

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ennistymon Community Hospital
Centre ID:	OSV-0000608
Centre address:	Dough, Ennistymon, Clare.
Telephone number:	065 707 1622
Email address:	annamarie.nagle@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Alice McGinley
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	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:
13 November 2017 09:00	13 November 2017 17:30
14 November 2017 09:00	14 November 2017 16:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
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	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files.

The physical environment had been greatly enhanced with the completion of the extension and redevelopment works. This had led to improvements in the overall quality of life for residents particularly in relation to independence, choice, privacy and dignity.

The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout. Residents had access to a variety of communal day spaces including a dining room and enclosed garden courtyard area.

There was evidence of good practice in all areas. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. Improvements were noted to the nursing documentation. Staff were offered a range of training opportunities.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Some further improvements were required to care planning documentation to reflect the arrangements in place to meet each residents assessed social care needs. This is included in the action plan at the end of this report.

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 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the quality of care was monitored and developed on an on-going basis and that effective management systems were in place. There was a clearly defined management structure that identified the lines of authority and accountability. There was a full time person in charge who was supported in her role by two clinical nurse managers. Deputising arrangements were in place in the absence of the person in charge. Nursing management met each other on a daily basis and formally on a weekly basis to review and discuss the individual care needs of all residents. The person in charge met with the provider representative on a monthly basis. The quality and safety of the service was kept under review and discussed at the monthly management team meetings.

The person in charge told the inspector that she continued to be well supported in her role that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

Management systems were in place to continually review and monitor the quality and safety of care. Regular audits were carried out to assess, evaluate and improve the provision of services in a systematic way. Recent audits completed included medication management, falls, care planning, and infection control and hand hygiene.

Recommendations were documented and quality improvement plans were in place. The results of audits were discussed with staff and there was evidence of learning and improvement as a result. A review of performance against the National Standards for Residential Services for Older People in Ireland had been completed for 2017. Some improvements had been identified and an improvement plan was in place.

The system of review also included consultation with the residents and their relatives. Residents and relative forum meetings continued to take place on a quarterly basis. There was evidence that issues highlighted by residents had been acted upon.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The person in charge is a registered nurse with the required experience in the area of nursing older people. She has been working in the post since March 2014 and she works full time. She was on call at weekends and out of hours.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Standards and her statutory responsibilities. She was very knowledgeable regarding the individual needs of each resident.

The person in charge had maintained her continuous professional development having previously undertaken a BA in Health Services Management, she also completed training in food safety management training (HACCP), crisis prevention intervention, risk management, a managers development programme and recently the management of complaints. She was a qualified hand hygiene assessor.

The person in charge was actively engaged in the governance of the service and accepted responsibility and accountability for its governance, operational management and administration. Suitable governance arrangements were in place in the absence of the person in charge. The clinical nurse manager 2 deputised in the absence of the person in charge. There was always a clinical nurse manager or senior staff nurse on duty to supervise the delivery of care.

The inspector observed that the person in charge was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place

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

Theme:

Safe care and support

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

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

Findings:

The provider representative and person in charge had taken measures to protect residents from being harmed or suffering abuse.

There were comprehensive policies on safeguarding vulnerable persons at risk of abuse. Staff spoken with and training records viewed confirmed that staff had received on-going education in relation to recognising and responding to elder abuse.

Staff continued to promote a restraint free environment. There were ten residents, nine at their own request using bedrails at the time of inspection. The inspector noted that risk assessments, care plans, consent and regular checks were documented in line with national policy. Alternatives such as low beds and sensor mats were also considered and used for some residents. All staff had received training on behavioural and restraint management. The use of bed rails was regularly reviewed and discussed weekly.

The inspector was satisfied that systems in place to manage residents' finances were clear and transparent. Small amounts of money were kept for safekeeping on behalf of some residents. There were regular reviews of individual accounts which were overseen by the administrator and person in charge. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The inspector reviewed a sample of files of residents who presented with behaviours that challenged and noted that care plans which outlined clear guidance for staff were in place and episodes of behaviour were being logged using an ABC chart in line with policy. There was evidence of regular multidisciplinary review as well as regular reviews of medications. There were a small number of residents who were prescribed psychotropic medications on a PRN (as required) basis however, the inspector was satisfied that there was no over reliance on these medications.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoken with were complimentary of staff many commenting that staff very kind, caring and helpful.

The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff, volunteers and persons who provided services to residents in the centre. A sample

of staff files reviewed confirmed this to be the case.

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):

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

Findings:

The provider had systems in place to protect the health and safety of residents, staff and visitors, the action required from previous inspections in relation to the location of the designated smoking area had been addressed. A suitably ventilated designated smoking room was provided in the new extension area.

There was a health and safety statement available. The inspector reviewed the risk register and found it had been recently reviewed and updated. All risks specifically mentioned in the regulations were included. Systems were in place for regular review of risks. Health and safety issues were discussed and reviewed at staff meetings and monthly team management meetings. Many staff had recently completed risk management training and further training was scheduled.

The inspector reviewed the emergency plan which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building. There was a personal emergency evacuation plan documented for each resident.

Training records reviewed indicated that all staff members had received training in moving and handling. Staff spoken to confirmed that they had received this training. The service records of all manual handling equipment such as hoists, wheelchairs and specialised chairs were up-to-date. Ceiling hoists were provided to all new bedrooms and en suite bathrooms.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in August 2017 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in August 2017. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly. All staff had completed fire marshal training during 2016 and 2017. Some staff had recently completed person on fire training. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received formal fire safety training.

There was evidence that regular fire drills had taken place. Records of fire drills included

the names of staff on duty, time of drill, duration, actions taken and learning outcomes. The person in charge had arranged a familiarisation visit from the local fire brigade later this month following learning from a recent fire alarm incident.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free. All staff had recently completed infection control training. Monthly infection control audits were carried out; areas for improvement were documented and discussed with 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 inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicine prescribing and administration sheets. All medicines were regularly reviewed by the general practitioner (GP).

Systems were in place to record medicine errors and staff were familiar with these systems. There were no recent medicine errors.

Systems were in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines to the pharmacy. Nursing staff confirmed

that they had good support from the pharmacist.

Regular medication management audits were carried out by nursing management. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. There were no issues of concern identified following recent medicines management audits.

Nursing staff had recently completed medicines management training.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. Improvements to the nursing documentation had been implemented following the last inspection. Some further improvements were required to care planning documentation to reflect the arrangements in place to meet each resident assessed social care needs.

All residents had access to a general practitioner (GP) services. The GP visited the centre five days a week. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that the GP reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk, presenting with behaviours that challenge, with wounds and communication issues. See Outcome: 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

A range of up-to-date risk assessments were completed for residents including risk of

developing pressure ulcers, falls risk, nutritional assessment, dependency and moving and handling.

The inspector noted that care plans were in place for all identified issues. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. Recommendations from allied health services such as SALT were reflected in residents care plans. There was evidence of relative/resident involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs. Care plans were regularly audited by nursing management team.

Staff and volunteers continued to provide a range of meaningful and interesting activities for residents. Care planning documentation to reflect the arrangements in place to meet each resident assessed social care needs reflecting their needs, interests and capacities required some improvements. While diversional therapy plans were in place for some residents, some plans reviewed were not informative.

The weekly activities schedule was displayed. The inspector observed residents enjoying a variety of activities during the inspection such as hand massage, exercises, quiz, word games and live music. Lifelong learning sessions for older adults incorporating Montessori principles were held weekly. The person in charge told the inspector that a number of new activities and therapies were planned and due to commence shortly. Bingo was planned following requests from some residents. Massage and acupuncture therapies were due to commence shortly. Residents could attend activities at the onsite day care facility, some residents attended daily while other residents choose to attend when there were specific activities of interest to them taking place. Residents had been facilitated to go on several day trips over the summer months. They included trips to the Lisdoonvarna festival, birds of prey centre, places of local interest and exhibitions in the local gallery.

Residents spoken with stated that they enjoyed the variety of activities taking place, however, some comments in the questionnaires completed in advance of the inspection by way of feedback to the authority indicated that residents would like a more structured activity programme including at weekends.

Judgment:

Substantially 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):

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

Findings:

Further improvements had been carried out to the premises since the previous inspection. Phase two of the development works was completed. It included a separate designated smoking area, a sitting room, eight single bedrooms with en suite facilities, a visitors' toilet, storage facilities and an enclosed garden area. The design of the building was suitable for its purpose and the building works were completed to a high standard

All continuing care residents were now accommodated in single or twin bedrooms with en suite shower and toilet facilities.

The occupancy levels in the original multi-occupancy bedrooms had been reduced from eight to four beds. Another twin room had been reduced to single occupancy. Residents who required short stay respite or convalescent care were accommodated in two four bedded rooms and two single bedrooms.

There was now a variety of communal day spaces including day room, dining room, smoking room, front conservatory, Birch suite/visitors room, oratory and historical area. Residents were observed using all of the areas. The communal areas were bright, had a variety of comfortable furnishings and beautiful views over the surrounding countryside and gardens. Residents spoken with told the inspector how they loved the additional communal spaces and how they could choose where to sit and spend time. Some also commented on enjoying the bright, cheerful colour schemes.

The 'Ragairne' room located in the original building had been converted to provide a dining room for residents. The room was bright, warm and decorated in a homely style. Round tables seating up to four residents and comfortable chairs with arm rests were provided. Some of the tables were height adjustable to facilitate residents with specialised chairs. Residents spoken with stated that they liked having their meals in the dining room. Staff also outlined how some residents with a dementia had benefited positively from the enhanced dining experience including improved independence and interest in eating.

The new circulation areas were wide and had hand rails. The corridors allowed plenty of space for residents walking with frames and using wheelchairs. Seating areas were provided at the end of corridors.

The new bedroom accommodation met residents' needs for privacy, leisure and comfort. The inspector found that bedrooms were clean, bright and had ample personal storage space. There were call-bell facilities, specialised beds, screening curtains in shared rooms and armchairs in all bedrooms. Televisions were provided in all bedrooms. Residents were encouraged to personalise their rooms and some had photographs and other personal belongings in their bedrooms. Residents spoken with stated that they liked their new rooms commenting that they appreciated the quietness and the ability to watch their preferred television programmes.

Residents had access to the enclosed garden. The garden was easily accessible from the

corridor areas. The garden had been landscaped and provided with walking and seating areas. Some residents could access the patio and garden area directly from their bedrooms. Residents spoken with stated that they enjoyed going outside during the warmer weather and also looking out at the gardens.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found evidence of good complaints management.

There were comprehensive complaints policies in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer and details of the appeals process.

The inspector reviewed the complaints log. There were no open complaints. The details of complaints were recorded along with actions taken. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

Residents spoken with and those that completed questionnaires in advance of the inspection stated that they could speak with and raise any issue with members of staff or the management team and felt they would be listened to. Throughout the inspection, the inspector observed good communication between residents and staff.

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:

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further under Outcome 2 Governance and management.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspectors observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink, reassured and reoriented when they were confused. Residents spoken with confirmed that they were consulted about all aspects of their care and given choices around their preferred daily routines.

The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents spoken to confirmed that their privacy was respected.

Residents and relatives spoke highly of staff commenting that staff were kind and treated them with respect.

A number of the questionnaires completed by residents and family members by way of feedback to the Authority confirmed that the centre made every effort to maintain residents' independence.

Residents' religious and political rights were facilitated. Prayer services were held weekly, Mass was celebrated monthly in the centre and Holy communion was distributed daily by a Eucharistic Minister. Residents were facilitated to vote in-house if they wished. Residents spoken with stated that they had choice of their preferred daily routine and that there were no set times for getting up, going bed or having showers.

There was an open visiting policy in place. A separate visitor's space was provided. Tea and coffee making facilities were available in the 'Birch' suite and 'Ragairne' room if residents and their visitors wished to have refreshments.

The centre was part of the local community and residents had access to radio, television, daily and regional newspapers. Many residents told the inspector how they enjoyed reading the daily newspapers. Residents could attend the on-site day care centre if they wished. Some residents independently visited the local town to do shopping. Local drapery shops visited the centre so that residents could select and buy new outfits or shoes. Many of the staff were from the local area and kept residents up to date regarding local news issues.

Some residents went home with family members at the weekends and for day visits, while others attended special family occasions. Local school children and musicians visited regularly. Celebrations took place at times like Christmas, St. Patrick's Day, Easter and for residents' birthdays.

Judgment:
Compliant

Outcome 18: Suitable Staffing

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

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

During the inspection, staffing levels and skill mix were sufficient to meet the assessed needs of the 25 residents. There were four nurses, a clinical nurse manager and two care staff on duty in the morning and afternoon, two nurses and two care staff on duty in the evening and two nurses and one care staff on duty at night time. The person in charge and CNM2 were normally on duty during the day time Monday to Friday. Residents and staff spoken with were generally satisfied with current staffing levels.

The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included catering, housekeeping, administration and maintenance staff.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy based on the requirements of the Regulations. Staff files reviewed were found to contain all the required documentation as required by the Regulations. Nursing registration numbers were available and up-to-date for all staff nurses.

Garda Síochána vetting was in place for all staff and volunteers. The roles and responsibilities of volunteers were set out.

The management team were committed to providing on going training to staff. There was a training plan in place. All staff had completed up to date mandatory training. Further training was scheduled to include safeguarding, risk management, management of actual and potential aggression.

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:

Mary Costelloe
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:	Ennistymon Community Hospital
Centre ID:	OSV-0000608
Date of inspection:	13/11/2017
Date of response:	10/01/2018

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 11: Health and Social Care Needs

Theme:

Effective care and support

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

Care planning documentation to reflect the arrangements in place to meet each resident assessed social care needs reflecting their needs, interests and capacities required some improvements.

1. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by

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

an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

A detailed activities / diversional therapy care plan developed in collaboration with each resident is now in place and clearly outlines each residents individual social care needs, likes, interests and capacities.

Proposed Timescale: 31/01/2018