residents requiring assistance.

Inspectors spoke with the person in charge and highlighted the times at which meals were served which seemed to inspectors to be very early, for example residents were sat up for breakfast from 05.20. This was addressed under outcome 16: Residents' rights, dignity and consultation.

Judgment:

Substantially 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:

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

No actions were required from the previous inspection.

Findings:

Residents' meetings were facilitated on a regular basis. Residents' satisfaction surveys were undertaken. There was a policy on communication for residents in the centre. The centre was located near a busy town and was centrally placed in the community where residents could be apprised of local news. Residents were facilitated to partake in activities and were informed about local events. The person in charge informed inspectors that residents were facilitated to vote, where this was possible.

Inspectors noted that residents received care in a manner which respected their privacy, as much as the environment allowed, with the use of curtains and screens in the multi occupancy rooms. However, being transported down the hall on the shower trolley was an undignified experience for any person and did not promote the privacy and dignity of these residents. This was addressed under outcome 12: Safe and suitable premises. Residents had access to telephones in the centre. However, televisions were not located in the bedrooms so that when residents returned to their bedrooms at 17.15pm there was no access to favourite TV programmes, if a resident required this. In addition, the language used in documentation about residents was inappropriate and at times, infantilising. Examples of this were that residents were referred to as 'patients' and the term 'cotsides' was used instead of 'bedrails' which is recommended when speaking about older adults needs. Furthermore, inspectors noted that there were long periods when residents were not actively engaged with staff and all residents were back in their bedrooms at 17.15pm. At this time the majority of residents were being supported to return to bed for the night. Inspectors observed that a family member had complained about this in a sample of complaints seen.

Inspectors discussed the daily routine with the person in charge and outlined that each meal time was seemingly early to facilitate staff breaks. For example, dinner was served from 11.50am onwards and inspectors saw that dinner was finished at 12.40pm. The early return to bed for the night was also discussed and this seemed to be dictated by the fact that there were only two staff on duty from 20.30pm. At this time, care was compromised, according to staff members, as the nurse was involved in distributing the night time medications between 20.30pm and 22.00pm. Nursing staff informed inspectors that night staff began to sit residents up for breakfast at 05.20am onward. The morning medications were distributed at 06.30am and all residents had breakfast between 07.45am and 08.15am, in time for the morning hand over report. The day staff members start work at 07.45am and the night staff helped with breakfast before handing over the care to the day staff. This routine of organising the daily care did not comply with the person centred approach required by the Regulations as outlined also under outcome 11: Health and social care needs and outcome 15: Food and Nutrition. As discussed under outcome 12: Premises, the multi-occupancy five bedded rooms impacted greatly on the residents' rights to privacy and dignity. In addition, inspectors noted that visiting hours were restricted to certain times of the day, this restriction did not comply with Regulation 11 (2) (a) on visits.

Residents spoken with said that they felt content and they praised the person in charge, the centre and the staff members. Inspectors observed that visitors were plentiful and those with whom inspectors spoke were very pleased with all aspects of care in the centre.

Judgment:

Non Compliant - Major

***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:

Residents and relatives, spoken with by inspectors, stated that they were happy with the way their clothing and personal belongings were managed. There was no unresolved issue with missing clothing. Inspectors observed that there was an inventory being kept of residents' personal items in the residents' care plans. These were seen to be signed by the resident or their representative.

Each resident had a wardrobe which had been modified to include a side opening for belongings. However, there was no lockable space available to individuals as already addressed under outcome 12. There was not sufficient space in the multi-occupancy rooms for the display and storage of personal effects, photographs, books and other items.

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:

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

No actions were required from the previous inspection.

Findings:

There was a policy for the recruitment, selection and vetting of staff and inspectors found substantial compliance in regard to maintaining all the required documents for staff and volunteers as per the Regulations.

The person in charge informed inspectors that changes to staff duty rosters had been made to ensure appropriate numbers of staff and skill mix at all times. At the time of inspection there was an adequate number of staff on duty during the day time; however, the person in charge confirmed that after 17:45hrs until the night shift commenced there were two nurses and one care assistant rostered on duty to meet the needs of 24 residents. At this time the care assistant gave each resident tea and evening snacks including those who required support to drink. Nurses attended to documentation and supported the GP when he visited residents in the evening. The care assistant then went off duty at 20.00 and one nurse went to hand over care to the night nurse, leaving one nurse to supervise 24 residents. Staff confirmed with inspectors that this was a very busy time and that staffing levels were an issue some days.

Staff with whom inspectors spoke were clear about their areas of responsibility and the reporting structure in the centre. They had access to copies of 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. Not all staff spoken with had been afforded supervision, in line with Regulations.

Most of the staff had undertaken a range of training which included mandatory training in the prevention of elder abuse and fire safety training. Some of the nursing staff had attended sessions on infection control, safe use of restraint, wound management, first aid and nursing documentation. Care staff had attended Fetac level five training in older adult care, nutrition, infection control and hand washing. However, all staff spoken with by inspectors had not been provided with opportunities for training and education in the area of elder abuse, in manual handling, in the management of behaviour that challenges and in dementia care.

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:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Listowel Community Hospital
Centre ID:	OSV-0000564
Date of inspection:	28/01/2015
Date of response:	06/05/2015

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The policy on the prevention of adult abuse and on complaints were not adopted and implemented where allegations of abuse had occurred in the centre and where complaints were not recorded and addressed as per the complaints policy.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement

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

policies and procedures on the matters set out in Schedule 5.

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

All staff will have received training in recognising and responding to elder abuse.

The layout of the complaints register will be reviewed and implemented to include satisfaction of the complainant and allow additional space to record improvements.

Proposed Timescale: 31/05/2015

Theme:

Governance, Leadership and Management

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

Not all the records required under the Regulations were maintained in the centre.

For example:

-a daily nursing note of the residents health and condition was not maintained in line with the requirements of Schedule 3 (4) (c) of the Regulations and of An Bord Altranais agus Cnaimhseachais na hEireann: Recording Clinical Practice Guidelines for Nurses 2002 .

-a record of all medication errors which occurred in the centre was not maintained.

-a review of the seizure records of one resident by a staff member failed to record a recent which had led to a medication increase.

-Records required for staff under schedule 2 were not all available; One staff member's file checked did not have a CV in place and a reference from a previous employer was not available. Garda vetting was not seen in the section of the file given to inspectors. However this was found by the person in charge after the inspection.

In addition, not all the Schedule 5 policies in the centre were adopted and implemented, for example;

-the policy on the prevention of abuse

-the policy on complaints.

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:

Personnel files will be reviewed and updated to include all relevant documentation.

Proposed Timescale: 06/05/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

<p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Not all staff had updated knowledge and skills appropriate to their role to respond to and manage behaviour that was seen as challenging</p> <p>Action Required: Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.</p> <p>Please state the actions you have taken or are planning to take: Behaviours that challenge training will be provided to staff</p>
<p>Proposed Timescale: 31/07/2015</p> <p>Theme: Safe care and support</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: Not all staff had received training or updated training in response to allegations of abuse.</p> <p>Action Required: Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.</p> <p>Please state the actions you have taken or are planning to take: All staff will receive training in Recognising and Responding to Elder Abuse</p>
<p>Proposed Timescale: 30/06/2015</p> <p>Theme: Safe care and support</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Incidents of allegations of abuse were investigated as complaints and not recorded or investigated as allegations of abuse.</p> <p>Action Required: Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.</p> <p>Please state the actions you have taken or are planning to take: All allegations of abuse will be investigated in accordance with the Regulations.</p>
<p>Proposed Timescale: 06/05/2015</p>

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk management policy did not include hazard identification and assessment of all risks throughout the designated centre, for example:

- the risk to residents' privacy and dignity due to the location of the shower rooms and the multi occupancy bedrooms
- the lack of a locked storage space for each resident's money and personal effects
- inspectors noted that one shower room was extremely cold and the radiator appeared to be leaking and could not be turned on
- in the other shower room the surface temperature of the unprotected radiator was recorded as 51' C

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The Risk Register and Risk Assessments will be reviewed and put in place specific to items outlined above.

A locked storage space will be made available for each resident's personal effects.

Radiator covers will be put in place

Proposed Timescale: 30/06/2015

Theme:

Safe care and support

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

There were not adequate arrangements in place to maintain all means of escape for example , replacing the broken emergency key box and placement of an emergency key within this.

Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

A standard operating to procedure will be put in place to communicate actions to take in the event of a key container breaking to ensure the key will remain accessible and

available to staff.

The emergency key container was replaced at the time of the inspection.

Proposed Timescale: 06/05/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

Residents had not been afforded a choice of pharmacist as required by the Regulations.

Action Required:

Under Regulation 29(1) you are required to: Make available to the resident a pharmacist of the resident's choice or who is acceptable to the resident.

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

A review of Pharmacy Services will take place and this issue will be addressed to residents satisfaction

Proposed Timescale: 06/08/2015

Theme:

Safe care and support

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

- not all medications were administered at the times prescribed by the prescribing doctor.
- the medication dose was not always clearly identified on the prescription sheet.
- the discontinuation date was not always specified.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

A review of work practices to incorporate the time of medication administration will be undertaken.

An audit of medication prescription records will take place and staff will attend information sessions on medication management.

Proposed Timescale: 31/07/2015

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

A written report had not been submitted to the chief inspection within three days of the occurrence of an allegation of abuse as required under Regulation 31 (1), as per Schedule 4 paragraph 7 (1) (h).

Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

This was reported as an NF03 (July 2014) and NF06 completed at the time of inspection.

Proposed Timescale: 06/05/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Inspectors were not satisfied that all care plans were formally reviewed and updated as required for example:

- photographs of wounds were not dated
- a seizure record update was inaccurate

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All photographs of wounds will be reviewed and updated to ensure the date is stated. A photograph of all wounds once healed will be taken and dated.

Proposed Timescale: 06/08/2015

Theme:

Effective care and support

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

The care plan of a resident did not provide appropriate health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais. Examples were, not assessing a resident's level of depressive mood when that resident was at high risk.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Information sessions will be provided to ensure residents medical and health care requirements are documented on the correct care plan to include low mood

Proposed Timescale: 31/07/2015

Theme:

Effective care and support

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

Residents in the centre were not afforded a choice of medical practitioner on admission to the centre in accordance with Regulation 6 (2) (a)

Action Required:

Under Regulation 06(2)(a) you are required to: Make available to a resident a medical practitioner chosen by or acceptable to that resident.

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

The choice of medical practitioner is offered to residents on admission. Documentation will be reviewed to ensure this is clearly communicated to residents and the next of kin.

Proposed Timescale: 06/05/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The premises did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Examples of this were:

-there was a lack of storage space and inspectors noted that wheelchairs and other

specific seating were stored in the sitting and dining room

- not all the large chairs which were required to accommodate residents' needs could be positioned at the dining table.
- there were only two showers and no bath available for 24 residents thereby limiting the residents' choice.
- inspectors observed residents being transported up along the hall lying in the shower trolley for their shower.
- multi occupancy bedroom accommodation continued to fall short in design and layout to maximise the privacy and dignity of residents.
- the design and layout significantly impacted negatively on residents as they were not able to undertake personal activities in private or meet with visitors in private in their bedroom area. -activities such as the use of a bedpan or commode if required, would be a source of embarrassment for the resident involved and create a sense of discomfort for other residents.
- in the multi occupancy rooms the space provided was not adequate to enhance and protect the quality of life and the dignity of each person.
- the space around each bed for additional personal furniture and for staff to work at both sides of the bed when assisting residents was limited. In addition
- the space for each resident to display personal items and pictures of friends and family was limited
- residents had not been afforded a lockable space for their personal effects.

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:

Suitable facilities will be provided for residents to store personal possessions including and pictures. Lockable facilities will be provided for residents. More extensive refurbishment and renovations will take place following the appointment of a Design Team and required funding to enable project to begin

Proposed Timescale: end of August 2015 (lockable space) unable to give exact timeframe for refurbishment at this time

Proposed Timescale:

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The outcome and satisfaction or not of the complainants were not always recorded in the complaints log.

Action Required:

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

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

The complaints register will be reviewed to ensure the outcome (satisfaction) for the complainant is recorded

Proposed Timescale: 06/05/2015

Theme:

Person-centred care and support

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

A record of improvement measures put in place in response to complaints was not included in all instances.

Action Required:

Under Regulation 34(1)(h) you are required to: Put in place any measures required for improvement in response to a complaint.

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

Improvement measures put in place will be included

Proposed Timescale: 06/05/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Meal times were early for example, residents were prepared for breakfast from 05.20 onwards and dinner was served at 12md.

Action Required:

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

A review of work practices will be undertaken and implemented to include mealtimes.

Proposed Timescale: 31/08/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents in the centre were not seen to be afforded choice as regards seating arrangements, morning routine, meal times, bedtime and whether they would like a shower or bath.

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:

Review of individual resident's choice to include seating arrangements; morning care; bed time and shower or bath will be undertaken.

Proposed Timescale: 06/05/2015

Theme:

Person-centred care and support

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

Not all residents were facilitated to be involved in activities according to their interests and capabilities. The time set aside for activities on a daily basis was limited. Staff had risk assessed this issue themselves as an area which impacted on the lives of residents in the centre.

Action Required:

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

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

A review of work practice to ensure residents has an opportunity to participate in activities in accordance with their interests and capacities.

Proposed Timescale: 31/07/2015

Theme:

Person-centred care and support

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

The design and layout of the multi-occupancy rooms impacted on the residents ability to carry out activities in private.

Action Required:

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

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

A room will be designated within the hospital to ensure residents have opportunity to participate in activities in private in accordance with their choice and ability.

Proposed Timescale: 30/06/2015

Theme:

Person-centred care and support

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

Residents did not have access to TV in their bedrooms and limited access to radio and print media. As residents were in bed at a very early hour they were limited in their choices as regards evening activities. For example, viewing evening TV programmes and sitting in the sitting room with relatives if this was an option they would like to avail of.

Action Required:

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

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

Residents will have access to television; radio and print media.

Proposed Timescale: 31/05/2015

Theme:

Person-centred care and support

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

The centre had designated visiting times which were restrictive and did not comply with requirements set out under the Regulations for when restrictions could take place.

Action Required:

Under Regulation 11(2)(a) you are required to: Ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident, or the resident concerned has requested the restriction of visits.

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

A review of the visiting policy to comply with the Regulations will take place

Proposed Timescale: 06/05/2015

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:

There was not adequate space for each resident to store and maintain his or her personal possessions, such as, photos, books and personal effects, due to the lack of space in the multi-occupancy rooms.

Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

This issue will be reviewed and addressed when financial resources are available for same. There is a major refurbishment planned for this unit and has been submitted to Government for funding approval and necessary resources

Proposed Timescale: 31/08/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Inspectors required assurances and risk assessments that the number and skill mix of staff were sufficient to care for residents particularly in the late evening and night time.

Action Required:

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

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

Skill mix and staffing levels will be reviewed as part of work practice review. Revised rosters are currently under negotiation with staff and unions

Proposed Timescale: 30/06/2015

Theme:

Workforce

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

Not all staff had access to appropriate training relevant to their role, for example training in dementia care and in manual handling.

Action Required:

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

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

Suitable training in Dementia Care will be sourced and provided
Manual Handling refresher training will be provided

Proposed Timescale: 06/05/2015

Theme:

Workforce

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

Supervision meetings had not taken place for some staff in the centre.

Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

A system of supervision will be put in place to ensure staff are appropriately supervised.

Proposed Timescale: 06/05/2015