



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

Name of designated centre:	Baltinglass Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Baltinglass, Wicklow
Type of inspection:	Announced
Date of inspection:	14 February 2018
Centre ID:	OSV-0000485
Fieldwork ID:	MON-0020901

## About the designated centre

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

The centre caters for a maximum of 60 residents and provides care to both male and female residents over 65 years of age. The centre provides 54 residential beds; 12 of these beds (including one respite bed) are specifically dedicated to dementia care and will accept residents under 65 years of age with a diagnosis of dementia. There are six respite beds in total in the centre. Managers and staff aim to provide high quality individualised care to residents and to support their families and friends. The centre's philosophy is to meet the social, psychological, physical and spiritual needs of residents in a manner that reflects their right to respect, dignity, privacy and independence. Accommodation is divided into three units. Ceidin unit accommodates 28 residents in twin and single bedrooms providing a mix of en suite and communal wheelchair accessible toilet, shower and bathing facilities. There is a large communal lounge and dining room and two smaller seating areas. Primrose unit is a specialist 12 bed unit which provides accommodation for residents with a diagnosis of dementia. The unit comprises seven bedrooms providing single and twin bedroom accommodation, one with en suite and communal toilet and bathroom facilities. There is a communal lounge/dining room which leads out to the enclosed dementia friendly garden area and an additional smaller communal room. Willow unit accommodates 20 residents in single and twin bedrooms with a mix of en suite and communal wheelchair accessible bathrooms and toilets. There is a large communal lounge/dining room a small chapel and smaller seating areas leading out to the garden and gazebo. The centre has recently extended the entrance area to provide a pleasant cafe and meeting area which welcomes residents and their visitors.

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

Current registration end date:	09/06/2018
Number of residents on the date of inspection:	55

## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
14 February 2018	09:00hrs to 17:00hrs	Ann Wallace	Lead
14 February 2018	09:00hrs to 17:00hrs	Gearoid Harrahill	Support

## Views of people who use the service

Residents and relatives were very positive about the care and services that were available in the centre. Twelve HIQA questionnaires were returned to inspectors, reporting high levels of satisfaction with the kindness and courtesy of staff and the warm and welcoming atmosphere in the centre. Residents and visitors who spoke with inspectors during the inspection described staff as being very caring and commented on how well staff worked together to support residents to be as independent as possible. Staff who spoke with inspectors knew the residents well and were knowledgeable about their care needs and their preferences for care and daily routines.

Residents were very satisfied with the accommodation provided in the centre, including the comfort and spaciousness of the lounge and dining areas and the personalisation of their bedrooms. However some residents and relatives identified there was a need for more storage for personal clothes and possessions.

Residents told inspectors that they enjoyed their meals and that there was plenty of choice on the menus.

The activities programme provided a variety of opportunities for meaningful activity and social interactions. Some residents also attended the day centre provided on site. Feedback from the questionnaires and resident interviews showed high levels of satisfaction with the activities and entertainments on offer in the centre, especially the musical entertainments.

Residents and their families also commented on how much they enjoyed the enclosed garden areas in the fine weather.

## Capacity and capability

The centre had a well established management team in place and was well run for the benefit of the residents who lived there. Staff were supported and supervised in their day to day work and demonstrated accountability and responsibility in their roles. There were sufficient numbers of staff with the right knowledge and skills to meet the needs of residents living in the centre and care

and services were found to be in line with the statement of purpose.

Residents said they felt able to influence how their care and services were provided. Residents saw senior nursing staff every day and felt able to raise any concerns or issues they had. Where residents or relatives had raised issues or concerns they said that they had been listened to and their issues had been dealt with promptly.

Each resident had a contract for care in place which outlined the fees and charges in respect of their care and services. However contracts did not include sufficient information in relation to the bedroom accommodation provided for individual residents.

The person in charge (PIC) was a registered nurse who worked full time in the centre. The person in charge was known to residents and their families and was knowledgeable about individual residents and any concerns in relation to their health or well being. The PIC was well supported by the provider representative who visited the centre regularly. The PIC and provider representative were aware of the recent incidents and complaints that had occurred in the centre and how these were being managed. The centre had completed an annual review of the safety and quality of services and facilities provided in the centre. The review included feedback and comments from annual resident and relative surveys and feedback from resident forum meetings.

Staff had access to a range of policies and procedures to support the delivery of safe and appropriate care and services for residents. Staff were trained in key policies through the centre's induction programme and ongoing mandatory training sessions. Compliance with policy guidance was reviewed through the centre's audit programme and through feedback on staff performance. The centre was currently implementing a staff appraisal system as part of its governance programme.

Audit reports identified areas for improvements and the actions required. Staff said they were kept informed about policy changes and audit improvements through staff meetings and handover reports.

#### Regulation 14: Persons in charge

The person in charge in the centre was a qualified nurse and worked full time in the centre. They had the relevant skills, knowledge and experience to carry out their role.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient numbers of staff with the relevant skills, knowledge and experience to meet the needs of the residents currently living in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were supervised appropriately in their work and a system of annual staff appraisal was being implemented in the centre. All staff had received mandatory and supplementary training to safely and effectively carry out their duties and deliver care to the residents.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was available in the centre and was kept up to date.

Judgment: Compliant

### Regulation 22: Insurance

The provider had a contract of insurance in place for the designated centre and its residents.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that there was a clear management structure in place. Effective management systems ensured that safe and effective services were provided in line with the statement of purpose.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Each resident has a signed contract of care agreeing the terms of their residency and the associated fees. However, these contracts did not include the terms relating to the resident's bedroom and the occupancy of that bedroom.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed and updated to reflect the care and facilities currently provided by the centre.

Judgment: Compliant

### Regulation 30: Volunteers

People working in the centre on a voluntary basis had all been vetted by An Garda Síochána. Each person had their role and responsibilities agreed with the provider and set out in writing.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an accessible and effective complaints procedure in operation in the centre. The procedure identified the complaints manager in the centre and the processes in place for independent review if the complainant was not satisfied with the outcome.

Judgment: Compliant

## Quality and safety



Residents told inspectors that they were very comfortable in the centre and that the premises met their needs.

There was an adequate number of toilets and showers and all had appropriate grab rails in place to promote residents' independence and safety. There was a range of communal areas in each unit. Communal areas were homely and comfortable. Residents told the inspectors that they had been involved in the refurbishment and decoration of the lounges. Residents had also designed the 1916 Memorial Wall in the entrance corridor.

Residents' bedrooms were laid out in a spacious and comfortable manner, and privacy screens were available in rooms occupied by more than one person. Residents had their own wardrobe space for clothing and belongings and a lockable storage drawer if they wished. Extra storage space was provided on request to the person in charge.

There were clear health and safety and risk management policies and procedures in place and staff demonstrated a good awareness of health and safety practices in their day-to-day work.

Each resident had a comprehensive assessment of their health and social care needs and any related clinical risks such as loss of weight or falls. Nursing staff worked with the resident and their relative to develop a care plan which set out what care interventions and services were required to meet their identified needs and promote their self-care abilities and independence. Care plans and risk assessments were reviewed regularly and were found to reflect the resident's current needs and their preferences for care and daily routines.

Residents' needs were met through a range of nursing, medical and specialist health care service including dietitian, speech and language therapy, physiotherapy and mental health services. Residents saw their medical practitioner regularly and an out-of-hours medical service was available when required.

The centre provided appropriate care and support for those residents who were approaching the end of their life. This included skilled nursing care and when required advice and support from specialist palliative care services. Care plans were in place for residents which recorded their wishes. However improvements were required in recording residents' preferred location for end-of-life care. Families were encouraged and supported to be involved in the residents care in line with the resident's wishes and needs.

Residents told inspectors that they enjoyed their meals and that there was plenty of choice on the menus. Meal times were well organised to ensure that residents had enough support and encouragement to enjoy their food and to take adequate food and fluids.

The centre's activity programme enabled residents to take part in activities and social interactions of interest to them. This included group activities in the

communal areas as well as individual or sensory activities for those who chose or were unable to directly participate in the group sessions. Where residents chose not to take part in activities on offer this was respected by staff.

Staff knew the residents well and were knowledgeable about the levels of support and interventions that were needed to engage with residents effectively. Staff demonstrated genuine respect and empathy in their interactions with residents and as a result care was very person centred.

Residents told the inspector that they felt safe in the centre and that they were able to talk to staff if they had any concerns. Staff had attended safeguarding training and were aware of their responsibility to keep residents safe. All staff and volunteers working in the centre had evidence of Garda vetting in place.

The centre had clear policies and processes in place to protect residents' finances and ensure that residents had access to and control over their own money.

#### Regulation 10: Communication difficulties

Residents' communication needs had been assessed. Where specific communication problems were identified a care plan was in place and staff who cared for these residents were aware of the appropriate way to engage with the resident.

Judgment: Compliant

#### Regulation 11: Visits

Arrangements were in place for visitors to come to the centre. There was private space where residents could receive guests in private.

Judgment: Compliant

#### Regulation 12: Personal possessions

Each resident had their own wardrobe and set of drawers. They also had a bedside locker. Lockable storage space was available for residents who wanted to secure their possessions. Some residents and relatives commented that they needed more storage space for their possessions such as winter coats and suitcases.

Managers told the inspectors that extra storage space had been provided for some residents who had requested extra wardrobes; however, information in relation to extra storage space was not made available to all residents in the centre.

Judgment: Substantially compliant

### Regulation 13: End of life

Where a resident was approaching the end of their life the resident had a care plan in place which was based on their palliative care needs. Appropriate care and comfort was provided for residents at end of life. Where the resident wished their family to be involved families reported that staff encouraged and supported them to be involved in the resident's care at the end of their life.

Improvements were required in ensuring that care records clearly documented the resident's wishes as to their preferred location for end-of-life care.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises were appropriate for the number and needs of residents. A good standard of adaptation and design features made the centre safe to navigate for residents with physical or cognitive impairments.

Judgment: Compliant

### Regulation 18: Food and nutrition

Each resident had a care plan which identified their nutritional needs and preferences in relation to diet and fluids. Residents' nutritional needs were met and nutritious meals were properly prepared, cooked and served in the centre. Meal times were well organised to ensure that they were an enjoyable experience for residents.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Records showed that when a resident was discharged from the centre their discharge was appropriately planned and managed by the centre. When a resident was transferred into hospital the person in charge ensured that all the relevant information about the resident was provided to the receiving hospital.

Judgment: Compliant

### Regulation 26: Risk management

The centre had comprehensive risk management procedures and policies in place as set out in schedule 5 of the regulations. These included an emergency plan to respond to a major incident and a clear process for managing and learning from incidents that occurred in the centre.

Judgment: Compliant

### Regulation 27: Infection control

Good procedures and staff practices were in effect related to the prevention and control of healthcare associated infections.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had arrangements in place to take adequate precautions against the risk of fire. Features were in place to detect, contain and extinguish fire. Staff were trained in fire safety and were familiar with the procedures to follow in the event of an evacuation. Evacuation drills took place to ensure good practice and identify potential delays and hazards.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were comprehensive policies and procedures in place to ensure that each resident received their medications in a safe manner and in accordance with the instructions from the residents medical practitioner and pharmacist. Medicines including controlled medications were stored securely. Out-of-date and unused medications were returned to the pharmacist in line with the centre's polices and procedures.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs carried out on admission to the centre. Care plans and risk assessments were in place for each resident. Care plans reflected the resident's current needs and their preferences for care and services. Care plans were reviewed every four months or more often if a resident's needs changed. Residents and their families were involved in developing and reviewing care plans. Staff delivered care and services in accordance with the resident's care plan.

Judgment: Compliant

## Regulation 6: Health care

Appropriate medical and health services were provided for residents in line with their identified health and social care needs. Residents had access to a general practitioner (GP) of their choice. Residents had access to specialist health care services as required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff had received training to manage behaviour that is challenging. Where residents had known responsive behaviours, there was a care plan in place which identified triggers for the behaviours and the care interventions that were needed to support

and reassure the resident.

There were clear arrangements in place to ensure that restraint was used in accordance with national policy guidelines and managed in a manner that was least restrictive.

Judgment: Compliant

### Regulation 8: Protection

There were measures to protect residents from abuse. Staff were trained and knowledgeable on how to record and respond to actual or suspected incidents of abuse. Arrangements were in place to protect residents' finances.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were provided with opportunities for recreation and to exercise their civil and religious rights. Residents could contribute to the running of the designated centre by providing feedback and suggestions through meetings and surveys. Residents had their privacy respected and were assisted and cared for in an appropriate and dignified manner.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Baltinglass Community Hospital OSV-0000485

Inspection ID: MON-0020901

Date of inspection: 14/02/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:  Since the HIQA inspection on the 14 <sup>th</sup> February 2018, individual contracts of care include details of the resident's bedroom and occupancy of that bedroom. All contracts issues after April 1 <sup>st</sup> 2018 will include these details.  All contracts issued before the 14 <sup>th</sup> February 2018 are in the process of being amended with the resident/resident representative to reflect details of the resident's bedroom.  Target Date for Completion: 30 <sup>th</sup> April 2018.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions:  Additional wardrobes are available for storage of resident's personal possessions. The Clinical Nurse Manager on each unit will communicate with each individual resident regarding storage needs and will organize to have additional storage put in place where required. This process has already commenced.  Additional wardrobes will be sourced if required.  Target Date for Completion: 30 <sup>th</sup> April 2018.	

Regulation 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life:</p> <p>Funding has been secured and arrangements have been made for further education around end of life care (Nursing Matters &amp; Associates). Specifically, education will include skill enhancement for conducting discussions on preferred location for end of life care, incorporating conversations around resuscitation and interventions for the resident.</p> <p>Education will also focus on effective recording of details regarding resident's preferences to ensure that this information is available and retrievable with ease. Education sessions will commence in May 2018.</p> <p>Following education care plans will be audited and amended where deficiencies are noted.</p> <p><b>Target Date for Completion: 30<sup>th</sup> September 2018.</b></p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he	Substantially Compliant	Yellow	30 <sup>th</sup> April 2018

	or she has adequate space to store and maintain his or her clothes and other personal possessions.			
Regulation 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.	Substantially Compliant	Yellow	30 <sup>th</sup> Sep 2018
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30 <sup>th</sup> April 2018