

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Macroom Community Hospital
Centre ID:	OSV-0000578
Centre address:	Macroom, Cork.
Telephone number:	026 410 02
Email address:	macroomch@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Ber Power
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	0

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:
04 October 2017 10:30	04 October 2017 17:30
05 October 2017 10:30	05 October 2017 17:45

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially 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	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This registration renewal inspection by the Health Information and Quality Authority (HIQA) of Macroom Community Hospital was announced and took place over two days. The hospital dated from the 1930's and the layout of the building was reflective of that era. At the time of inspection it was run by the Health Service Executive (HSE) and provided long-stay and respite care to people from the Macroom area, primarily. As part of the inspection the inspector met with the person in charge, administration personnel, residents, relatives, and staff from all areas of care and support. The inspector observed care practices and reviewed documentation such as residents' care plans, fire safety records, training records and staff files.

Throughout the inspection, staff were seen to support residents to maintain their independence where possible. Premises, fittings and equipment were well maintained. Questionnaire responses from residents and relatives indicated that staff were kind and had excellent communication skills. In addition, residents and relatives stated that the food and activities were varied and afforded adequate choice. Family, friends and community involvement were encouraged and relatives confirmed this with the inspector. In addition, the person in charge stated that the "friends" of Macroom Hospital were constantly fund-raising effectively and enthusiastically to enhance the lived experience and the environment for residents.

However, similar to findings on previous inspections the premises did not conform to the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland, 2016. This non-compliance had a serious and significant negative impact on the lived experience and environment of residents as described in this report. The improvements required to bring the centre into compliance were set out in the action plan at the end of this report. These included areas such as: residents' privacy, dignity and consultation, premises and residents' personal property

In particular, the failings as regards compliance with the regulations on premises and the impact of this on the rights, privacy and dignity of residents was highlighted during all previous eight inspections since 2010. HIQA imposed a condition on the previous registration of the centre as follows:

"The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on April 2016. The reconfiguration must be complete by end of 2019".

The condition was attached to ensure that all existing and future residents were afforded appropriate dignity and privacy through the provision of adequate personal space and to ensure that the premises met the needs of these residents.

On this inspection the provider stated that planning permission had yet to be applied for in relation to the commencement of the planned renovations. However, the provider, who attended the feedback meeting at the end of the inspection, gave an undertaking that the required works would be completed by 2019.

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 statement of purpose, dated as reviewed on September 2017, was seen by the inspector. It described the service and facilities provided in the centre. It contained the information required in Schedule 1 of the Regulations and also outlined the aims, objectives and ethos of the centre. The statement of purpose was found to be comprehensive and was reviewed yearly. It was available for all visitors and residents in the reception area of the centre.

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:

Effective management systems were seen to be in place in the centre on the day of inspection. The person in charge was supported by an experienced clinical nurse

manager (CNM). There were clear lines of authority and accountability. There were daily care handover meetings for all staff in relation to medical and social care needs of residents. The inspector observed the care team exchanging meaningful information with each other about residents' morning care. Improvements were seen to have occurred as a result of the learning from the outcome of audits. The person in charge showed the inspector results of recent audits in areas such as: health and safety and infection control.

The inspector spoke with residents who said that there were residents' meetings held in the centre. Relatives spoke with the inspector about the fact that staff frequently consult with them. Relatives and residents were familiar with the person in charge. The inspector reviewed the comments on residents' surveys, the minutes of residents' meetings and results of the HIQA pre-inspection questionnaires sent out prior to this inspection. These indicated that there was a high level of satisfaction with staff, the care and the support available to residents and their relatives.

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 was an experienced nurse manager and was involved on a daily basis in the organisation and management of the service. Staff, residents and relatives were all aware of her post and her position in the centre. They were very familiar with her and were at ease when speaking with her. She was employed full time in the centre and demonstrated insight into the responsibilities of her role and spoke about the positive impact of regulations and standards as drivers of excellent care for older adults.

She continued to engage in professional development and informed the inspector that she was a certified nurse prescriber, along with a number of other staff members.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in

charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of her statutory duty to inform the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the centre during her absence. There was a suitably qualified person in the centre to deputise in the absence of the person in charge. This member of staff was engaged in professional development and was also a certified nurse prescriber.

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 person in charge stated that there was a zero tolerance approach to elder abuse. There was a statement to this effect displayed at the entrance to the centre. The policy on the prevention of abuse was seen to follow the guidelines and protocol of the HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy & Procedures, 2014. Staff spoken with by the inspector were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records reviewed confirmed that staff had received relevant training. Residents said that they felt safe and secure in the centre and said that staff were supportive and helpful. Relatives confirmed this with the inspector. They informed the inspector that they felt that their relative "could not be in a better place".

A resident stated that "it was nice to be taken care of by our own".

There was a policy in the centre to support staff in interventions and approaches for residents who exhibited behaviour related to the behavioural and psychological symptoms of dementia (BPSD). Staff members spoken with confirmed that training had been provided to them in how to support residents with dementia. As a result of this training relevant care plans had been developed for the care of residents with dementia and those who experienced BPSD. This meant that staff felt empowered and skilled to support residents with BPSD and residents were less distressed when staff understood the implications of different behaviour. There were bedrails in use for residents in the centre. Records of daily and nightly checks of these were viewed by the inspector. Multi-disciplinary (MDT) input was sought when bedrails of lap-belt use was under discussion. Residents and relatives input was also documented.

As found on all previous inspections residents' finances were managed robustly in the centre. A sample of records reviewed were seen to be accurate. Residents' valuables were kept in a safe and records of these were available to the inspector. The administration staff informed the inspector that an internal and external annual financial audit was undertaken.

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:

A health and safety statement was in place and it was updated every three years. The risk management policy was reviewed and risk assessments were carried out and updated. Risks were minimised for residents including the provision of handrails in the corridor, grab-rails in toilet areas, the provision of safe flooring and a regular audit of health and safety issues. Sensor mats and cushions were used to alert staff when those at risk of falls required assistance.

The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place and hand-washing facilities were easily accessible. A contract was in place for the disposal of clinical waste. Arrangements were in place for responding to emergencies. Suitable fire equipment was provided and there were adequate means of escape from the premises. A record was maintained of daily checks in relation to fire exits and weekly testing of the fire alarm. The fire alarm panel and emergency lighting were serviced regularly and all fire equipment was serviced on an annual basis. These records were viewed by the inspector. The procedure for the safe

evacuation of residents and staff was prominently displayed. Staff received training in fire safety management. Fire drills took place to include evacuation of residents. Records of these drills were documented.

Staff were trained in moving and handling of residents. This training included the safe use of overhead hoists which were available for use in all bedrooms. Training records viewed by the inspector confirmed this. Documentation was available which indicated that equipment was serviced regularly.

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):

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

Findings:

There was a centre-specific medicines policy in place which conformed with best evidence-based practice in medicines management. Senior staff conducted audits of this area. The pharmacist was available to residents and for staff training provision. The pharmacist carried out regular medicine audits. The next audit was seen to be scheduled in advance. Residents had photographic identification in place on their medicine administration record. There was a specific fridge in place for the storage of medicines.

Controlled drugs were managed in line with An Bord Altranais agus Cnaimhseachais na hEireann Guidelines for Nurses 2007. Stock levels of medication were checked at the end of each shift by two nurses. The inspector noted that expiry dates and stock levels of controlled drugs checked were correct and managed in line with relevant guidelines. Medicines which were discontinued were signed as such by the GP. Drugs prescribed as PRN (when necessary) had the maximum dose in 24 hours recorded and medicines were reviewed on a three-monthly basis by the GPs.

However, the inspector found that not all medicines which were no longer in use had been returned to pharmacy, In addition, these medicines were not stored in a separate compartment from medicines in daily use. This was a regulatory requirement to minimise any potential errors.

Judgment:

Substantially Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

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

Findings:

A record was maintained of all incidents occurring in the centre. Quarterly notifications were submitted to HIQA as required. The person in charge was found to be aware of the regulations and her responsibilities relating to notifications.

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 viewed a sample of residents' care plans which indicated that there was timely access to the general practitioner (GP) service. A choice of GP was highlighted in the statement of purpose, as required by regulations. In addition, residents who were on respite stay were facilitated to retain their own GP. There was evidence that residents had access to allied healthcare services. For example, documentation was in place which confirmed that residents received treatment from the physiotherapist, the dietitian, the psychiatrist, palliative services and the speech and language therapist (SALT) among others. The person in charge stated that the centre previously had the services of an occupational therapist and a physiotherapist for three hours per week. This service had now been withdrawn and was available by referral only. This led to a delay in access to the services which were central to residents maintaining independence, mobility and being assessed in a timely manner for suitable seating and

mobility aids. Relevant letters, admission and discharge documentation were reviewed in residents' files regarding medical history. The person in charge explained to the inspector that the consultant geriatrician made three-monthly on-site visits. She stated that this was of great benefit to residents who were facilitated with specialist medical input without having to visit busy outpatients' departments.

The inspector reviewed a sample of care plans. A daily narrative note was recorded for residents which outlined aspects of the daily care and condition of residents. The person in charge informed inspectors that a new suite of care planning documentation had been introduced since the previous inspection and staff were currently utilising and developing the documentation in order to provide relevant and pertinent information to guide the care process.

Each staff nurse was assigned a number of residents' care plans. These were reviewed on a four-monthly basis or as required. Residents had been included in the care-planning process. In addition, residents' representatives were seen to have been consulted where residents were unable to participate. There was evidence that any concerns regarding weight loss/gain were addressed by the dietician and SALT. Staff maintained a daily record of residents' nutritional and fluid intake where necessary. There was evidence that residents had a Malnutrition Universal Screening Tool (MUST) assessment on admission and it was repeated at intervals. The inspector observed the dining experience of residents. The majority of residents ate their meals in the spacious conservatory type dining room/communal room. The inspector saw that 26 of the 38 residents were up and dressed in the dining room for dinner and tea-time. It was apparent to the inspector that this was the daily practice as residents were aware of and familiar with which group they liked to sit and socialise with, during meal times.

End of life care wishes were recorded in residents' files. The person in charge stated that the concepts of Compassionate End of Life Care (CEOL) and advanced decision-making were used as the basis for end of life care planning. Training was being afforded to all staff and a number spoken with were found to be knowledgeable of the above concepts. However, documentation in relation to one resident's end of life care had not been updated in a timely manner.

Information on the activity programme was on display and available to residents. A number of residents spoken with by the inspector said that they enjoyed the various events which formed part of the activity programme. This was addressed further under Outcome 16: Privacy, dignity and consultation.

A small number of residents remained in bed all day due to their high care needs or in a couple of situations due to individual choice. However, as these residents shared large multi-bedded room accommodation there was a restriction on the space available for staff activity within the bedroom areas. Visitors were present on some occasions while care provision was still under way and while residents were being supported to eat their meals. This had a negative impact on the promotion of privacy and dignity for vulnerable residents. These issues were discussed further under Outcome 16.

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):

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

Findings:

The inspector noted that the premises was clean, well maintained and there was a good standard of décor throughout. Work had been carried out to create an atmosphere of comfort, through the use of suitable fittings and furniture. Doors on the main hall had been painted yellow and each separate "ward" area had been colour-coded in contrasting colours to include the duvet covers, the toilet doors off each bedroom, the walls and even the medicine trolleys. This added a person-centred, homely feel to the bedrooms. Maintenance personnel had designed and made beautiful dressers for the communal room which were used to display china and other ornaments. The enhanced décor had minimised some of the negative effects of the layout and design of the premises. It was apparent that staff had gone to great efforts to enhance residents' lived experience within the confines and restrictions of multi-occupancy living. The laundry room, sluice rooms and commode storage were now separate areas and this arrangement was functioning well, according to staff spoken with.

However, the following actions from previous inspections were still outstanding and had not been completed:

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

-To ensure adequate private accommodation was provided for residents.

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

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

As stated in all previous reports the design and layout was unsuitable and predominately

institutional with the resultant drawbacks typical of a 'hospital' building of that era. The inspector noted that since the last inspection the following negative findings remained outstanding:

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

The multi-occupancy bedroom accommodation consisted of three eleven-bedded wards which were made up of an eight-bedded ward and a three-bedded interconnected small 'annex' ward, a seven-bedded ward and one single-bedded room. Due to the design and layout of these multi-occupancy wards the largest area of which accommodated up to eight residents, there was inadequate private accommodation for residents to ensure that their privacy and dignity was protected on a daily basis. For example, the design and layout of these wards significantly impacted negatively on residents as they were not able to undertake personal activities in private or meet with visitors in private. The inspector noted that the staff made every effort to protect the privacy and dignity of residents through the use of fixed telescopic screens, however on one occasion during the inspection the use of these screens alone were found to be insufficient to promote the privacy and dignity of one resident : one resident was seen to be receiving personal care while a visitor was present: in addition, the resident was wheeled out from behind a curtained area on the shower chair, wearing night clothes and was required to pass through a public area to access the shower room. This was not an unusual occurrence according to staff as the shower areas were located a distance away from residents' beds. Furthermore, to gain access to residents in each of the small three-bedded annex rooms the inspector, staff and visitors had to pass through the larger eight-bedded rooms so there was regular movement of people past residents in their 'private' bed-space.

The limited space between each resident's bed also impacted on the quality of life of residents and storage of personal clothing, possessions and belongings. Not all residents had space for a personal wardrobe or personal armchair. These issues were addressed in detail, under Outcome 16: Residents' privacy and dignity.

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

Staff spoken with agreed that it was very challenging to attend to residents' toileting care needs with discretion as beds were too close together. They said that as the bed-screens were fixed in very close proximity to each bed, due to lack of space, it was very difficult to assist residents with specialised chair, wheelchair or commode use. The inspector noted that the screens from the bed opposite were often utilised additionally, to enhance the private space available to staff and residents. The inspector was informed that residents in the three-bedded annexed rooms had to walk down through the eight-bedded ward to access the toilet or use a commode. There were two toilets for each 11-bedded multi-occupancy room. There was one bath available for the 38 residents and two showers which were difficult to access for some residents. Nevertheless, staff stated that the availability of an overhead hoist system had served to enhance the provision of care to residents with high needs and they stated that a

number of residents liked to avail of the bath instead of the shower. This choice was made available to residents and supported by staff.

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

There continued to be inadequate storage space available for the storage of equipment such as hoists, wheelchairs and walking frames. The inspector saw that equipment was stored in the residents' assisted bathroom, oratory, bedrooms and shower rooms. Not all residents had been provided with a wardrobe. For example, the inspector found that in the eight-bedded rooms only four wardrobes were available.

Nevertheless, adequate car parking spaces were provided in a number of locations to the front and side of the premises. At the rear of the centre there was a patio area which had been developed through local fund-raising efforts. This area contained shrubs, trees and sections of lawn surrounded by an old-wall boundary. The front area of the building was set up as a small patio/garden area fenced off with wooden fencing and planted with an impressive array of flowering shrubs. Outdoor seating was plentiful and suitable. Residents were seen to use this area to sit outside or walk outside in the fresh air. Residents were seen coming and going from the garden areas, alone or with staff and relatives during the inspection.

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):

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

Findings:

The HSE policy on complaints 'Your Service, your Say' was available in the centre as well as a centre-specific policy. The person in charge informed the inspector that complaints were discussed at staff meetings. Minutes reviewed confirmed this.

The inspector reviewed the complaints book. There were a number of complaints about missing or wrong clothes for residents. These were resolved. A complaint was made about lack of privacy for visiting. These complaints remained significant however, due to the fact that there was limited storage space, limited private space and in some situations no wardrobe available for residents' clothes. In addition, a complaint had been received prior to the inspection stating that there was very limited space in the three-

bedded annex bedroom for a resident with high care needs. This was addressed under Outcome 16: Residents' rights, dignity and consultation.

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 person in charge explained the actions that had been taken to improve the environment for residents. She spoke about the provision of new duvet covers for all, new "Queen Anne" style armchairs, painting of rooms and doors, fireplaces, overhead hoists and garden improvements. She informed the inspector that the majority of these items were bought from fund-raising efforts by people in the local community who were very supportive and generous to the centre. Funds had also been received from the HSE for new duvets and new colour-coded medicine trolleys. Staff residents and relatives spoke about the positive impact of these changes on the lives of residents and of the importance of the centre to the community. Residents spoken with were all from the local town and surrounding town-lands and they stated that they were glad to be ageing-in-place, surrounded by people who understood their backgrounds and in a lot of cases knew their families. Pre-inspection HIQA questionnaires revealed a very positive regard for staff and for all aspects of care in the centre. However, comments were made in the questionnaires about the lack of adequate privacy for visits, the lack of choice as regards availing of single rooms, clothes going missing and the lack of privacy when making phone calls.

The inspector observed that residents had access to newspapers and radios. TVs were available but were shared by groups of residents with different needs. The person in charge stated that in the current configuration of the premises it would be difficult to provide for an individual TV and remote for all residents. In addition, it was not possible for individual residents to entertain visitors, for others to watch/hear the TV programme or to listen to an individual radio programme within the multi-occupancy bedrooms. However, the inspector found that 'wireless' headphones had been made available for one resident who liked to watch TV, without creating a disturbance for other ill or

sleeping residents.

Notice-boards provided information on events in the centre as well as in the community. Residents had access to a hairdresser, exercise groups, external activity providers and beauty therapy groups when requested. A staff member was assigned to activity co-ordination on a daily basis. The staff member assigned to activities on the days of inspection was proactive in her attention to residents and was familiar with the songs which they usually sang and their likes and dislikes. The words of songs were available on laminated sheets for residents' use. During the inspection days residents were seen to have hand massage attended to, have their nails painted, to engage in conversation with staff, play draughts with relatives, enjoy tea-breaks and to engage in art activities. For example, on the second day of inspection an external activity provider facilitated residents to decorate picture frames in an innovative and seasonally suitable manner. Residents had proudly displayed these in the communal sitting/dining room.

Mealtimes were seen to be social events. There was a good choice available from the knowledgeable kitchen staff and menus were available for residents. Choices were based on residents' preferences and on their dietary needs as assessed by the SALT and dietitian. A staff member was present with residents at all times when they were dining and there was suitable music playing in the background. The atmosphere was vibrant and staff assisted residents with care and awareness of their needs. Staff were also seen to assist a small number of residents who required help to eat their meal while in bed or sitting by the bed.

The person in charge explained that there were arrangements in place to ensure that each resident's religious and cultural beliefs were respected. Mass was said on a weekly basis and persons of all religious persuasions were welcome in the centre. The inspector found that residents were consulted about changes and developments. Minutes of residents' meetings reviewed confirmed this.

An external independent advocate was available in the event that a resident wished to make a complaint or required assistance to express their views or access a service. The inspector observed posters for this service on the information notice board. Visitors were plentiful throughout the inspection. The inspector met and spoke with a number of visitors who indicated that they felt welcome at any time. The person in charge confirmed that residents who wished to vote were facilitated to do so both externally and within the centre. Residents had access to a portable telephone and personal mobile phones. However, the facility to use a phone in private was not readily available especially if residents were in bed when the call came through. This aspect of lack of privacy was raised in one questionnaire.

Similar to findings on previous inspections, there were some visitors and staff who felt that space was very limited for residents, for their clothes, for their personal belongings as well as for private conversations. Residents had now been provided with a locked storage space in the locker next to their beds. However, residents who did not have a wardrobe available to them only had access to limited, communal storage space for storing their personal belongings. In addition, as this space was located in a communal cupboard at the end of the large multi-occupancy rooms access was restricted, as it was located behind residents' beds. Residents' chairs were also located in front of these

communal cupboards which further limited access to belongings for residents, staff and relatives. Respite residents' property bags were stored on the floor in some areas and some clothes and other belongings were placed on radiators. As found on previous inspections access to bedside lockers was impeded, due to the proximity of the privacy bed-screens and bedside chair placement.

Staff had made attempts to personalise the wall area near each residents' bed with photographs and personal items. However, the type and size of personal items were limited due to lack of space. In addition, as these personal items and photographs were on display in multi-occupancy rooms this had a further negative impact on residents' right to privacy. Furthermore, staff informed inspectors that relatives obliged them by limiting the clothes that they brought in due to the lack of storage space. Relatives confirmed this. Staff also said that they wash the clothes regularly because of the limited choice and space available for storage of more than two outfits, in most cases.

The inspector observed that there were three residents accommodated in each of three-bedded annex rooms located off the eight-bedded rooms. In one of these rooms the inspector observed that one resident was in bed requiring the use of a hoist for transfer, one resident was confined to a specialised chair while sitting by the bed and the third resident was out of bed on the days of inspection. This area was extremely cramped and unsuitable for the accommodation and care of three residents. Wardrobes in this room were very small and narrow and the bedroom area resembled a 'hallway', as there was a large double-door fire exit taking up one wall of the room facing the annex entrance archway. The care of all three residents necessitated moving the beds out from the walls and moving the locker and bed of the other residents. There was no toilet/shower access in this room which meant that a resident would have to walk past ten other residents' beds, use a commode in the confined space or be wheeled down past all other residents on a shower chair to use the toilet or shower. Using a commode in such a public space had obvious drawbacks to include, having to wheel a commode up through the adjoining eight-bedded room and back down, possible odour or risk of infection. In addition, this would have had a major impact at night time when all eleven residents were in bed in these interlinked rooms. The lack of sufficient shower facilities limited the choice of each resident who wanted to have a morning shower. For example, there was one shower for 20 residents and another shower for 18 residents. As a result, some residents' showers had to be facilitated in the evening, according to staff members. Staff also stated that other residents' beds had to be moved to facilitate the provision of care for residents who were incontinent as the screen had to be drawn around the bed in such a way as to facilitate two staff members plus a care trolley .

The use of overhead hoists in these large rooms meant that the hoists had to be drawn across from the opposite side of the room to be used for each resident. This had an added noise and disturbance impact.

Overall inspection findings in this area were similar to findings on all previous inspections. In spite of the best efforts of staff to minimise the impact on residents' lived experience, living in these multi-occupancy bedrooms had a major negative impact on the promotion of residents' right to privacy, dignity and confidentiality. The inspector found that privacy and dignity of residents was seriously negatively impacted on by the lack of space, the lack of easily accessible toilets and showers, the lack of wardrobes

and the proximity of beds. A sample of nursing notes from night staff confirmed residents' comments and the inspector's findings: that some residents called out at night and kept others awake and commodes were used at night for residents' toileting needs. Similar to findings on the dementia thematic inspection there was a serious risk also to the dignity of residents with had dementia and exhibited behaviours associate with their condition. Due to the layout of the multi-occupancy rooms there was no privacy for residents with dementia who communicated through verbal or physical behaviour.

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):

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

Findings:

As discussed in this report there was inadequate storage space for residents' personal belongings. Most residents had a small bedside locker, some had a small half-height wardrobe, others had limited access to a communal storage area for storing their clothes and personal belongings. This limited the outfits and the possessions which residents had control over as well as accessibility to their personal possessions.

Provision of adequate storage was required under Regulation 12 of the Health Act 2007 (Care and Welfare Of Residents in Designated Centres for Older People) Regulations 2013.

The person in charge informed inspectors that residents' personal clothing was laundered by staff in the centre and that bed linen was outsourced to a contract laundry service. The new internal laundry room was viewed and was seen to be suitable for its purpose. The inspector reviewed the centre-specific policy in relation to the management of residents' personal property which had been updated. Records were maintained of personal belongings which residents had in their possession on admission and when new items were brought in.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

The inspector observed copies of both the regulations and the standards which were available for staff information. Members of staff spoken with by the inspector were familiar with these documents. The person in charge and staff confirmed that staffing levels had improved since the previous inspection. She stated that the division of cleaning, care and catering roles had a very positive impact on the management and development of all three areas. The inspector viewed the training records for staff. Staff spoken with confirmed that training was available to them and confirmed their attendance at mandatory and appropriate training for their respective roles.

A selection of staff files were reviewed. Staff appraisals were undertaken at annual intervals to facilitate staff training and development. The documents required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available and the files were maintained in good order. The person in charge confirmed that regulatory Garda Vetting (GV) clearance was on file for all staff and that staff were not employed in the centre without this clearance.

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 O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Macroon Community Hospital
Centre ID:	OSV-0000578
Date of inspection:	04/10/2017 and 05/10/2017
Date of response:	07/11/2017

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 09: Medication Management

Theme:

Safe care and support

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

A number of medicinal products which were no longer required by residents were not stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance to ensure that the products concerned could no longer be used as medicinal products.

1. Action Required:

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

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

All Medications no longer required by residents are now stored in a secure, segregated manner and disposed of in accordance with national legislation and guidance to ensure that the products concerned will no longer be used as medicinal products.

Proposed Timescale: 07/11/2017

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 on end of life care for one resident had not been completed in a timely manner even though documentation was reviewed which indicated that additional information was to be recorded for the resident.

2. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Care planning at end of life care has been completed as the resident was able to discuss and process.

Proposed Timescale: 07/11/2017

Theme:

Effective care and support

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

Ensure that physiotherapy and occupational therapy are available in a timely manner to residents.

3. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a

resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Physiotherapy and Occupational Therapy are available on request for all residents. A request for priority will be made at each referral.

Proposed Timescale: 07/11/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The inspector found that the premises was not suitable for the needs of residents with high care needs:

- there were insufficient toilets and showers available for residents
- toilet and shower facilities were not easily accessible
- bed rooms were not of a suitable size and layout for the needs of residents, there was insufficient space between beds in multi-occupancy rooms to enable personal care to be attended to in private
- residents who were unwell and were in bed on a daily basis had no privacy in the multi-occupancy bedrooms

4. Action Required:

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

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

Refurbishment of resident's bedrooms and toilet facilities will provide 24 single rooms as part of the HIQA compliance work projects. Construction is expected to commence in 2018. In the meantime protecting resident's dignity will remain to the fore in our care delivery.

Proposed Timescale: 31/12/2019

Theme:

Effective care and support

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

The premises did not conform to the requirements of Schedule 6 of the regulations as follows:

- there was inadequate private and communal space for residents

- rooms were not of a suitable size and layout for the needs of residents
- there was insufficient space for each resident to have an individual wardrobe.
- there was inadequate locked storage space for residents
- suitable storage was not available in the designated centre for all equipment

5. 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:

This outcome will be addressed with the refurbishment plan due to commence in October 2018. The refurbishment will provide 24 single bedrooms ,and more private and communal space for residents

Proposed Timescale: 31/12/2019

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents could not undertake personal activities in private.

6. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Plans have been drawn up for the building of 24 single rooms and the re-development and re-configuration of the existing building which will allow residents to undertake personal activities in private as they can.

Proposed Timescale: 31/12/2019

Theme:

Person-centred care and support

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

Not all residents had access to favourite TV or radio programmes or personal TVs or radios.

7. Action Required:

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access

to radio, television, newspapers and other media.

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

Plans have been drawn up for the building of 24 single rooms and the re-development and re-configuration of the existing building which will allow all residents to have access to their favourite programmes. In the meantime residents will be accommodated in the dayroom or another area if they wish to watch a different programme to that on the ward TV.

Proposed Timescale: 31/12/2019

Theme:

Person-centred care and support

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

Residents could not exercise choice re type of room accommodation or programme choice on TV.

8. Action Required:

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

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

Plans have been drawn up for the building of 24 single rooms and the re-development and re-configuration of the existing building.

Proposed Timescale: 31/12/2019

Theme:

Person-centred care and support

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

Telephone calls could not always be made in private.

9. 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:

As much as possible we try to ensure that telephone calls can be taken in private. This will be addressed with the refurbishment when private visiting rooms will be provided

Proposed Timescale: On-going

Proposed Timescale:**Theme:**

Person-centred care and support

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

The privacy and dignity of those residents who communicated through behaviour as a result of the behaviour and psychological symptoms of dementia (BPSD) was negatively impacted on in the multi-occupancy bedrooms: in addition, other residents were impacted on also by the noise and activity when attending to the aforementioned residents.

10. Action Required:

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

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

We are awaiting the introduction of single rooms with the new development which will assist in negating the noise and activity level with residents who have BPSD. In the meantime staff will continue to implement responsive behaviour techniques such as diversion therapy should a resident communicate through responsive behaviour.

Proposed Timescale: On-going. Completion of refurbishment 2019

Proposed Timescale: 31/12/2019**Theme:**

Person-centred care and support

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

In multi-occupancy rooms where residents' choice or identified need was to receive visitors in their bedroom this impacted on that resident's right to privacy and to the rights of other resident in the rooms.

11. 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:

The Oratory/Library facility is available for residents to meet privately. Tea and coffee making facilities are available.

Proposed Timescale: Current

Proposed Timescale: 07/11/2017

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:

Due to lack of storage space residents' possessions and clothing were not always accessible to them or within their control.

12. Action Required:

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

This outcome will be addressed with the refurbishment plan due to commence in 2018. In the meantime residents will have access to their clothes on a seasonal basis (winter clothes will be stored in wardrobes. Residents are aware that all of their clothes remain accessible in the hospital should they need them).

Proposed Timescale: 31/12/2019

Theme:

Person-centred care and support

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

There was inadequate storage space available to residents.

13. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

This outcome will be addressed with the refurbishment plan due to commence in 2018.

Proposed Timescale: 31/12/2019

