

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Macroom Community Hospital
Centre ID:	OSV-0000578
Centre address:	Macroom, Cork.
Telephone number:	026 20 600
Email address:	macroomch@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patrick Ryan
Lead inspector:	Mary O'Mahony
Support inspector(s):	Gemma O'Flynn
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	4

About Dementia Care Thematic Inspections

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

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

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 August 2016 09:15	23 August 2016 18:00
24 August 2016 09:00	24 August 2016 14:45

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Major
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Non Compliant - Major	Non Compliant - Major

Summary of findings from this inspection

This was the eighth inspection of Macroom Community Hospital by the Health Information and Quality Authority (HIQA). This inspection was unannounced and was undertaken as part of HIQA's themed inspections on dementia care in designated centres. Inspectors followed the experience of a number of residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia, using a validated observation tool. As part of the thematic inspection preparation, providers were invited to attend information seminars organised by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this to HIQA prior to the inspection.

On the day of inspection there were four vacancies in the centre. The person in

charge informed inspectors that there were 13 residents in the centre who had been formally diagnosed with dementia. In addition, five residents displayed behaviour issues associated with the behaviour and psychological symptoms of dementia (BPSD). Inspectors met with residents, the person in charge, nursing staff, care staff, kitchen staff and visitors. Inspectors reviewed documentation such as care plans, policies, training records and the complaints log.

Since the previous inspection, inspectors viewed a number of improvements particularly in the laundry and sluice facilities as well as the development of a suitable, safe outdoor garden area for all residents. Residents who spoke with inspectors stated that they were happy. They informed inspectors that staff were kind and that they enjoyed the food. One resident stated that he "couldn't fault the centre". There was evidence of residents' needs being assessed and staff were seen to support residents with their needs in a discreet manner, where necessary. Staff informed inspectors that community and family involvement were encouraged in the centre. There was a varied activities programme set out weekly. This was displayed on the notice board. Residents with dementia were seen to engage in the activity programme and to avail of the outdoor secure garden area.

The person in charge stated that she was involved in a working group for end of life care and for falls prevention. She was found to be committed to person centred care for residents and to be making constant efforts to improve the lives of residents in the centre. She stated however, that she was constrained by the limitations of the premises. Inspectors found that the premises design and layout did not promote privacy, dignity or a dementia-friendly environment for residents. There continued to be significant failings as regards compliance with the regulations on premises which were highlighted during previous inspections. The action plan response from the previous inspection on premises remained unsatisfactory. The person in charge informed inspectors that works had yet to commence on the proposed improvements to the designated centre. Registration of the centre had been granted with the following condition attached: 'Condition 8 The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on April 2016. The reconfiguration must be complete by end of 2019'.

The Standards set by the HIQA to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 formed the basis for the judgments made by inspectors. Six Outcomes were inspected against and the inspection and findings were set out in the following report. These actions involved premises issues, staffing, documentation and privacy and dignity of residents.

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: Health and Social Care Needs

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 all residents were assessed prior to admission by the Health Service Executive (HSE) placement coordinator. Admissions were arranged through discussion with the placement coordinator and the person in charge. In addition, as there were 24 exit doors in the centre the suitability of the placement was discussed with the person in charge in the case of a resident with dementia. Inspectors viewed a sample of residents' care plans which indicated that residents had timely access to the general practitioner (GP) service and appropriate treatment and therapies. A choice of GP was highlighted in the statement of purpose, as required by regulations. This choice was facilitated for residents by providing a choice of GP from five medical practices within the town. In addition, residents who were on respite stay were facilitated to retain their own GP. There was evidence that residents had access to allied healthcare services. Appropriate documentation was in place which confirmed these visits. Relevant letters, admission and discharge documentation was reviewed in residents' files, in relation to previous medical history.

Each staff nurse was involved in the care planning process and was assigned a number of residents' care plans. A sample of care plans of residents' who had been diagnosed with dementia was reviewed by inspectors. Specialist services and allied healthcare services such as physiotherapy, occupational therapy (OT), dental and dietician services were seen to be availed of. The chiropodist attended on a monthly basis and documentation confirming this was reviewed by inspectors. There was evidence that any concerns regarding weight loss/gain were addressed by the dietician and the speech and language therapist (SALT). Residents' SALT assessments were communicated to all staff. Staff maintained a daily record of residents' nutritional and fluid intake/output where necessary. There was evidence that residents had a Malnutrition Universal Screening Tool (MUST) assessment on admission and it was repeated when care plans were updated. However, one resident with a high MUST score did not have a plan of care in place to support this resident's nutritional needs.

Care plan reviews were undertaken in consultation with residents and their representatives, where appropriate, every four months. However, a number of care plans provided inconsistent instructions for staff, for example, a resident who was using

a walking stick had been advised to use a walking aid by the physiotherapist. The fact that this resident preferred to use his walking stick was not documented. In addition, documentation was not available to indicate that residents' blood pressure, temperature and weight were recorded as frequently as necessary, to enable early detection of ill health. For example, inspectors found that a resident who required blood pressure monitoring did not have a care plan in place for this. Inspectors observed that the resident's blood pressure had not been monitored appropriately following an episode of high blood pressure. Furthermore, there was no entry in the doctor's notes to indicate if the resident had been seen by the GP following the event. However, there was evidence seen which indicated that residents had their medications reviewed regularly and psychotropic drug use was audited.

End of life care wishes had not been recorded for all residents. The person in charge explained the concept of Compassionate End of Life Care (CEOL) to inspectors. The person in charge stated that staff were receiving training in this and that she was involved in the working group for its implementation in the near future. Staff had been trained in the use of the syringe driver and the administration of subcutaneous (under the skin) fluids, if required.

Staff recorded a narrative note on the care of residents. However, there were insufficient and inconsistent narrative notes maintained. For example, gaps of nine and 12 and 13 days were noted by inspectors. This was significant as a resident who was commenced on antibiotics on 15/07/16 did not have an entry recorded in the narrative notes until 28/07/16. A flow chart was used daily, in conjunction with the narrative notes. However, the information available on the flow chart did not conform to the regulations which outlined the requirement for a "daily" narrative note: Schedule 3 (4) (c). In addition, the records did not conform to An Bord Altranais agus Cnaimhseachais na hEireann's Guidance for Nurses and Midwives, Recording Clinical Practice 2002 part 7.4. The person in charge informed inspectors that a new suite of care planning documentation was to be introduced to all HSE centres in the near future. She stated that she was part of the working group on this project and she was confident that the new documentation would address the issues highlighted by inspectors.

Detailed information was available to guide staff on providing meaningful activities for residents, suitable to their assessed wishes and needs. A number of residents spoken with by inspectors said that they enjoyed the beauty treatments, quiz, ball games, music, exercises and prayers which formed part of the activity programme. This was addressed further under Outcome 3: Privacy, dignity and consultation.

Inspectors observed the dining experience of residents. A number of residents ate their meals on individual bed-tables next to their beds as the communal room was occupied, due to one unit undergoing renovation. There were four dining tables set up in the oratory during the inspection. Residents who had dementia were supported to eat dinner in their shared bedroom area and in the dining area. A small number of residents with dementia remained in bed all day due to their high care needs. However, as these residents shared large multi bedded bedroom there was a restriction on the space available for staff activity within the bedroom areas. Visitors were present while residents were being supported to eat their meals. This had a negative impact on the provision of privacy and dignity for vulnerable residents. These issues discussed further

under Outcome 6: Safe and suitable premises.

Residents and relatives of residents with dementia informed inspectors that they were very happy with the care they received. They were familiar and comfortable with staff and they stated that they felt safe in the centre.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Staff informed inspectors that they were aware of the types of abuse and of the policy on the prevention of elder abuse. The person in charge stated that there was a zero tolerance approach to elder abuse. She attended staff handover meetings to ensure that she was informed of any issues regarding residents' care and welfare. The policy was seen to reference the Health Service Executive's (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, Policy & Procedures, 2014. Inspectors found that measures were in place to protect and safeguard residents. Staff spoken with by inspectors were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records reviewed confirmed that staff had received training relevant training. Residents spoken with said they felt safe and secure in the centre and stated that staff were supportive and helpful. Relatives confirmed with inspectors that staff were approachable and kind.

There was an up to date policy in the centre to support staff in interventions and approaches for residents who exhibited behaviours that challenge, related to the behavioural and psychological symptoms of dementia (BPSD). Staff members spoken with confirmed that training had been provided to them in how to support residents with dementia. However, inspectors observed that care plans on behaviour issues were not sufficiently detailed and in addition, 20 staff members had yet to receive training in de-escalation techniques and the updated management of BPSD. There were bedrails in use for residents in the centre. Records of daily and nightly checks of these were viewed by inspectors. There was evidence that the consent of the resident or a representative had been sought and that a consultation process was followed in making decisions for the use of bedrails and lap belts. Multi-disciplinary (MDT) input was sought and this was documented in relevant files.

Inspectors found that residents' finances were managed robustly in the centre. Two staff members signed for each financial transaction and a sample of records reviewed by

inspectors were seen to be accurate. Transactions on residents' accounts were well maintained. Residents' valuables were kept safely and records of these were available to inspectors. The administration staff informed inspectors that regular financial audit was undertaken. However, it was not clear to inspectors when reviewing a number of contracts of care for residents that personal toiletries were an extra charge. The person in charge undertook to provide clarity on this issue.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

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:

The person in charge informed inspectors that she continuously strived to improve the environment for residents. Inspectors observed that residents had access to newspapers and radios. There were notice-boards available in the premises which provided information, for residents and visitors, about activities and events in the centre as well as in the community. Residents with dementia also had access to a hairdresser, therapy groups and various beauty treatments when requested. As part of the dementia thematic inspection, inspectors observed periods of interaction between staff and residents. Inspectors used a validated observational tool to rate and record at five-minute intervals the quality of interactions in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the oratory which was used as the communal room during the inspection. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between carers and residents with dementia. One observation period was undertaken during the afternoon in the oratory. Residents were involved in group singing and dancing. Of the 14 residents present, 12 were seen to participate while two other residents were asleep for a period of time. The activity leader knew the names of residents and the songs were familiar to residents who sang along. A number of residents danced with the staff member. Residents with dementia were familiar with the activity session and were seen to be taking part. The activity was designed to encourage and facilitate successful responses. The observing inspector noted that the majority of interactions during this period involved positive connective care. Residents had hand massage attended to, had their nails painted and were engaged in conversation with the staff member. The staff member was seen to intervene when residents with dementia became restless and succeeded in reassuring residents who then joined in conversation with other residents.

A second observation period took place at dinner time. Interactions were noted to be generally positive at this time and residents were seen to engage well with staff members. However, there was no group interaction facilitated during this event. The limited interaction between some staff and residents with dementia at this time meant that inspectors noted a period of "neutral care". The lack of meaningful communication meant that what should have been a social occasion became a series of individual tasks. The atmosphere was very quiet and one staff member was seen to turn off the radio without asking residents' permission. However, another staff member turned it on again and as dessert was served residents and staff became more interactive. The overall assessment of this period of observation was one of positive connective care.

Further observations were undertaken at other times throughout the days of inspection. Staff were seen to support residents, who were in bed and who required help to eat their meals. Staff were observed informing each resident before any care support or social support was offered. Staff spoken with informed inspectors that residents with a cognitive impairment were provided with Sonas and reminiscence therapy. On the second day of inspection a group of residents were seen sitting out in the sun, suitably attired in sun hats in the newly secured patio area. A staff member was present with residents and there was music playing in the background. Some residents had their mid-morning cup of tea outside. There were plentiful flower arrangements and suitable furniture in this area. Residents were seen to go in and out independently to the patio, during the day.

The person in charge explained that there were arrangements in place to ensure that each resident's religious and cultural beliefs were respected. Mass was said on a weekly basis and persons of all religious persuasions were facilitated to attend services, if required. Inspectors noted that residents were consulted about changes in the centre and there were records of the minutes of residents' meetings maintained. Residents who spoke with inspectors said that they would raise concerns with staff members and particularly with the person in charge. Relatives of residents with dementia stated that they were consulted about residents' care and care plans.

There were external independent advocates available to residents with dementia or their relatives should they wish to obtain help to make a complaint or require assistance to express their views. Inspectors viewed posters for this service on the notice board with contact details available if required. There was a good level of visitor activity throughout the inspection. Inspectors met and spoke with a number of visitors who indicated that they had freedom to visit when required. Residents were facilitated to exercise their political rights and this included a number of residents with cognitive impairment. This was confirmed by the person in charge. The person in charge confirmed that residents who wished to vote were facilitated to do so both externally and within the centre. Residents had access to a portable telephone and their personal mobile phones. Residents informed inspectors that they received phone calls in the evening from relatives on their personal mobile phones. However, according to staff these calls were difficult to answer in private, if a resident was already in bed when the call came through.

Residents spoken with said that they felt content and they praised the person in charge, the staff members, the activities personnel and the food. Visitors were praiseworthy of

staff. One visitor stated that her relative would 'not be alive if he had not got such good care from staff' since admission. Other relatives used words like "top class" and "fantastic" to describe the staff and the care.

However, there were some visitors and staff who felt that space was very limited for residents, for their clothes, for their personal belongings as well as for private conversations. There was no individual locked areas for residents to keep their valuables. Many residents only had access to a small bedside locker and limited access to communal storage press for storing their personal belongings. Residents' bags were on the floor in some areas and clothes and other belongings were placed on radiators. For some residents, access to these bedside lockers was impeded, due to the proximity of the privacy bed- screens beside each of the multi-occupancy beds. Inspectors observed that residents displayed minimal personal effects and it was clear that they had limited choice or opportunity to do so due to the lack of space. Staff had made attempts to personalise the wall area over each bed with photographs for some residents. Most residents had no wardrobes and their possessions were stored in large plastic containers. For example, inspectors opened a cupboard at the end of one ward and saw 11 plastic boxes stored there with a resident's name on each box. There was an resident sitting in an armchair in front of this cupboard which meant that residents in the room could not access their clothes. The chair in question could not be moved to the other side of the bed as there was insufficient space between the two beds for a chair. If the chair had been placed on the other side of the bed it would be touching the bed of the other resident. Staff informed inspectors that relatives obliged them by limiting the clothes that they bring in due to the lack of storage space. Relatives confirmed this. Staff also said that they wash the clothes regularly because of the limited choice and space available to residents.

Inspectors noted that in one eight bedded room only three residents had small wardrobes. In one three-bedded annex room located off an eight-bedded room, one resident required the use of a hoist. This necessitated moving the bed out from the wall and moving the locker and bed of the other resident. There was no toilet access in this room which necessitated a resident to walk down through the eight-bedded room to access the toilet at night. The only other choice available to residents was to use a commode in an already very limited space. There was only one wardrobe in this three-bedded annex room.

After tea time inspectors noted that it was very crowded in one multi-occupancy bedroom. There were four staff members in one bedroom and two visitors, as well as the inspector. Medications were being administered from the medication trolley at this time. One resident required private care. This necessitated the resident's privacy screen being pulled around the bed. The overhead hoist was then drawn across from the opposite side of the room to be used for the resident. All this activity took place in the presence of visitors in the room. Inspectors formed the view that all residents privacy and dignity needs were seriously compromised due to the lack of privacy in the room and due to the lack of space. In addition, a member of staff informed inspectors that the lack of space seriously impacted on the provision of care to residents. She stated that there was no space to work with residents from both sides of the bed when the screens were drawn. The lack of space meant that residents' commodes and specialised chairs could not be accommodated in private behind the screens when residents with very high

needs were taken from bed to chair. In addition, due to the lack of toilet and shower facilities residents had to be wheeled out to the hall to access the toilet or shower room. However, the person in charge informed inspectors that residents had access to individually labelled hoist slings for movement.

Staff spoken with by inspectors stated that the lack of sufficient shower facilities limited the choice of each resident who wanted to have a morning shower. For example, there was one shower for 20 residents and another shower for 18 residents. As a result, some residents' showers had to be facilitated in the evening, according to the staff member. Staff stated that other residents' beds had to be moved to facilitate the provision of care for residents who were incontinent. For example, where there were highly dependent residents with dementia in a room, meal times coincided with this occurrence on some occasions, according to staff. Inspectors formed the view that privacy and dignity of residents was seriously negatively impacted on by the lack of space, the lack of toilet and showers which were easily accessible, the lack of wardrobes and the proximity of beds. A sample of nursing notes from night staff confirmed residents' comments: that some residents called out repeatedly at night and kept others awake. There was a serious risk also to the dignity of those residents who were incontinent or had dementia and exhibited behaviours that challenged. Due to the layout of the multi-occupancy rooms there was no privacy for residents with dementia who communicated through verbal or physical behaviour.

Televisions were located in the bedrooms and in the communal rooms. However, because of the layout of the beds in multi-occupancy rooms it was not possible for each resident to choose a favourite programme, as they shared two large TVs on opposite walls of the room. In addition, it was difficult for individual residents to watch/hear the TV programme or to listen to an individual radio programme within the multi-occupancy bedrooms. This was addressed under Outcome 6: Safe and Suitable Premises.

Judgment:
Non Compliant - Major

Outcome 04: Complaints procedures

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 and procedure for making, investigating and handling complaints. The complaints procedure was displayed in the main reception area. The Health Service executive policy on complaints 'Your Service, your Say' was available in the centre. The person in charge informed inspectors that complaints were discussed at staff meetings.

Residents and staff informed inspectors that they were aware of the complaints process. The name and contact details of a nominated independent appeals person was displayed for use in the event that a complainant was unhappy with the internal investigation. The statement of purpose and the Resident's Guide also contained details of the complaints procedure.

Inspectors reviewed the complaints book. Most of the complaints seen involved the loss of an item of clothing. Three of the missing items had yet to be found. This was particularly significant due to the fact that there was limited storage space and in some situations no wardrobe available for residents' clothes. In addition, there was a complaint that there was no space in the three bedded annex room for a resident at end of life. The resident had to be moved to a single room. The outcome was recorded as 'space limitations explained and managed to the best of ability'. However, the person in charge stated that the resident was moved to a single room for the last two days of life where he was attended to with care by relatives and staff.

Judgment:
Substantially Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

Staff were familiar with the management structure. Inspectors noted that there were copies of both the regulations and the standards available to staff. Members of staff spoken with by inspectors were familiar with these documents. A number of staff with whom inspectors spoke said that there were times when staff on sick leave were not replaced and this impacted negatively on providing person centred care to the residents. They explained that there was not enough time for conversing with residents and care was occasionally compromised due to other tasks, such as laundry and cleaning. Inspectors viewed the training records for staff. Staff spoken with by inspectors were familiar with the training programme and confirmed with inspectors that training was available to them. However, inspectors addressed the lack of BPSD training under Outcome 2: Safeguarding and Safety.

Inspectors reviewed a selection of staff files. Most of the documents required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available. However, from the sample of files reviewed not all contained photographic evidence of identification.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

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:

The designated centre was established as a community hospital in the 1930s when it was first opened to provide long-term care services for older adults. Inspectors noted that the premises were clean and were regularly maintained with a good standard of décor. Efforts had been made to create an atmosphere of comfort through the use of suitable fittings and furniture and there was evidence that renovations were being undertaken on the day of inspection in an attempt to improve the environment for residents. One male multi-occupancy bedroom was being painted. Residents from this room had been temporarily re-located to the communal room. The oratory was being utilised as the communal room for the three day period involved. The laundry room, sluice rooms and commode storage had been addressed in a responsive manner since the previous inspection.

However, the following actions from previous inspections were still outstanding:

To provide bedroom space and appropriate use of communal space having regard to privacy and dignity of the residents.

To ensure adequate private accommodation was provided for residents.

To ensure suitable provision for storage of personal belongings in the designated centre.

To provide residents with privacy to the extent that each resident is able to undertake personal activities in private by ensuring that there are adequate bathroom and toilet facilities.

As stated in previous reports, the physical design and layout continued to be unsuitable and remained predominately institutional in physical design and appearance consistent with the layout and style of that era. Inspectors noted that since the last inspection the following outstanding issues in relation to the premises had remained unchanged:

-The bedrooms consisted of ward type accommodation and there continued to be inadequate bedroom space or private accommodation to ensure privacy and dignity for residents:

The multi-occupancy bedroom accommodation consisted of three eleven-bedded wards

which were divided into an eight-bedded wards and a three-bedded small annexed wards, a seven-bedded ward and one single-bedded room. One of the eleven-bedded wards 'Barra' was occupied by male residents. Due to the design and layout of these multi-occupancy wards which accommodated up to eight residents, there was inadequate private accommodation for residents to ensure that their privacy and dignity was met, on a daily basis. The design and layout of these wards significantly impacted negatively on residents as they were not able to undertake personal activities in private or meet with visitors in private. Inspectors noted that the staff made every effort to protect the privacy and dignity of residents through the use of fixed telescopic screens; however, the layout of the premises did not lend itself to the promotion of privacy or dignity for residents. The limited space between individual residents' beds also impacted on the quality of life of residents and storage of personal clothing, possessions and belongings. Furthermore, to gain access to each of the small three-bedded anterooms; inspectors had to pass through the larger eight bedded rooms so there was regular traffic of visitors/staff through the latter. There were overhead bed lights but these could not be accessed by residents and the televisions sets were shared which limited residents' choice. These issues were addressed in detail, under Outcome 3: Residents' privacy and dignity, as the impact of the bedroom conditions impacted in a serious negative manner on residents' daily lives.

-There were inadequate bathroom and toilet facilities to promote and protect the privacy and dignity of residents.

Staff informed inspectors that they found it very challenging to attend to residents' toileting needs with discretion, as beds were too close together. The screens were fixed next to the beds and it was difficult for staff to assist residents with a wheelchair or commode and maintain residents' privacy behind these screens. Some residents had to use the commode in the multi-occupancy bedroom because of their physical needs. Residents in the three-bedded annexed rooms had to walk down through the eight-bedded ward to access the toilet. Staff said that sometimes they used the shower chair to transport residents, who did not want to use a commode, to the toilet. There were two toilets for each 11 bedded multi-occupancy room. There was one bath available for the 38 residents and two showers, which were difficult to access for some residents.

-There was inadequate suitable provision of storage for residents, for equipment and for belongings:

There continued to be inadequate storage space available for the storage of equipment such as hoists, wheelchairs and walking frames. Inspectors saw that equipment was stored in the residents' assisted bathroom, bedrooms and shower rooms.

Car parking spaces were provided in a number of locations to the front and side of the premises. At the rear of the centre there was a patio area which had been developed through local fund-raising. This area contained shrubs, planted trees and sections of lawn surrounded by an old walled boundary. The front area of the building had been improved since the previous inspection. This area was now fenced off and planted with an array of flowering shrubs. Garden furniture was provided for outdoor seating and residents were seen to make great use of this area as the inspection days were sunny.

Judgment:

Non Compliant - Major

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:	Macroom Community Hospital
Centre ID:	OSV-0000578
Date of inspection:	23/08/2016
Date of response:	04/10/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Not all care plans were in place: For example:

- care plan for nutrition
- a care plan for falls
- a care plan for dizziness related to high blood pressure.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Care Plans are being updated as per Regulation 5(2).

Cork Community Hospital Resident care records are commencing on the 3rd October 2016 to standardise documentation within all community hospitals. All care plans will be changed to this new format which will encompass care plans for resident identified needs and plan of care to reflect the need identified. This body of work will be undertaken by nursing staff to reflect the care needs of each individual resident. Nursing Staff will update all relevant areas of Care Plan as needs arise and every three months training and support for Nursing Staff, on the new Care Plan Document, has been facilitated by Nursing and Midwifery Planning and Development Unit. A Practice Development Facilitator is due to be appointed to the Cork Community Hospitals who will play a major role in supporting Nurses in appropriate and pertinent documentation.

Proposed Timescale: 31/12/2016

Theme:

Safe care and support

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

There was no doctor's note available in documentation available for one resident following episodes of high blood pressure.

2. 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:

All GP's document in the patient's medical notes. In this instance GP has recorded his retrospective review and plan of care.

Nurses will report and discuss any abnormal findings, when doing observations on residents, and report same to G.P. for review, either urgently depending on abnormality found, or at next ward round if deemed appropriate.

Nurses will determine with the CNM 2, the frequency such observations should be recorded and to review this in co-ordination with G.P.

G.P.s have been informed that documentation in medical notes is required post each medical review.

Proposed Timescale: 30/09/2016

Theme:

Safe care and support

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

Not all residents had their preferences recorded.

3. Action Required:

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

All residents preference as regards location at end of life are met and adhered to as far as reasonably practicable.

Proposed Timescale: 30/09/2016

Theme:

Safe care and support

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

Complete records were not maintained in the centre.

For example:

- a record of ongoing medical assessment and treatment and care provided by the medical practitioner was not available for all residents
- a daily nursing record was not available of each person's health, condition and treatment in line with professional guidelines for nurses and regulations
- details of nutrition, blood pressure and falls care plans had not been maintained for all residents.

4. 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:

Completed records will be available for inspection by Chief Inspector. Recording ongoing medical assessment, daily narrative of each person's health, condition and treatment plan of care for each identified need will be documented in the individual care plan. All care plans will be up-dated to reflect the introduction of the Cork Community Hospital Resident Care Plan commencing 03.10.16
G.P.s have been informed that documentation in medical notes is required post each medical review. All residents will be reviewed by G.P. on request, or at least every 3 months. Specific Care Plans in relation to Falls, Nutrition, and Blood Pressure will be developed, in co-ordination with the NMPDU, as well as guidance and support to Nurses, with regard to documentation.

Proposed Timescale: 31/12/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

All staff had yet to receive training in up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

5. 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.

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

Managing Challenging Behaviour in long term care training is commencing on site under HSE Mental Health Services in October. (awaiting confirmation of date) for all staff within the unit.

Proposed Timescale: 30/11/2016

Theme:

Safe care and support

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

The records of extra charges required to be paid by residents were not clearly set out in the contracts of care as required by Schedule 4 (4).

6. 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:

Additional optional charges in respect of chiropody, hairdressing have been included in the Contract of Care.

Proposed Timescale: 02/09/2016

Outcome 03: 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:

Due to the impact of the large multi-occupancy bedroom and the resultant lack of space resident had no opportunity to carry out activities in private such as, lying on the bed in their nightclothes or being supported with meals.

7. 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:

Every opportunity for Residents to carry out activities in private are facilitated to the best of the ability of the staff in the unit. We are awaiting the new development and the re-configuration of the existing building which is at the design phase presently. We will pull screens around the resident to maintain privacy, while in bed during the day, if he/she wishes. We will consult with residents who are up by day, and ask could their visitors meet with them in an alternative space (oratory) to avoid too much noise in the shared bedrooms. We will ask visitors(except those who are assisting with meals) to vacate the bedrooms during mealtimes, to ensure privacy for those residents who need assistance with meals.

Proposed Timescale: Immediate & 2019.

Proposed Timescale: 31/12/2019

Theme:

Person-centred care and support

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

Due to the fact that TVs were shared in the multi-occupancy rooms residents could not choose a favourite programme or listen to the radio if that was their choice.

8. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

Residents who express a preference e.g. to watch sport are facilitated in any one of the 12 televisions within the centre provided it does not interfere with the rights of other residents. Radios are freely available for Residents to use at their bedside with their own personal head phones. An Ipad/Ipod will be purchased for residents who are unable to make choices regarding their preference of T.V, or radio/music, and, in consultation with them, their families, and local volunteers, music that they like will be uploaded and stored, and can be played for their comfort at times. Also, if they like particular programs or films, these will be purchased, and played for them personally,

with use of earphones. Use of T.V. for the whole room will be discontinued, unless staff have the explicit consent of each resident. Every effort will be made to install individual T.V.s, which will be transferred to the new building, once it is completed.

Proposed Timescale: 28/02/2017

Theme:

Person-centred care and support

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

Each resident did not have free access to TV and radio.

9. 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:

Radios will be purchased and headphones provided to ensure residents have access to radio. Access to television will be re-visited in the current environment and changes implemented if the environment allows. This issue will be addressed in the current National development plan 2016 - 2021 for Community Hospitals.

Access to Daily Newspapers, DVD's, Daily Mass from the local Church and cinema evenings available as per personal choice.

Proposed Timescale: 30/09/2016

Theme:

Person-centred care and support

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

Residents could not always make phone calls in private.

10. Action Required:

Under Regulation 09(3)(c)(iii) you are required to: Ensure that each resident has access to telephone facilities, which may be accessed privately.

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

There is a cordless phone available for all Residents. Residents are brought to a private area to make or take a telephone call.

Proposed Timescale: 30/09/2016

Theme:

Person-centred care and support

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

Residents with dementia who communicated their needs by shouting or calling out could not do so freely without disturbing other residents.

11. Action Required:

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

Each Resident who has a communication difficulty will be encouraged to communicate freely having regard to his / her wellbeing, safety and health and that of other residents in the designated centre. Their wellbeing will be fully assessed, needs met and every effort made to alleviate anxiety and distress to the individual. A portable hearing device which enables staff to speak slowly and sotto voiced is used to alleviate and assist those who have hearing difficulties before any intervention is undertaken.

All staff will be facilitated to attend a course in assisting them to communicate with the resident with dementia. Every effort will be made by staff to attend to the needs of the resident with dementia, prior to the need for him/her to call out to communicate an unmet need. Personalisation of space at bedside will be enhanced, in an effort to provide the resident with dementia, pictures of loved ones, to provide comfort.

Proposed Timescale: 30/09/2016

Theme:

Person-centred care and support

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

As some residents resided in the multi-occupancy rooms and were unable to go to another room due to their high care needs, they could not be facilitated to have private visits.

12. Action Required:

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

As much as is possible all residents are facilitated to have private visits and we encourage families to visit and use the oratory for these visits. We have a coffee and tea making facility for the use of visitors in the Oratory. At the time of the inspection renovations with painting were being undertaken and due to this we were without the use of the Day-Room and the Oratory on this inspection.

Communal facilities will be addressed in the National Capital Development plan 2016 –

2021 for Community Hospitals

Proposed Timescale: Immediate and 2019

Proposed Timescale: 31/12/2019

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 inadequate space for all residents to store and maintain their personal possessions.

13. 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:

A design team has been appointed and is progressing preliminary drawings, however as with all current Residential Care Centres for Older People projects the design team are in the process of reviewing design in order to comply with the requirements of the recently issued new 2016 HIQA standards (as published 3rd May 2016) and the amendment to the Regulation (S.I. No. 293 of 2016). Once the preliminary drawings are available I will forward them on with our time line for completion of the project.

Proposed Timescale: 31/12/2019

Theme:

Person-centred care and support

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

Residents clothes were not always returned to them. Records of missing clothes items were seen.

14. Action Required:

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

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

The items of missing clothing have been resolved. One cardigan remains outstanding at present and will be replaced by the hospital. A Healthcare Attendant will be given personal responsibility for a number of residents clothes, and will ensure all are labelled, that property lists are updated 6 monthly, in an effort to reduce incidents of missing clothes.

Proposed Timescale: 10/10/2016

Theme:

Person-centred care and support

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

All residents did not have access to their personal possessions as some of these were maintained in a shared cupboard. A resident was sitting in front of this shared cupboard, due to lack of space, at the time of inspection.

15. Action Required:

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

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

At the time of the inspection painting of a ward was been undertaken which resulted in Residents sitting in areas not normally occupied. Residents have access to their personal possessions and staff assist all to ensure that this need is met.

Proposed Timescale: 26/08/2016

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

Complaints of missing clothes had not been resolved. In addition, measures had not been put in place to prevent a reoccurrence of this event i.e. there were no wardrobes available for some residents in which to store all clothes items.

16. 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:

Wardrobes are available as much as space allows. We are awaiting re-configuration and the new development which is at the design stage.

A Healthcare Attendant will take personal responsibility for maintaining accurate property lists of residents clothes, which will be updated every 6 months. She will ensure that all items of clothes are labelled, in an effort to reduced incidents of clothes going missing. H.S.E. Maintenance will be asked to review current building, to see if we could place wardrobes in an accessible area for residents, while awaiting the new building.

Proposed Timescale: Immediate & 2019

Proposed Timescale: 31/12/2019

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Staff members stated that the social care of residents was compromised due to staff shortages or staff being engaged in tasks such as cleaning and laundry.

17. 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:

Staff shortages are dealt with as they occur and every effort is made to replace staff by obliging staff members who forfeit annual leave or days off. Agency staff are no longer allowed unless sick leave is for an extended period – application and approval is sought and facilitated. Rosters are monitored and every effort is made to ensure that social care is facilitated by one nominated staff member daily.

Proposed Timescale: 04/10/2016

Theme:
Workforce

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

All records were not maintained as required under Schedule 2 of the regulations. For example, all staff did not have photographic identification in their personnel file.

18. 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:

All staff had photographic evidence but now are supplying copies of their drivers licence and passport.

Proposed Timescale: 31/10/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Inspectors found that the premises was not suitable for the needs of residents with dementia and other residents with high care needs.

19. Action Required:

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

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

The centre is being re-configured and a new development is at the design stage. We are awaiting plans. However, we make every effort to work within the environmental constraints and are constantly striving to improve the environment for the residents who presently reside here. We have added quiet spaces, fireplaces, visitors facilities, walled sensory garden area, flowers, up-graded the sluice room, the cleaning room and medical records. We are endeavouring to supply a walk in wardrobe and we strive on a daily basis to make this unit the best it can be. Residents with Dementia are an integral part of caring for the older person, and despite the environmental constraints of our building, our Nursing and Care staff have expertise in this area, and have attended many courses to enhance their skills in caring for Residents with dementia. We work with our residents with dementia, and their families, to ensure they have as good a quality of life as possible.

Proposed Timescale: Ongoing & 2019

Proposed Timescale: 31/12/2019

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 requirements of Schedule 6 of the regulations as follows:

- there was inadequate private and communal space for residents
- rooms were not of a suitable size and layout for the needs of residents
- there were inadequate storage facilities for possessions and insufficient locked storage space for residents
- suitable storage was not available in the designated centre
- there were insufficient toilets and showers available for residents

20. 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:

A design team has been appointed and is progressing preliminary drawings, however as with all current Residential Care Centres for Older People projects the design team are in the process of reviewing design in order to comply with the requirements of the recently issued new 2016 HIQA standards (as published 3rd May 2016) and the amendment to the Regulation (S.I. No. 293 of 2016). Once the preliminary drawings are available I will forward them on with our time line for completion of the project.

Proposed Timescale: 31/12/2019