

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Youghal Community Hospital
<b>Centre ID:</b>	OSV-0000577
<b>Centre address:</b>	Cork Hill, Youghal, Cork.
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<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	36
<b>Number of vacancies on the date of inspection:</b>	2

## 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.

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
05 December 2017 10:45	05 December 2017 16:30
06 December 2017 08:30	06 December 2017 18:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an announced inspection, carried out over two days, for the purposes of informing a decision to renew the registration of this designated centre. Documentation required as part of the registration renewal process was submitted in a timely manner.

The centre was operated by the Health Service Executive (HSE). Care was directed through the person in charge, with accountability to a nominated representative of the company. Overall, the inspection established a very good level of care for all residents with appropriate provisions in place to meet the individual assessed needs of residents. In relation to residents' healthcare and nursing needs the inspection findings were positive with a high standard of care in evidence where assessed. The

person in charge was present throughout the inspection and both staff and management were responsive in providing information as requested. Effective and appropriate communication and interaction between staff and residents was noted throughout the inspection.

The inspector was available to speak with residents and relatives during the inspection, some of whom came and spoke individually with the inspector. Staff were observed in the conduct of their daily duties and the inspector discussed with them their understanding of the needs of residents.

The inspector also met with the person in charge, clinical nurse managers, nursing, care and support staff. At the time of inspection 30 of the 38 places registered at the centre were accommodating residents for long-term continuing care. There were four residents being provided with respite care and two further residents on hospice care. The centre had two vacancies in relation to convalescent care. The person in charge confirmed that the centre was well supported by the services of both medical and allied healthcare professionals. These services included occupational and physiotherapy, as well as dietetic services and regular attendance by a speech and language therapist. Other resources included hospice support and palliative care, and consultancy services on referral in relation to psychiatry and gerontology. The inspector reviewed a number of care plans including processes around assessment, referral and monitoring of care. The inspector also observed care practices and interactions between staff and residents during the inspection. Relevant documentation such as policies, medical records and staff files were also reviewed.

In summary, the person in charge and management team were found to be actively involved in the day-to-day running of the centre and were readily available and accessible to both residents and staff. There was evidence of individual residents' needs being met and that the staff supported residents in choices around fulfilling their individual interests.

The inspector observed good practice during the course of the inspection and there was evidence that a high standard of care was delivered in a person-centred manner. However, as identified on previous inspection, there were continuing issues in relation to the layout of premises for facilities and storage, and the impact of these issues on the privacy and dignity of residents. Additionally Garda vetting documentation for employees was not available. The centre's registration had a condition attached in relation to the reconfiguration of the physical environment to be completed by the end of 2019. This was based on a commitment given by the provider to the Chief Inspector.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: 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 inspectors reviewed the statement of purpose which declared the aims, objectives and ethos of the centre and summarised the admission criteria, facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under regular review.

**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:**

Service at this centre was provided by the Health and Safety Executive (HSE) and a well established system of governance was in place. The organisational structure included the necessary deputising arrangements and was resourced to deliver a service in keeping with that described in the statement of purpose. Care was directed through the person in charge who reported to a nominated person with responsibility for representing the service provider entity.

Effective quality management systems were in place to ensure the delivery of service was safe and consistent. These included a quality and patient safety committee that met on a quarterly basis. A schedule of audits was in place on areas of risk such as falls, healthcare related infections, cleaning and the environment, and medication management, for example. Where learning issues were identified as a result of audits or review, there were communication systems in place to ensure that the learning points were cascaded to staff through meetings and safety alerts.

There was a report on the annual review of care quality that provided comprehensive information set against a framework that reflected the National Standards for Residential Care Settings for Older People in Ireland. The review included feedback and input by both residents and their family members through questionnaires that provided information on possible opportunities for improvement. A quality and safety plan had been developed for the upcoming year that recommended initiatives in relation to education and performance development, audits and the development of the environment, for example. The centre's registration had a condition attached in relation to the reconfiguration of the physical environment to be completed by the end of 2019. This was based on a commitment given by the provider to the Chief Inspector.

**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:**  
There had been no change to this appointment since the last inspection. The person in charge was a registered nurse and held appropriate authority and accountability for the role. The person in charge was in attendance throughout the inspection and demonstrated a responsive approach to regulatory requirements and an effective understanding of the statutory duties and responsibilities associated with the role. Appropriate deputising arrangements, by a suitably qualified member of staff, were in place.

**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):**

No actions were required from the previous inspection.

**Findings:**

Up-to-date, site-specific policies in keeping with Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place. Policies were regularly reviewed. Copies of the relevant standards and regulations were maintained on site. Staff spoken with demonstrated an understanding of the policies discussed and their application in practice. For example managing safeguarding reporting mechanisms and responding to emergencies, including fire and evacuation procedures. Maintenance records for equipment, including hoists and fire-fighting equipment, were in place. Records and documentation were securely controlled, maintained in good order and easily retrievable for monitoring purposes.

Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were generally maintained in keeping with requirements. Employee files contained verification by the HSE Garda Vetting Liaison Officer that the required Garda vetting was in place. However, this is not a disclosure in accordance with the National Vetting Bureau Act 2012, as required by Schedule 2 of the Regulations. Full vetting disclosures were not made available by the provider in respect of the records that were checked by the inspector.

Other records required to be maintained by a centre, as per Schedule 4 of the regulations, such as a complaints' log, records of notifications and a fire-safety register, were in place. A system for recording visitors attending the centre was provided.

A Directory of Residents was maintained that reflected the requirements of Regulation 19, including relevant contact details for the resident's general practitioner (GP) and relatives.

The inspector reviewed records of residents' care plans and noted that they were complete and contained the information as set out in Schedule 3, including relevant assessments, medical records and regular nursing notes.

**Judgment:**

Non Compliant - Major

***Outcome 07: Safeguarding and Safety***

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Relevant policies and procedures were in place that provided directions to staff on the prevention, detection and response to any allegations of abuse. This documentation was kept under review and appropriately referenced national policy in relation to the safeguarding of vulnerable adults. Those members of staff spoken with by the inspector were clear in their understanding of what might constitute an allegation of abuse and, in the event of such an allegation or incident, also understood the procedure for reporting the information. The person in charge was qualified to provide training on safeguarding and safety and all staff had received current training in this regard. The inspector spoke with residents who said that they felt comfortable and safe living in the centre. Relatives and visitors spoken with also commented that staff were conscientious and that they felt the welfare of their relative was being protected. Protocols were in place around the security of residents at the centre and included a signature log for visitors.

Relevant policies were in place that provided appropriate guidance to staff on the approach to managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Members of staff spoken with by the inspector had been trained and were able to demonstrate the knowledge and skills necessary to understand and respond appropriately to such behaviours. The policy on restraint indicated that any restraint should only be used as a last resort having trialled alternatives. Where restraints such as bed-rails were in use, appropriate risk assessments had been undertaken, and documentation on care plans included relevant consent forms. Records on the assessment of risk in relation to the use of bed-rails were in place and a register of monitoring was seen to be routinely completed. A regular multi-disciplinary meeting took place on a fortnightly basis when changes in circumstances could be reviewed.

The person in charge understood the circumstances that could define the use of PRN (a medicine taken only as the need arises) psychotropic medicine as a form of chemical restraint. In the event of such use, management understood the associated responsibility to record and report these circumstances in keeping with statutory requirements.

There was a current policy and procedure in place on the management of residents' accounts and personal property. The inspector spoke with an administrator who



explained the related procedures and safeguards; these included a centralised accounting system with both internal and external audit. The centre managed some cash amounts for a small number of residents. A sample of transactions was reviewed. Processes were in keeping with protocols and balances reconciled with records. Documentation of receipts and the recording of balances were maintained and signatures were in place on receipts for transactions.

**Judgment:**

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:**

Policies and procedures relating to health and safety were site-specific and up-to-date. A risk management policy covering the required areas in relation to unauthorised absence, assault, accidental injury, aggression, violence and self-harm was in place. An emergency plan was in place and there were individualised emergency evacuation plans for each resident that highlighted key information around mobility needs and the level of assistance required.

The inspector reviewed fire-safety arrangements with a nominated member of staff who was appropriately qualified to provide training in this regard. A regular regime of fire drills and fire checks took place. These were all recorded in an accessible fire-safety register where entries were noted on a daily, weekly and monthly basis. All members of staff had received current fire training and those members of staff spoken with by the inspector understood the importance of effective evacuation procedures and regularly took part in routine fire drills. Certification was in place to confirm that equipment, such as fire-extinguishers and emergency lighting, was regularly serviced and maintained in effective working order.

Measures were in place to prevent accidents throughout the premises. Signage identified hazards such as the storage of oxygen. Call-bells were fitted in all rooms where required. Emergency exits were clearly marked and unobstructed. Routine health and safety checks were undertaken. An organisation-wide process for incident recording and reporting was in place and learning from this was regularly reviewed by the person in charge.

The inspector saw evidence of a regular cleaning routine and practices that protected against cross contamination. All laundry services were provided by external contractors and no laundering took place on site. A regular programme of training was in place for staff in relation to infection control. Cleaning areas were segregated and hazardous

substances were appropriately stored with keypad access in place for areas of potential risk, such as sluice rooms. A nominated member of staff had responsibility for infection prevention and control in keeping with the related standards. There were regular infection control audits of equipment, such as hoists and slings. Hygiene audits were in place for kitchen areas and bathrooms and staff regularly participated in hand-hygiene audits. Staff spoken with understood infection control practices and staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff.

**Judgment:**

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 provided staff with access to policies and guidance that contained comprehensive directions, as required by the regulations, in relation to the ordering, prescribing, storing and administration of medicines. The inspector reviewed these arrangements with a member of nursing staff who explained the processes that were in place for the management of all medicines. Controlled drugs were securely stored and records were maintained in relation to both stock control and administration. These records were routinely counter-signed by another member of nursing staff. A schedule of audits was in place that included weekly monitoring of antibiotics and psychotropic medicine, for example. The inspector reviewed documentation around the prescribing and administration of medicines and noted that all records were maintained in keeping with requirements. Prescription sheets contained the necessary biographical information, including a photograph of the resident. A sample of prescription records was reviewed and where PRN medicine (a medicine taken only as the need arises) was prescribed, relevant maximum daily dosages had been indicated by the prescriber. Where residents required their medicines to be crushed prior to administration, this practice was appropriately authorised by the prescriber and documentation was in place to this effect. At the time of the inspection no residents were responsible for administering their own medicines.

Relevant training was available to nursing staff and records indicated that these staff undertook updated training on a regular basis.

Where medicines were refrigerated the temperature of storage was recorded and monitored and these records were available for reference. Medicines such as eye drops had the dates of opening recorded on the product. A system was in place to record and monitor medicines related incidents and any learning from this process, along with audit outcomes, were reviewed during regular clinical governance meetings. The person in

charge confirmed that the pharmacist visited the centre on a regular basis and was facilitated to meet their obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland. Residents could retain the services of their own pharmacist if they chose.

**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):**  
No actions were required from the previous inspection.

**Findings:**

Management confirmed that the centre was well resourced in relation to health care access and this was demonstrated in the care planning records of residents. A policy was in place that directed procedures on the admission of residents. Pre-admission assessments were undertaken by an appropriately qualified person to ensure that the service was appropriate to meet the needs of each individual. On admission residents were further assessed in relation to the activities of daily living, such as food and diet, manual handling and maintaining a safe environment, skin integrity and cognition, for example. Standardised tools were used to inform assessments of needs and care plans based on these assessments provided relevant guidance to staff on the appropriate provision of care.

Care planning records were maintained in hard copy format and included relevant information on residents' health, medication and communication needs. The inspector saw that care plans were monitored and assessments were regularly updated. Documentation confirmed that appropriate consents were in place and records of consultation with residents or families were recorded. Relevant care charts were in place to monitor the management of specific issues such as wounds. Care plans provided information about specific risks that had been identified, in relation to falls for example, and any measures in place to mitigate these risks and support the maintenance of a safe environment. Where falls had occurred residents were re-assessed and care plans reviewed accordingly. Dietary needs were set out clearly and individual preferences were recorded. Weights were monitored and skin integrity was regularly assessed. Where specialist equipment was in use, such as a pressure relieving mattress, a record of regular monitoring was in place. Entries in care planning records indicated that residents had regular access, or as required, to the services of allied healthcare professionals such as a speech and language therapist, physiotherapist, occupational

therapist and dietician. Care plans also recorded regular review by dental and optical services. The centre had access to palliative care resources and the services of a tissue viability nurse as required. Consultancy services in relation to gerontology and older age psychiatry were also available on referral.

**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:**

As previously outlined, the centre is subject to a condition of registration that reconfiguration of the physical environment be completed by the end of 2019. This was based on a commitment given by the provider to the Chief Inspector. The plans included the construction of an extension to the existing building, as well as other improvements to the layout and facilities, including storage and dining space. In the interim, measures to improve the environment had commenced and included general painting and decorating of halls and stairwells. Residents had been provided with lockable storage as an action from the previous inspection. A small sitting room on the ground floor had also been refurbished and was available as a private visiting space for residents, if required. At the time of inspection the centre was very well presented with festive decorations throughout both private and communal areas. However, significant issues remained in relation to regulatory requirements around storage and facilities for recreation and dining.

The centre was a two-storey building, originally built in the 1930's, that had previously functioned as a district hospital. The centre was on a hill-side location with a scenic view overlooking Youghal bay. There was an outside area with seating where residents could sit during fine weather in the summer time. Parking facilities were available on-site. Accommodation was laid out over two floors with capacity for nineteen residents on each floor. Access between floors was serviced by both stairs and lift. The layout of accommodation and facilities was as detailed in the statement of purpose. In summary, the ground floor comprised two single and two twin rooms, as well as three wards accommodating three residents in each. All of these rooms were equipped with a wash-hand basin, wardrobe, chair and lockable storage. There was also one four-bedded ward on the ground floor that had an en-suite facility. On the first floor there were seven

single rooms, three of which had an en-suite facility. There were four three-bedded wards and three single rooms that were equipped with a wash-hand basin and also provided lockable storage, a wardrobe and chairs for seating. Bathroom and toilet facilities were accessible and appropriately located throughout the centre. There was an assisted bath available on each floor. Assistive equipment such as hoists and wheelchairs were available and all but one of the residential rooms was equipped with an overhead hoist facility. Certification for the service and maintenance of equipment was current and available for reference.

The person in charge explained that a regular schedule of maintenance was in place. The centre retained the services of a designated maintenance officer. The premises were clean and well maintained throughout. Furnishings were in good condition and comfortable. Heating, lighting and ventilation was appropriate to the size and layout of the centre.

Staff facilities included a shower, toilet and changing area, and a small kitchenette facility. These were located in an annex between the ground and first floors. Administration offices were located on the ground floor and each floor had a centrally located nurses' station. The kitchen on the ground floor was appropriately laid out and equipped to deliver a catering service in keeping with the size and occupancy of the centre. There was no laundry facility on-site and all laundry requirements were met through external contracted services.

There was one large day-room on the ground floor which was the only space in the centre where residents could congregate to take part in activities, or be served meals together. This room was easily accessed by two double doors and was laid out with seating to watch TV, or take in the views over the bay. The maximum number of residents that could be accommodated comfortably in this area was approximately fifteen, depending on the assisted seating requirements. There was no designated dining area within the centre. Residents were observed sitting on the corridor upstairs where they had beautiful views of Youghal Bay. However, this was the only space upstairs where residents could sit, other than in their bedroom or in the ward. Also, storage facilities were limited and assisted bathrooms were being used to store equipment such as hoists and wheelchairs. In addition, extra chairs for use in communal areas and for visitors were seen stacked on corridors when not in use.

In summary, as identified on previous inspections, the design and layout of the premises did not conform to the matters listed in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The impact of these issues in relation to privacy and dignity is outlined at Outcome 16.

**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:**

Processes in relation to the management of complaints had been found compliant on the last inspection. There had been no change to the related policies and procedures in the intervening period. A written operational policy was in place that had last been reviewed in September 2016. This document referenced organisation wide protocols and standard procedures on how to record and respond to a complaint about the service. It identified the complaints officer and the person responsible for oversight of the complaints process, as required by the regulations. A copy of the procedure was displayed both at the entrance to the centre and on the access area of the first floor. The policy set out how to make a complaint and also outlined the expected time frames for resolution.

Information was provided on how to make an appeal that included contact details for the office of the Ombudsman. A summary of this information was available in the statement of purpose and the guide for residents. The person in charge explained that there was interaction and consultation with residents on a daily basis to ensure that needs and preferences were met on an ongoing basis and there were no open complaints, or complaints subject to the appeal process, at the time of inspection. Residents spoken with were also able to explain who they understood to be in charge at the centre should they have any concerns they wished to raise.

The inspector reviewed the log of complaints and noted that information was clearly recorded about the nature of the complaint, how it was investigated and any communication with the complainant about the outcome or resolution. The person in charge also explained that a system was in place whereby data from complaints made within the centre were included in regional and national analyses for learning and feedback.

**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):**

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

**Findings:**

The centre implemented a policy and practice that supported residents in their civic and spiritual preferences. Residents were supported to vote and attend polling stations where possible. There was a small oratory on the ground floor of the centre for use by residents and access to pastoral care, depending on religious preference, was arranged as required. There was self-catering accommodation in an adjacent building that families of residents could use, if required.

Arrangements were in place for two nominated advocates to attend the centre and information was available on their contact details as well as access to the national advocacy service. A regular resident forum took place that was facilitated by an advocate and records of these meetings were available for reference. The inspector noted that consultation with resident representatives and families was recorded on the care plans reviewed. Both the statement of purpose and the residents' guide provided information to residents about services and access.

At the time of inspection there was a programme of regular activities in place that included music, bingo, reminiscence sessions and regular exercise activity. The centre supported residents and families when celebrating special anniversaries and events, providing catering, refreshments and special cakes as appropriate. The inspector reviewed activation with staff and management and saw that individualised activation was regularly provided in keeping with the abilities and interests of each resident. Records of activity and engagement were maintained on care plans. However, as identified on previous inspections, the day-to-day experience of residents in continuing care at the centre remained compromised in relation to the appropriate provision of privacy for the conduct of personal activities, and the provision of adequate space to engage in communal activities and recreation, or to meet visitors in private.

For example:

- In multi-occupancy rooms, telephone facilities could not be used in private;
- Residents in multi-occupancy rooms who were not well enough to go to the private visiting room had to receive visitors next to their beds on the ward;
- Limited dining and communal space meant that residents were restricted in how and when they could engage and interact;
- Residents in multi-occupancy rooms were restricted in exercising personal choice around how they spent their time, in relation to choice of programmes on TV, for example. These circumstances had been the subject of a complaint since the previous inspection.
- Residents who did not want to participate in an activity had little choice but to return to their room. In many instances this was a multi-occupancy room.

Management acknowledged that the constraints of the environment impacted on the quality of life for residents, in relation to their privacy, autonomy and freedom of choice. A private room was available for residents to receive visitors. However, the privacy needs for residents who might have to remain in bed in a multi-occupancy room could not be fully met and, though privacy screens were in use, they were inadequate in

ensuring privacy of communication between residents and visitors, or during medical consultations. The use of multi-occupancy rooms did not support communication and the receipt of personal care in a manner that promoted and protected privacy and dignity.

Staff and management were seen to make every effort in managing the privacy and dignity of residents to the extent that the environment permitted. All staff were seen to use privacy screens appropriately and to ensure that doors were closed during personal care. All staff communicated appropriately with residents and were seen to be courteous and attentive. Staff spoke with residents in the course of their duties and explained what they were doing when providing care. There were no restrictive visiting arrangements in place and visitors were seen to regularly come and go throughout the inspection. Where closed circuit television (CCTV) monitoring was in use, it was restricted to public access areas and did not impact on the privacy of residents or visitors as they went about their day-to-day activities.

On the second day of the inspection the centre was hosting its annual Christmas party which was a very inclusive social event with significant attendance by friends and relatives. As identified on previous inspection, there was a strong focus on community involvement in the culture of care with many residents and staff from the local area. The inspector spoke with a number of residents and relatives, most of whom were from the local area and knew staff well. Feedback during these exchanges was very positive about the care and attention provided by all staff. The inspector also reviewed feedback from questionnaires that had been completed by both residents and family members that reflected a very high degree of satisfaction with the staff and quality of care provided at the centre.

**Judgment:**

Non Compliant - Major

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a centre-specific policy on residents' personal property and possessions. A record of personal possessions and belongings was maintained for residents that was regularly updated. All laundry requirements were fulfilled by external contractors. Residents were provided with wardrobes for clothing storage, however some of these were very narrow and where there were surplus garments these were often stored separately in another part of the centre, limiting the extent to which residents could



retain control over their belongings.

**Judgment:**

Substantially Compliant

***Outcome 18: Suitable Staffing***

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

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the staff rota and confirmed that staff numbers and their skill mix were appropriate to meet the assessed needs of all residents, having due consideration for the size of the centre and its layout over more than one floor. At time of inspection the system of supervision was directed through the person in charge with designated administrative support and appropriate deputising arrangements for suitably qualified staff to provide cover when necessary.

Management systems were in place to ensure that information was communicated effectively and minutes of staff meetings were available for reference. A daily communication diary was also in use to ensure that staff returning from off-duty were made aware of any intervening changes. There was a clearly defined management structure that identified the lines of authority and accountability. A schedule of staff appraisals was in place. Supervision was also implemented through monitoring and control procedures such as audit and review. An appropriately qualified, registered nurse was on duty at all times. Copies of the standards and regulations were readily available and accessible by staff. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents.

The inspector reviewed the training programme with management and confirmed that appropriate resources were available to ensure the ongoing professional development of all staff. Members of staff spoken with were appropriately trained and confirmed that they were positively supported in relation to their ongoing training needs. The person in charge was qualified to provide training on safeguarding and safety. Nominated members of staff were qualified to provide training in relation to fire safety and manual

handling. Additional training was provided in relation to dementia care, infection control and the management of dysphagia (safe eating and swallowing), for example.

The centre had relevant policies on recruitment, training and vetting that described the screening and induction processes for new employees and also referenced job descriptions and probation reviews. The inspector reviewed a sample of staff files that were compliant with the requirements of Schedule 2 of the Regulations. The person in charge confirmed that all volunteers and members of staff at the centre had been appropriately vetted in keeping with statutory requirements and verification forms were in place at the time of inspection to confirm these circumstances. Documentation confirming current professional registration was in place for all members of nursing staff.

**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:***

Mairead Harrington  
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 report<sup>1</sup>

<b>Centre name:</b>	Youghal Community Hospital
<b>Centre ID:</b>	OSV-0000577
<b>Date of inspection:</b>	05/12/2017
<b>Date of response:</b>	23/01/2018

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

Vetting disclosures in accordance with the National Vetting Bureau Act 2012, as required by Schedule 2 of the Regulations, were not made available by the provider in respect of records that were checked by the inspector.

#### **1. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in

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

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:**

Vetting disclosures have since been provided to the inspector in respect of the 4 selected staff members

**Proposed Timescale:** 23/01/2018

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The design and layout of the premises did not conform to the matters listed in Schedule 6 of the Regulations in that:

- communal space was inadequate,
- there was no dining area,
- equipment storage space was inadequate.

**2. 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 action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan."

**Proposed Timescale:** 31/12/2021

**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

Limited communal space meant that residents were restricted in how and when they could engage and interact;

**3. Action Required:**

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for

occupation and recreation.

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

"The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan."

**Proposed Timescale:** 31/01/2019

**Theme:**

Person-centred care and support

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

Residents in multi-occupancy rooms were restricted in exercising personal choice around how they spent their time, in relation to choice of programmes on TV, for example.

**4. 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:**

An assessment of the bedrooms will be carried out, and individual T.V.s with wireless head phones will be purchased for all bedrooms where there is adequate space.

**Proposed Timescale:** 31/03/2018

**Theme:**

Person-centred care and support

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

In multi-occupancy rooms, telephone facilities could not be used in private.

**5. 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:**

2 mobile phones are presently available to residents. When a resident receives a call they are helped to a private area i.e. nurses duty room or vacant room to have a call in private.

**Proposed Timescale:**

**Theme:**

Person-centred care and support

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

Residents in multi-occupancy rooms who were not well enough to go to the private visiting room had to receive visitors next to their beds on the ward.

**6. 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:**

There are 9 single rooms. The residents who are unwell generally occupy the single rooms. A room on the ground floor has been upgraded to facilitate residents meeting visitors. If a resident in a multi-occupancy room is unwell, and has visitors, the other residents of that room will be requested to vacate the room, for a period of time to ensure privacy for the ill resident and their visitors.

**Proposed Timescale:** 23/01/2018

**Outcome 17: Residents' clothing and personal property and possessions****Theme:**

Person-centred care and support

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

In some instances wardrobes were very narrow and residents' clothing was necessarily stored elsewhere in the centre, limiting the extent to which they could retain control over their personal belongings.

**7. 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:**

A review of the space available for wardrobes has been carried out, and a larger wardrobe or locker will be purchased/made to fit, in all of these identified rooms, to ensure that the resident has access to and retains control over his/her personal possessions.

**Proposed Timescale:** 23/01/2018