

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Youghal Community Hospital
Centre ID:	OSV-0000577
Centre address:	Cork Hill, Youghal, Cork.
Telephone number:	024 92106
Email address:	youghalcommunityhospital@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patrick Ryan
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	5

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:
06 January 2015 09:00	06 January 2015 17:30
07 January 2015 09:00	07 January 2015 16:30

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 sets out the findings of an announced registration renewal inspection and it was the seventh inspection undertaken by the Authority in Youghal Community Hospital (Health Services Executive [HSE]). The provider applied to renew their registration which will expire on 17 May 2015. This renewal of registration inspection took place over two days. As part of the inspection the inspector met with the Person in Charge, newly appointed Designated Provider, Clinical Nurse Manager (CNM 2), residents, relatives, and staff members. The inspector observed practices and reviewed governance, clinical and operational documentation to inform this registration renewal application.

The provider and person in charge displayed good knowledge of the standards and regulatory requirements.

A number of questionnaires were received and the inspector spoke with many residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged and this was observed throughout the inspection.

Overall, staff appeared kind and respectful to residents and demonstrated good knowledge of residents and this was reflected in care plans examined by the inspector.

All staff had received training in elder abuse prevention and protection to safeguard residents in their care. Staff levels and skill-mix were adequate to meet the assessed needs of residents. Residents were encouraged to exercise choice and their views were sought informally on a daily basis and formally in the residents' meetings convened every six-eight weeks; these meetings were facilitated by the residents' advocates.

While the premises was clean and bright and newly painted, overall, there were significant limitations within the physical environment which negatively impacted the freedom, choice, privacy, dignity and autonomy of residents; these were identified in previous inspection reports and will be discussed under Outcome 12 Suitable and Safe Premises.

A compliant fire safety certificate was submitted as part of the registration documentation.

The inspector identified aspects of the service requiring improvement to enhance the areas of good practice evidenced on inspection. These improvements included:

- 1) HSE national policies were out-of-date [Human Resources policies, Provision of Activities for Older Persons' policy and some clinical policies]
- 2) local medication management policy required updating to include new documentation
- 3) restraint release documentation
- 4) aspects of medication management
- 5) privacy and dignity due to limitations of premises
- 6) significant premises issues.

The action plan at the end of this report sets out the actions necessary 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.

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:

The statement of purpose (SOP) was reviewed and updated in January 2015 to reflect the recent changes to the management structure with the newly appointed designated provider. All items listed in Schedule 1 of the Regulations were detailed in the statement of purpose. Services and facilities were accurately described.

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:

A formal structure to ensure systems and processes were in place to effectively manage and implement an integrated programme of quality and safety was evidenced. That is, the quality and safety of care and the quality of life for residents was continually evaluated to determine outcomes for residents regarding the effectiveness of care and support received. The evaluations undertaken considered the philosophy and ethos described in the Statement of Purpose and the centre policies to ensure a holistic person-centred approach.

Examples of clinical audits completed were hand hygiene, medication management, care plan documentation, clinical equipment, restraint and falls; non-clinical audits included environmental hygiene and food/meals/menu. Actions were demonstrated following audits to remedy issues and responsibilities were assigned to appropriate staff.

Quality data gathered on a monthly basis included pain, pressure sores, physical restraint, falls, significant weight loss, complaints, and immobile residents. The person in charge monitored these statistics on a monthly basis and trended the information to inform practice. For example, staff were working towards a restraint-free environment and interventions were demonstrated to show the reduction in usage of bed rails, for example, five new low-low beds were acquired in 2014 and more will be accrued in 2015.

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:

Contracts of care were maintained by administration staff. The contracts detailed fees to be charged as well as additional fees. Contracts of care for residents were signed and dated by either the resident or their next of kin in line with best practice. They were securely maintained in the administration office.

A residents' guide was available for residents and their relatives. Each resident received a copy of the guide on admission. It contained all the items listed in the Regulations.

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 post of the person in charge was full time and held by a registered nurse with the required experience of nursing dependant people. She demonstrated excellent knowledge and understanding of the Regulations and National Standards to ensure suitable and safe care. Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities. There was evidence that the person in charge had a commitment to her own continued professional development and had completed many courses such as a higher diploma in Gerontology and Leadership and Management 'Future Nurse Leaders' in 2014.

The person in charge was supported in her role for by the CNM 2 as well as senior staff nurses.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector was satisfied that the records required in Schedule 2 (staff files), Schedule 3 (residents' records), Regulation 19 (Directory of Residents), Regulation 21 (provision of information to residents), Regulation 25 (medical records), Schedule 4 (general records) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, while the centre-specific policies relating to Schedule 5 (operating policies and procedures) were in place and current, the HSE national policies were out-of-date. A few policies required updating to include new documentation evidenced and these will be discussed under the relevant outcomes, but the action will be included under Outcome 5 in the action plan.

Judgment:

Substantially Compliant

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 designated provider and person in charge were aware of their responsibilities regarding notification to the Authority should the occasion arise. Appropriate deputising arrangements were in place to ensure care and welfare of residents. The CNM 2 supported the person in charge in her role and responsibilities to ensure safe care. The CNM2 demonstrated excellent insight into person-centred care and had developed care plans for residents which reflected this. Care plans will be discussed in depth under outcome 11. Senior nurses were in place to support the management team also.

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):

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

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and this training also formed part of the staff induction programme. Staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if care was untoward. Residents stated that there were no obstacles to reporting or discussing anything with any member of staff and stated they felt 'safe and secure' in the centre. Completed questionnaires stated that 'staff were always kind and patient' and visitors were 'welcome' to visit anytime.

There was an up-to-date policy for adult protection and staff had signed that they had read this along with all the policies in Schedule 5. When policies were updated a copy

was given to each member of staff by the person in charge. There were two recently appointed advocates for residents. They had completed the appropriate training to enable them to fulfil their role. They attended the centre once a month and facilitate the residents' meetings every two months.

Staff had completed training on behaviour that was challenging. This was discussed with staff who demonstrated good insight into assessments and positive interventions to prevent or alleviate behaviours. Most of the documentation was in place regarding restraint, however, the release times for bedrails (as described in Schedule 3, 4 (g)) was not recorded even though the forms were available.

Judgment:

Substantially Compliant

***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:

There was a health, safety and risk management policy in place which contained details on the identification, assessment of risks with measures and actions in place to control risks identified. The emergency plan was available with alternative accommodation detailed, should the need arise.

There was a policy in place for infection prevention and control. Advisory signage for best practice hand washing was displayed over some hand-wash sinks. There were hand hygiene gel/foam dispensers available throughout the centre. Advisory signage for best practice use of hand hygiene gels was displayed and the inspector observed that opportunities for hand hygiene were taken by staff. All staff had completed training in hand hygiene and infection prevention and control.

There were four small sluice rooms, two on each floor in the centre; each had a sink with hand wash soap and paper towels. However, it appeared that the sinks were used for dual purposes, that is, hand washing and disposal of fluids, which contravened best practice guidelines for infection prevention and control. This was discussed with the person in charge who agreed to review this further in conjunction with the infection prevention and control nurse specialist.

Current relevant fire certification for maintenance and servicing was evidenced. A fire safety register was in place, with daily, weekly and monthly fire safety checks evidenced, in line with best practice guidelines. The person in charge and the CNM2 were responsible for these checks and the senior nurse rostered 8am – 6pm was responsible at weekends and bank holidays for these fire safety checks. Staff had

completed their mandatory fire training. Fire drills were completed six-monthly and this was evidenced from fire training records reviewed. Fire safety evacuation notices were displayed in a prominent position throughout the centre.

All staff had completed their mandatory training in moving and handling of residents.

A current insurance policy was demonstrated.

A record was maintained of incidents and accidents with appropriate interventions and reporting evidenced. Notifications submitted to the Authority correlated with accident and incident records.

Laundry was segregated at source and staff demonstrated best practice regarding safe handling of unclean laundry with the use of alginate bags were appropriate.

The kitchen was inspected. There was advisory signage indicating designated areas for preparation of different foods to ensure safe food preparation practices and mitigate risk of cross contamination. Placement of food in the fridge was compliant with food safety. Food was stored appropriately in the 'dry goods' store room. Work-flows described by the chef were in compliance with best practice.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The centre-specific medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines was in place. The CNM 2 was a qualified nurse prescriber, however, her role and responsibilities were not identified in the medication management policy. A new 'Community Palliative Care Parental Medication Prescription and Recording' chart was just introduced for palliative care management. However, this was not detailed in the medication management policy. Photographic identification was in place for residents as part of their prescription/drug administration record chart to mitigate risk, as described in best practice professional guidelines. Controlled drugs were maintained in line with best practice professional guidelines. Medication trolleys were securely maintained. Medication fridges were in place on each floor in the secure nurses' office.

A sample of prescriptions was reviewed and some were in compliance with professional

guidelines; the maximum dosage was included in most of those reviewed. However, medications to be crushed for tube administration were not prescribed as such; the specific directions for administration of these medicines were not documented as part of their prescription or their medication management. One resident's antibiotic was not administered in accordance with their prescription or the rationale for non-administration was not recorded. Discontinued medications of three charts viewed were neither dated or signed.

Medication errors and near misses were recorded and monitored by the CNM 2 to mitigate risk of recurrence. Previously it was identified that the medication storage room was not fit for purpose. This was remedied whereby shelving units were constructed to individually accommodate each resident's medications with photographic identification in place for each resident. Medication trolleys were securely kept in this room.

Judgment:

Non Compliant - Moderate

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:

Notifications received by the Authority were reviewed upon submission and prior to the inspection. Notifiable incidents and quarterly returns submitted to the Authority were timely and comprehensive. Records were maintained of incidents occurring in the centre and these were monitored by the person in charge.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

A sample of residents' assessments and care plans were reviewed by the inspector on each floor. There was evidence that residents and/or relatives were involved in care planning. Care plans were person-centred with information pertaining to activities of daily living. Included in each activity were the relevant specific assessment tools, for example, the falls risk assessment was included with mobility, pressure ulcer assessment tool was with skin care and integrity, oral assessment and intervention tool was with food nutrition and hydration activity. This enabled the reader to easily follow the necessary care and the wishes of each resident. The inclusion of specific assessment tools with the individual activities of daily living also mitigated the risk of omission of information.

General practitioners (GPs) from different practices routinely attended the centre throughout the week with out-of-hours cover when necessary. A sample of medical records reviewed demonstrated that residents were reviewed on a regular basis. Specialist medical services were also available when required. Reviews and on-going medical interventions as well as laboratory results were evidenced.

Residents had access to dental, optical, psychiatry, occupational therapy, chiropody, dietetic services, physiotherapy, speech and language therapy (SALT) and community palliative care.

Judgment:

Compliant

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:

This centre was originally built in the 1930s and it had been refurbished and upgraded with many areas newly decorated. However, there were significant limitations within the physical environment which negatively impacted on the freedom, choice, privacy, dignity and autonomy of residents and these have been described in detail in previous inspection reports.

Limitations of the premises included:

- 1) there was just one communal room on the ground floor for sitting, dining and recreational space for 38 residents
- 2) a designated dining room was not available
- 3) there was no private space for residents to meet their visitors
- 4) equipment storage space was totally inadequate
- 5) the sluice rooms were very small and could not accommodate a separate sink for hand washing
- 6) some residents bedrooms were multi-occupancy, impeding privacy and dignity.

The maximum number of residents that could be accommodated in the communal room at meal time was 15 and this would depend on the types of assisted seating residents were using. There was a small room alongside the main entrance and this was the designated smoking room. There was a small seating area halfway up the stairs but this was inaccessible to most residents due to their restricted mobility. Residents were observed sitting on the corridor upstairs where they had beautiful views of Youghal Bay. However, this was the only space upstairs other than residents' bedrooms for residents' to sit and it was totally inadequate as a recreational/communal space.

The lodge at the entrance to the centre was refurbished since the last inspection. It could accommodate family members should they wish to stay overnight when their next-of-kin became unwell. One room in the lodge was converted to facilitate a staff education/meeting room.

Closed-circuit television cameras (CCTV) were in public areas. There was a sign to inform residents, staff and visitors that CCTV was in operation. There was a centre-specific policy in place to support the use of CCTV.

The inspector saw evidence of the use of assistive devices, for example, hoists, wheelchairs, walking aids, clinical monitoring equipment and specialist seating was provided for residents' use. There was a functioning call-bell system in place. While there was an external garden for residents' use, this was not secure.

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 complaints procedure was displayed prominently at main reception, as required in

the Regulations. The complaints policy contained all the details listed in the Regulations. The complaints log was reviewed and while most complaints were recorded in line with the Regulations, the outcome of whether the complainant was satisfied or not, was not always recorded. The inspector suggested that the complaints' form be reviewed to include this as a prompt for staff completing the form to ensure compliance with the Regulations. The person in charge monitored complaints and endeavoured to resolve issues as soon as they arose.

Judgment:

Substantially Compliant

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 was a policy in place for end-of-life care and this was in date. End of life care plans were in place for each resident with residents' wishes recorded. However, the policy did not reflect this as it concentrated on the active stage of end of life care and did not include the holistic approach to all activities of daily living demonstrated in care plans examined.

Spiritual needs were facilitated with Mass held weekly in the centre; other denominations were facilitated upon request; volunteers from the local community visited the centre on a weekly basis and facilitated prayers with the residents.

Residents had access to consultant palliative care and the hospice services. Staff had completed professional development regarding end of life care – 'What Matters to Me', palliative care and specialist syringe-driver; the CNM2 had completed the Higher Diploma in Palliative care. Some residents were receiving palliative care and care practices observed demonstrated that residents were cared for with the utmost respect; family involvement was encouraged and observed and open communication regarding care was seen.

Judgment:

Substantially 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):

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

Findings:

There was a policy in place for food and nutrition that included a recognised food and nutrition risk assessment, monitoring and documentation of nutritional status. Catering staff discussed nutritional needs including specialist diets with the inspector and demonstrated their knowledge regarding specialist diets and consistency for residents. Staff had completed training in modified consistency food preparation. Residents had choice at each mealtime and residents spoken with gave positive feedback regarding their choice at meal times as well as the quality of their food and many stated that food was 'always piping hot'. Residents' weights were documented on a monthly basis or more often if their clinical condition warranted; dietary intake was recorded when necessary and residents were prescribed supplements when their condition necessitated. Residents had access to fresh water and other fluids throughout the day.

Overall, because of very limited space in the day room and lack of a designated dining room, the dining experience for residents was significantly curtailed.

The inspector observed mid morning and mid afternoon snacks and lunch times. Residents requiring assistance with their meals were helped appropriately and with respect in a dignified manner. Residents were asked individually, their preferences and quantities and meals were well presented and served in a calm and pleasant atmosphere. The inspector suggested that the practice of serving desserts at the same time as the dinner would be reviewed as this would not be in keeping with home or a visit to a restaurant. This change was implemented on the second day of inspection.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Notwithstanding the constraints of the building and the layout of the wards, the inspector noted that residents received care in a dignified way that respected them individually.

The centre operated an open visiting policy which was observed throughout the inspection. Completed relatives questionnaires commended staff on how welcoming they were to all visitors. The manner in which residents were addressed by staff was seen by the inspector to be appropriate and respectful.

Minutes of several residents' meetings held in 2014 were demonstrated and many residents attended these meetings. Two advocates facilitated the residents' meetings where discussions ranged from meals and menu choices to outings, placement of the crib for Christmas, choice of colour for the corridors to be painted. Meetings were scheduled approximately every two months and the advocates attended the centre once a month.

Residents were consulted on a daily basis and this was observed on inspection. The activities co-ordinator offered a choice of group activities as well as one-to-one sessions and the allocated time for activities coordinator had increased from six hours to 18 hrs per week. Residents stated they had choice of whether to attend activities or not. One resident preferred to read and listen to the radio in their bedroom; another preferred to watch television in their room. Some residents were observed sitting by the window upstairs and look out at the beautiful views of Youghal Bay with their relatives; they relayed that this is what they enjoyed most.

However, on the day of inspection, the activities person was off and only the eight residents in the day room after lunch time attended the live music session, other residents were not conveyed to the day room.

Judgment:

Substantially Compliant

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a centre-specific policy on residents' personal property and possessions. A resident property list was completed on admission and at regular intervals thereafter and this record was evidenced as part of care plan documentation. Residents had access to adequate private storage space of wardrobes, chest of drawers and bedside lockers to enable them to retain control over their possessions and clothing.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

Previously it was identified that the role and responsibilities of multi-task attendants was such that the skill mix throughout the day was inadequate to meet the needs of residents and hygiene of the centre cognisant of the size and layout of the centre. This was now remedied. Additional staff were in place with roles and responsibilities assigned daily for healthcare duties, household duties and catering. This transition and change of duty roster was recently implemented and staff reported that there was more time for residents and the separation of duties allowed for continuity of care as well as rotation of responsibilities to ensure equitable delegation of duties.

There was evidence of staff education programme and staff had attended a wide range of training, for example, management with delegation of duties, medication safety and antibiotic prescribing, dementia, cardio-pulmonary resuscitation, end of life care, adult protection, manual handling, wound management and leg ulcer care, venepuncture (taking blood samples), food safety, eating drinking and swallowing disorders, specialist clinical equipment (tracheostomy, colostomy, feeding pump and syringe pump), hand hygiene, infection prevention and control, and challenging behaviour.

A sample of staff files were reviewed and those examined were compliant with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for all nurses.

Judgment:

Compliant

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:	Youghal Community Hospital
Centre ID:	OSV-0000577
Date of inspection:	06/01/2015
Date of response:	28/01/2015

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 CNM 2 was a qualified nurse prescriber, however, her role and responsibilities were not identified in the medication management policy.

A new 'Community Palliative Care Parental Medication Prescription and Recording' chart was just introduced for palliative care management. However, this was not detailed in the medication management policy.

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

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The role and responsibilities of the qualified nurse prescriber have been included in the medication management policy.

The Community Palliative Care Parental Medication Prescription and Recording chart has been detailed and included in the medication management policy.

Proposed Timescale: 28/01/2015**Theme:**

Governance, Leadership and Management

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

HSE national policies were out-of-date.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

As HSE policies are updated nationally and locally, they will be included in the suite of Youghal Community Hospital policies and replace the existing HSE policies. Youghal Community Hospital site specific policies have been updated to include new documentation.

Proposed Timescale: 28/01/2015**Theme:**

Governance, Leadership and Management

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

The end-of-life care policy concentrated on the active stage of end of life care and did not include the holistic approach to all activities of daily living demonstrated in care plans examined.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The End of Life Care Policy will be reviewed and amended to ensure that the policy reflects the holistic approach to all activities of daily living and reflect that end of life care is initiated through early conversations with the resident.

Proposed Timescale: 28/02/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The release times for bedrails was not recorded (as described in Schedule 3, 4 (g)) even though the forms were available.

Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

All staff will be educated on the importance of recording release times for bed rails. Management will continue to monitor same. New recording forms have been developed and these will be in use from February 2015.

Proposed Timescale: 28/02/2015

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:

Sinks in sluice rooms were used for dual purposes, that is, hand washing and disposal of fluids, which contravened best practice guidelines for infection prevention and control.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

The sink in the sluice room will be solely for the purposes of cleaning & decontamination of reusable resident care equipment. Alcohol hand rub will continue, to ensure hand decontamination. Issue will be further addressed in the Capital Plan.

Proposed Timescale: 28/01/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Medications to be crushed for tube administration were not prescribed as such; the specific directions for administration of these medicines were not documented as part of their prescription or their medication management.

One resident's antibiotic was not administered in accordance with their prescription or the rationale for non-administration was not recorded.

Discontinued medications of three charts viewed were neither dated or signed.

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:

PIC is meeting with all nursing staff to discuss medication management policies and to ensure understanding and compliance.

PIC will meet with attending GP's and discuss the prescribing requirements.

Proposed Timescale: 31/03/2015

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:

Limitations of the premises included:

- 1) there was just one communal room on the ground floor for sitting, dining and recreational space for 38 residents. The maximum number of residents that could be accommodated in the communal room at meal time was 15 and this would depend on the types of assisted seating residents were using.
- 2) a designated dining room was not available
- 3) there was no private space for residents to meet their visitors
- 4) equipment storage space was totally inadequate
- 5) the sluice rooms were very small and could not accommodate a separate sink for hand washing
- 6) some residents bedrooms were multi-occupancy.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue and we will advise local inspectors of any updates available to us.

Proposed Timescale: 28/01/2015

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 of whether the complainant was satisfied or not with the outcome of a complaint, was not always recorded.

Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

The complaints document has been amended to state if the complainant was satisfied with the outcome.

Proposed Timescale: 28/01/2015

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:

On the day of inspection the activities person was off and only the eight residents in the day room after lunch time attended the live music session, other residents were not conveyed to the day room.

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:

All residents are asked if they would like to participate in activities and offered a choice if they would like to attend or not, staff will encourage residents to attend and ensure that they are accompanied to the activity.

Proposed Timescale: 28/01/2015