

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Ennistymon Community Nursing Unit	
Centre ID:	0608	
Centre address:	Dough	
	Ennistymon	
	Co. Clare	
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Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public	
Registered provider:	Health Service Executive	
Person in charge:	Noreen O'Regan	
Date of inspection:	29 and 30 September 2009	
Time inspection took place:	29 Sept. Start: 09:30 hrs Completion: 17:00 hrs 30 Sept. Start: 08:30 hrs Completion: 13.30 hrs	
Lead inspector:	Mary Costelloe	
Support inspector(s):	Fiona Whyte	
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced	

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Ennistymon Community Nursing Unit has 31 places providing residential care to older people. It is a two-storey building dating back to the 1840s when it opened as a workhouse. For decades the building was used as a hospital until it became a residential centre for older people in 1976. It can accommodate twenty long term residents and has nine additional places allocated to respite care and two places dedicated for palliative care.

The accommodation for residents is on the ground floor and consists of a large conservatory at the front entrance with two wings branching off it, one for female and one for male residents. There is an additional small day room located in each of the two wings, but no dining area for residents. There is limited additional private/communal space available for residents' and visitors' use.

In addition to the residential care unit there is a day care centre for up to 30 people on weekdays. The large room in the daycentre called the 'Ragairne' room, is available to residents, visitors and day care attendees when other activities such as training are not taking place there.

The rooms used for palliative care have en suite shower and toilet facilities. There are two eight-bedded rooms, two three-bedded rooms, one two-bedded room, one four-bedded room and three single rooms. None of these bedrooms have en suite facilities. There are two assisted bathrooms and five separate toilets provided for these residents.

The administration offices are located on the first floor and are accessed by a stairway off the main entrance area. It has its own bus which transports day care attendees to and from the centre and is used for residents' trips and outings.

Ennistymon Community Nursing Unit is set in large landscaped gardens. The building is wheelchair accessible with ramps provided at all entrances. Parking is available in several car parking areas.

Location

Ennistymon Community Nursing Unit is located about 2 km outside the town of Ennistymon in North Co. Clare.

Date centre was first established:	1976
Number of residents on the date of inspection	27

Dependency level of current residents	Max	High	Medium	Low
Number of residents	11	7	2	7

Management structure

The Registered Provider is the Health Service Executive (HSE) and the designated contact person is Fergal Flynn. Noreen O'Regan, the director of nursing, is the Person in Charge and she reports directly to him. The clinical nurse manager (CNMII), reports to the person in charge and staff nurses report to the clinical nurse manager. The multi-task attendants report to the CNM or to the head chef depending on their role.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	5	3	2	0	1	0

Summary of findings from this inspection

This was the first inspection of Ennistymon Community Unit, it was unannounced and inspectors met with the person in charge and the staff on duty. They also sought the views of residents throughout the inspection. They observed practice and reviewed documentation including residents' records, medication prescribing and administration charts, staff rotas, maintenance records and staff training files.

There was evidence of good practice in all areas. On the day of inspection, inspectors were satisfied that the residents were cared for in a safe environment and that their nursing, medical and healthcare needs were adequately met. Inspectors observed a high ratio of staff to residents during the inspection. Staff members spoke of the recent introduction of a person-centred care project. This project was commenced to increase awareness amongst staff of the benefits and importance of delivering person centred care.

The building was old and the design and layout was similar to older style hospitals with a central entrance area and wings of bedrooms on either side. Communal and private space for residents was limited and the size and number of shared bedrooms meant that some residents had very little personal space. The kitchen was in need of renovation.

Inspectors observed a limited amount of recreational activities for residents. A clinical nurse specialist (CNS), whose role is to coordinate activities, is only employed three days a week. Most of her time is allocated to coordinating activities for attendees at the day-care centre. Only those residents who were active and mobile were able to participate in activities in the day care unit. More highly dependant residents were not supported to attend.

There were significant improvements required in care planning and review processes. Inspectors were concerned about the kitchen facilities, inadequate size of bedrooms, lack of communal and private space and the absence of an emergency plan.

Inspectors identified some improvements required, in relation to developing meaningful socialisation for residents in seeking and facilitating residents' views, and participation in the day-to-day running of the centre.

The action plan at the end of this report identifies what improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the Authority's *National Standards for Care Settings for Older People in Ireland*.

A follow-up inspection of this centre has taken place and will be published shortly.

Residents' and relatives' comments

Residents

Inspectors formally interviewed five residents and informally talked and discussed everyday life with many of the residents over the course of the inspection.

Residents expressed a high level of satisfaction with the care they received. Comments included "Everything is very nice and very good", "I'm well looked after", "There are lots of staff on duty, two nurses on at night".

Residents spoke highly of the staff and stated that "Staff are very good", "Nurses are very nice", "Staff are very nice and helpful", "It's not a typical hospital, everyone is friendly", "The call bell is always answered quickly".

Residents reported that the food was good and that they enjoy their meals but that there was no choice available at dinner time. Residents comments' varied and they said that they "never know what's on for dinner", there was "plenty to eat and drink", "best of feeding", "lovely meals ... no choice but would get something else if I didn't like the meal".

When asked if there was anything they would like to change or have done differently, residents' answers included "No complaints", "Staff are good, why should I complain", and "No, everything is very nice". However, some residents did raise some concerns saying "I can't get a newspaper", while another said that "Clothes sometimes go missing".

Relatives

Two relatives visited on the day of inspection. Inspectors spoke with both of them and they confirmed that they were happy with the service their relatives were receiving. One relative commented that her family member, who was cognitively impaired, was very well cared for by a staff member.

Issues raised by the residents and relatives were examined during the inspection.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The person in charge was seen to be well organised. She was able to provide all requested documentation in a timely and efficient manner during the unannounced inspection. She outlined how she and the CNM provided optimum managerial cover including out- of- hours and at weekends.

The person in charge, and the staff who spoke to inspectors had knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the Authority's *National Standards for Residential Care Settings for Older People in Ireland*. They discussed the implications and challenges such as developing the statement of purpose, finalising and signing off the policies, the setting up an advocacy programme for residents and the introduction of the person-centred care project.

The person in charge outlined a staff initiative established to drive change and support quality improvements. A partnership committee was in place and all staff grades and union representatives were actively involved on this committee. The purpose of this committee was to meet regularly, to plan projects, change initiatives and drive the quality agenda. They focused on discussion, collaboration and achieving agreement amongst all staff grades on how to implement quality service improvements. This forum was being used to focus on implementing the *National Standards for Residential Care Settings for Older People in Ireland*.

The policy and procedures for the management of residents' finances was seen by inspectors. Residents' financial affairs were found to be managed in a safe, secure and transparent manner and comprehensive records were maintained for each resident.

Some improvements required

The person in charge was not aware of certain practices taking place, which affected residents' quality of life. She considered her role to be that of having overall responsibility for the management of the centre rather than being responsible for the day-to-day operational issues, the CNM was responsible for this aspect of the service.

The person in charge confirmed that the provider did not have a written statement of purpose as set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Inspectors reviewed a number of policies and procedures, many of which were in draft format. The person in charge advised inspectors that all policies were currently being reviewed and updated to reflect practice and meet the requirements of Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

A comprehensive accident and incident log book was checked by inspectors who found that there was no individual monitoring of each accident and incident. There was no formal system in place for monitoring or auditing of trends. Therefore, there was no potential for learning and improving practice.

Inspectors reviewed the directory of residents and found that it did not contain all the required information as set out in schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Significant improvements required

Inspectors were informed by the person in charge that the emergency plan was in draft format and yet to be ratified and implemented.

The person in charge confirmed that there were no contracts of care agreed with residents and relatives.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Residents' bedrooms were old style and were multi-occupancy. Despite this, staff strived to ensure that the privacy and dignity of residents was respected in the shared rooms. Screens were fully closed around residents' beds when personal care was being delivered and staff were seen to address each resident by their preferred name explaining in a clear and patient manner what they were doing.

The quality and presentation of food was of a high standard. Inspectors sat and chatted with the residents during mealtimes. Residents commended on the quality of the meals and inspectors who sampled the food confirmed this.

The catering staff were aware of residents' likes, dislikes and preferences, they showed inspectors records of all residents' food preferences. The chef maintained diet sheets for all residents which were updated on a daily basis by the CNM/senior staff nurse and the chef. Residents who required special diets and those who required a modified consistency diet were well catered for. Staff told inspectors how they could access the kitchen throughout the day and night for snacks and drinks, residents also confirmed that they could ask staff for food and refreshments anytime if required. Staff were seen to offer residents drinks and refreshments throughout the day.

Inspectors interviewed a clinical nurse specialist (a nurse specialising in a specific area such as developing recreational and socialisation for residents) who was employed three days a week to coordinate recreational and socialisation events. She did project work with the day care attendees and those residents who were able to attend the day care centre independently. She had been recently involved in coordinating projects with the transition year students from the local secondary school. Two projects had been completed. A book titled "The way I remember it" was a collection of life stories from residents with colourful illustrations. "Woman's work" was a DVD which showed the students talking with the residents about their lives and their local traditional skills.

Inspectors noted an open visiting policy was in place which stated that visiting hours were unrestricted. An individualised visitors' book was located at each bedside and this helped communication between residents and family/friends. Relatives and friends wrote in the book each time they visited. This was particularly beneficial to residents with communication difficulties as it served as a reminder to the resident. Relatives could also check to see who had recently visited.

Residents could avail of a hairdresser five days a week.

Many of the current residents had accessed the day care and respite service initially before progressing to full residential care and this had helped their transition. All the residents were from the local rural community.

Some improvements required

The person in charge showed inspectors the Health Service Executive (HSE) corporate complaints guide which they used as their complaints policy. The HSE "Your Service, Your Say" poster and brochures were displayed in the front entrance area. There was no local complaints policy available and no local complaints procedure displayed. Residents and relatives were unaware of how or to whom they could make a complaint.

On the days of inspection, there was no menu available and no means for residents to exercise choice, particularly at dinner time, when only one meal option was offered. When questioned the chef outlined how an alternative meal would be made available if a resident did not like what was on offer, this was confirmed by the residents interviewed. Many residents told inspectors that they were not aware of what was being served for dinner on a daily basis. They also confirmed that they were not informed daily of what was on the menu.

Inspectors observed meals served to residents on blue plastic trays. There were no tray cloths or serviettes provided. Sachets of salt, pepper and sugar were provided loosely on the trays. The paper sachets were seen to be difficult for many residents to open. There were no bowls for sachets or milk jug on the trays.

Significant improvements required

There was no dining room available to residents and this impinged severely on residents' quality of life. Inspectors observed residents eating their meals from a bed-table at their bedside or from a bed-table in one of the small day rooms. This arrangement did not allow the dining experience to be an enjoyable, social and interactive occasion.

Recreational and social engagement was provided for some of the residents. There was no individual assessment to inform a person-centred plan and ensure meaningful fulfilment for all residents. Throughout the inspection, some residents were observed sitting for long periods of time without any meaningful stimulation or conversation. Other residents, who were confined to bed, were also seen to be without any meaningful stimulation for long periods of time.

Two male residents were observed by inspectors to have urinal bottles in the day room. One of these residents had an uncovered urinal bottle on the floor beside him. Another resident was brought to the day room in a wheelchair by a nurse and inspectors noted that he had a urinal bottle placed on his lap. This resident was then seen using the urinal bottle while sitting in the day room. Staff confirmed that this was routine practice. This practice did not respect the dignity and privacy of all residents and did not support the residents to maintain their independence by encouraging them to walk to the bathrooms. When inspectors informed the person in charge that they observed this practice she was not aware of this practice taking place. In the opinion of inspectors this was because she did not routinely walk around the centre rather she managed at a distance from the office.

There was no laundry facility provided for residents' clothing and the arrangements in place for laundering residents' clothes were not satisfactory. Inspectors were informed by staff that residents' laundry was collected and returned on a weekly basis and processed in a central HSE laundry facility. Residents, relatives and staff expressed general dissatisfaction with this laundry arrangement. They stated that items of clothing had gone missing and residents had experienced long delays in laundry being returned to them.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors spoke with, and accompanied, a nurse on the afternoon medication round. Safe practices were observed in the administration, recording and storage and disposal of medications.

All residents had access to General Practitioner (GP) services. A local GP was employed by the HSE to provide medical care to all residents. The out-of-hours GP service was located in the adjoining building and was accessed if required.

The GP visited daily to review residents' and medical records confirmed this. The medication charts confirmed that all medications were prescribed in accordance with best practice and reviewed on a three monthly basis. Residents staying for short respite breaks were also reviewed by the GP on the day of admission. All residents were screened on admission for Methicillin-resistant Staphylococcus Aureus (MRSA).

Peripatetic services such as chiropody and physiotherapy were available. Residents were assessed by the physiotherapist as required and exercise programmes tailored to their needs. There was a bi-weekly wound care clinic in the adjoining building and residents could access this service if required.

Some improvements required

The medication policy reviewed by inspectors was not up to date and it did not provide guidance on specific areas such as administration of injections and anti-coagulation therapy.

Significant improvements required

Residents' records were reviewed by inspectors and found that there was no evidence of a comprehensive assessment of residents' needs. Care plans were not individualised in that they did not identify what residents could do and liked to do. They did not address the individual medical and nursing needs of some residents such as management of diabetes, catheter care, wound management, mobilisation and those with particular communication needs. Therefore, the records were not reflective of the individualised care required by or provided to the resident. Residents

told inspectors that they did not know what a care plan was and so were not involved in the planning of their care.

Inspectors observed residents seated in wheelchairs for long periods of time in the day rooms. Inspectors noted that these wheelchairs were for transferring residents and were not suitable for prolonged periods of sitting. Staff confirmed that residents had not been assessed for seating requirements by the occupational therapist. Consequently, these residents were at an increased risk of developing pressure ulcers.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The accessible, well maintained gardens and outdoor seating areas were available to residents. Residents were observed going outside for walks and said that they enjoyed the gardens.

There was a conservatory located at the front entrance. This area was furnished with comfortable chairs, a coffee table, lamps and television. Inspectors sat and chatted with the residents, they commented that they enjoyed sitting there as it was warm, comfortable and bright. They also said that they could see people coming and going. Many residents said they enjoyed the views of the countryside.

Adequate assistive equipment was provided to meet the needs of the residents, such as pressure relieving mattresses and cushions, hoists and electric beds. Hoists and other equipment were well maintained with up-to-date service records.

Fire policies and procedures were reviewed by inspectors. Staff received regular training in fire safety and evacuation. Fire training records indicated that the most recent training took place in August 2009 and further training was scheduled for November 2009. Records viewed by inspectors indicated that all fire-fighting equipment was serviced in August 2009. Staff interviewed confirmed that they had received regular fire safety training and knew what to do in the event of fire.

Inspectors found that the fittings and equipment were satisfactorily maintained and in a clean condition. Infection control practices were robust and in line with best practice. Inspectors noted that cleaning chemicals were securely stored in a code-locked press. There was adequate hand sanitising gels located throughout the premises and staff were seen to be vigilant in their use.

Some improvements required

Inspectors viewed the two small dayrooms located off the eight-bedded rooms and found them too bare and uninviting. Both of these dayrooms lacked furniture and were not domestic in character. The floors were tiled, the walls were in need of painting and there were no curtains provided. During the inspection, inspectors felt the air temperature in these dayrooms to be cold and noted that radiators were not

turned on. Other residents, and visitors who wished to access these day rooms, had to go through the eight-bedded rooms in order to do so. This impinged upon the privacy and dignity of residents residing in these eight-bedded rooms.

There were no wardrobes provided in the eight-bedded rooms and staff members said that this was because there was not sufficient space available in these bedrooms for such furniture. Inspectors noted that a bedside locker was the only storage space provided for residents' personal belongings. Staff confirmed that residents could only have a limited number of items of clothing and personal belongings because of the lack of storage space.

The certificate of service of the fire alarm was not available for inspection. The person in charge advised inspectors that a contract was in place for quarterly service of the fire alarm system and that service records were held centrally in HSE maintenance department.

Inspectors noted that fire orders (instructions for response to a fire or fire alarm) were not displayed in a clear and prominent manner. The notice in the main hallway was displayed in a sideways position behind a wall mounted fire extinguisher.

Significant improvements required

Inspectors observed that either one or both footplates were missing from wheelchairs. Residents were being transferred with their feet raised and legs extended or with two feet supported on one footplate. This practice posed a risk of injury to the residents.

Inspectors noted that storage space for equipment was inadequate. Cleaning equipment, wheelchairs and hoist slings were stored in corridors, the sluice room and in dayrooms. This resulted in restricted communal space for residents. Staff also reported difficulty in closing the sluice room door.

Inspectors were informed by the person in charge that an ongoing maintenance programme was in place. Part of this programme included an internal audit of the building which had been undertaken. This report recommended that a complete property maintenance requirement survey and a fire risk assessment be undertaken. These recommendations had not been acted upon at the time of the inspection. Inspectors noted missing wall tiles in the catering staff bathroom, a rusted radiator in the male toilet and many areas requiring repainting. The person in charge showed inspectors documentation where she had requested action on these matters.

Inspectors observed that the eight-bedded rooms and three-bedded rooms were very small in size for the number of residents residing in these rooms. Inspectors measured these bedrooms and confirmed the rooms were inadequate in size. This resulted in lack of personal space which impacted on residents' privacy and dignity. Staff confirmed that the limited room space was a particular challenge for them when using assistive equipment and providing personal care to residents.

The person in charge told inspectors that an upgrade of the kitchen was planned. Environmental health reports reviewed indicated that the kitchen facilities were unsatisfactory, substandard and were unsuitable for accommodating a food business which served vulnerable older people. Inspectors found the kitchen to be very dated and with inadequate storage, preparation, cooking and serving facilities.

Inspectors viewed the premises and noted there was very limited communal, private and recreational space for residents and visitors. There was no separate room for residents to meet visitors in private and there was no smoking room. Residents were seen to open fire exit doors and smoke outside. Residents confirmed that the limited space impacted on their choice, comfort and ability to have quiet private time either alone or with relatives.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors noted that staff addressed residents courteously, by their preferred name, and were patient in allowing residents time to respond. They assisted residents with their clothing and personal hygiene paying particular attention to this.

The person in charge informed inspectors that many of the staff were represented on a wide range of committees including a person-centred-care committee, a health and safety group, a food safety group, an infection control committee and a policy, procedure and guidelines committee. These committees were recently established and were beginning their work to improve the quality of service. Inspectors viewed minutes of these committee meetings and they were seen to be both comprehensive and up to date. Staff interviewed confirmed their membership of and participation in the various committees.

The person in charge showed inspectors a person-centred project which had recently commenced. A notice board in the staff dining room displayed words and phrases which staff had written and placed there. These words were used to illustrate what person-centred-care meant. An example noted by inspectors mentioned addressing the resident by their preferred name instead of using terms of endearment such as "pet" or "dear".

Residents had a choice of national newspapers which were delivered on a daily basis and local newspapers were delivered weekly.

Inspectors noted a suggestion box located in the main entrance area. Staff advised inspectors that residents, relatives and staff used this facility if they wished to comment or make a suggestion on any aspect of the service.

The person in charge talked to inspectors about a voluntary group in the local community called "The Friends of Ennistymon" which is a group made up of volunteers from the local community. Its specific role is to fundraise and work in partnership with management to deliver projects. Inspectors were told how the residents had benefited from the proceeds of their fundraising events through the

purchase of a new mini bus. Some facilities had also been upgraded with the assistance of this fundraising.

Some improvements required

Inspectors were told by staff that there were no formal meetings held between the person in charge and the staff. In the past there had been formal staff meetings held between the CNM2 and staff and inspectors read minutes of these meetings which were filed in the communications folder. The person in charge informed inspectors that due to staff shortages, these meetings had not taken place during the previous 12 months before the inspection. Inspectors were advised by the CNM2 that staffing rotas had now been revised and staff meetings were scheduled to recommence shortly.

The person in charge and staff confirmed that there was no advocacy programme or resident/relative representative group in place to ensure the residents' rights and needs were represented and protected. There was no process in place for staff to seek the views of those residents who had difficulty communicating.

A draft of a recently produced "residents guide" was viewed by inspectors. The guide was found to be informative but did not contain all the information required as set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. The person in charge informed inspectors that they were awaiting the statement of purpose before they could finalise this guide.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

The person in charge and staff informed inspectors that, following the introduction of a revised staff roster, there were adequate staffing levels and the appropriate skill-mix of staff on duty to meet the needs of the residents on a daily basis. The staff rotas confirmed that on a day-to-day basis there were adequate staffing levels on duty. There were usually five nurses and three multi-task attendants on duty during the daytime and two nurses and one multi-task attendant on duty at night. Staff rotas confirmed this to be the norm. Residents reported that their healthcare and other needs were met and they did not have to wait for assistance when required, Relatives also stated that they were happy with the care provided.

Inspectors spoke with staff who said that they were happy with their work and that their personal relationship with the residents was a key aspect of job satisfaction for them. Staff files indicated low rates of turnover. Many staff interviewed confirmed that they had been employed in the centre for numerous years.

Staff confirmed that they had received induction training and mandatory training in moving and handling and in fire safety. Inspectors observed staff using appropriate moving and handling equipment and explaining clearly to residents as they went along what they were doing. Staff also received training in detecting and reporting abuse. Inspectors spoke to staff and they were found to be knowledgeable on these issues.

Training records reviewed by inspectors confirmed that staff training had focused on enhancing clinical nursing skills. This was to avoid unnecessary transfer of residents to hospital for procedures such as blood tests, treatment of dehydration and end of life care. Staff agreed that the provision of on-going professional development was tailored to meet the needs of the service provided. One staff nurse had recently completed a nurse-prescribing course in University College Cork. This will allow her to prescribe medications for residents in accordance with specifically developed protocols. This would be beneficial to residents in that medications could be prescribed in a timely manner without waiting for the GP to visit.

Some improvements required

Inspectors were informed that residents' dependency levels were not assessed or measured using a validated tool. Therefore, the staffing levels and skill mix of staff were not based on the dependency levels or assessed needs of residents.

Most of the multi-task attendants had undertaken the Further Education and Training Awards Council (FETAC) Level 5 healthcare support programme. Staff informed inspectors that multi-task attendants were not involved in providing much of the direct care to residents. Multi-task attendants interviewed stated that their responsibilities were primarily cleaning and laundry duties. They also served meals and assisted residents with eating. Occasionally when required, they assisted the nurses helping residents get up or return to bed. The person in charge confirmed that the multi-task attendant role was task-focused rather than person-centred and she was currently exploring how to move away from this way of working to introducing a more person-centred approach to care.

There was no formal induction programme in place for agency staff. The person in charge advised inspectors that agency nurses were now employed to provide cover for staff on leave. The CNM confirmed that no formal induction or orientation programme was provided to the agency nurses.

There were no staff changing facilities provided. Staff changed in the toilets or wore their uniform to and from work contrary to best practice recommendations in infection control.

Report compiled by:

Mary Costelloe
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

06 November 2009

Provider's response to inspection report

Centre:	Ennistymon Community Nursing Unit
Centre ID	0608
Date of inspection:	28 and 29 September 2009
Date of response:	25 November 2009

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

There was no comprehensive assessment and review of residents needs.

Action required:

Put in place a system so that each residents needs are set out in an individual care plan developed and agreed with each resident, make the care plan available to the residents and keep the residents care plan under formal review as required by the residents changing needs or circumstances and no less than at three monthly intervals.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 13: Healthcare

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Residents undergo a comprehensive assessment on admission this assessment is now reviewed on a three monthly basis.</p> <p>A documentation review and training in regard to same is currently taking place.</p> <p>The Assessment and Care Planning system is under review since October. A new system is to be identified and operational by July 2010.</p>	<p>Completed</p> <p>Completed</p> <p>July 2010</p>

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no record of seating assessment of residents. Residents were seated for prolonged periods in wheelchairs.</p>	
<p>Action required:</p> <p>Ensure that the residents' needs are set out in an individual care plan.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Residents who required a seating assessment have been referred to Occupational Therapy. The Occupational Therapist has completed an assessment and the recommended chairs are provided.</p> <p>Education of staff is completed and care plans are in place.</p>	<p>Completed</p> <p>Completed</p>

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Residents were being transferred in wheelchairs which did not have footplates fitted; consequently they were at risk of injury.</p>	
<p>Action required:</p> <p>Take all reasonable measures to prevent accidents to any person in the centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety</p>	
<p>Please state the actions you have taken or are planning to take following the inspection with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>An assessment of wheelchairs has been completed in October 2009 by a contracted company and all plates have been replaced.</p> <p>The company is scheduled to service all wheelchairs on a 3 monthly basis.</p> <p>Education of staff completed, in future wheelchairs without footplates are to be taken out of use until serviced.</p>	<p>Completed</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was no emergency plan in place.</p>	
<p>Action required:</p> <p>Ensure that there is an emergency plan in place for responding to emergencies.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk management procedures. Standard 26: Health and Safety.</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Emergency plan ratified. Emergency plan implemented.</p>	Completed

5. The provider is failing to comply with a regulatory requirement in the following respect:	
<p>The medication policy was not up to date and did not provide guidance on such areas as the administration of injections and anti coagulation therapy.</p>	
Action required:	
<p>Put in place appropriate and suitable practices and written operational procedures relating to the ordering, prescribing, storing and administration of medicines to residents.</p>	
Reference:	
<p style="padding-left: 40px;">Health Act, 2007</p>	
<p style="padding-left: 40px;">Regulation 33: Ordering, Prescribing Storing and Administration of Medicines.</p>	
<p style="padding-left: 40px;">Standard 14: Medication Management</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Medication policy, procedures and guidelines are now ratified and for implementation.</p> <p>Staff will be provided with the revised policies, procedures and guidelines. Staff will be required to sign a declaration indicating that they have read and understood the policies, procedures and guidelines.</p>	February 2010
<p>The Royal Marsden Manual of Clinical Nursing Procedures is available to nursing staff to provide further guidelines.</p>	Completed

6. The provider is failing to comply with a regulatory requirement in the following respect:

There was no dining room and inadequate communal, private and recreational space provided for residents.

Action required:

Provide adequate sitting, recreational and dining space separately from residents private accommodation.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

Provider's response:

The Development Control Plan for Ennistymon Community Hospital and Day Centre will be reviewed and an area identified to build a dining room and increase communal, private and recreational space for residents. Estates Management have allocated a HSE architect to commence drafting a set of plans. It is proposed to revert with a set of plans by March 2010.

March 2010

In order to enhance the dining experience for residents the hospital has introduced new dinner trolleys which provide the resident with an improved dining experience at meal times.

Completed

7. The provider is failing to comply with a regulatory requirement in the following respect:

The size of bedrooms was inadequate to meet residents' needs.

Action required:

Ensure that the size and layout of rooms occupied or used by residents are suitable for their needs.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The three-bedded areas have been reorganised to a two-bedded area.</p> <p>A review of all bedrooms has been undertaken.</p> <p>Wardrobes and curtains have been purchased by the hospital for delivery/installation in January 2010.</p> <p>The Development Control Plan for Ennistymon Community Hospital and Day Centre will be reviewed and areas identified to build on additional bedrooms. Estates Management have allocated a HSE architect to commence drafting a set of plans. It is proposed to revert with a set of plans by March 2010.</p>	<p>Completed</p> <p>Completed</p> <p>February 2010</p> <p>March 2010</p>

<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p>	
<p>The kitchen facilities were unsatisfactory, substandard and unsuitable for accommodating a high risk food business.</p>	
<p>Action required:</p>	
<p>Provide a kitchen with suitable and sufficient facilities.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The catering department is being upgraded to ensure the facilities are satisfactory, up to standard and suitable for accommodating a high risk food business.</p>	<p>May 2010</p>

9. The provider is failing to comply with a regulatory requirement in the following respect:

There was no formal evidence of auditing and monitoring of accidents/incidents in place. Therefore, there was no evidence of learning and improving practice as a result of monitoring incidents and accidents.

Action required:

Put in place arrangements for the identification, investigation and learning for serious or untoward incidents or adverse events involving residents.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 30: Quality Assurance and Continuous Improvement

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

Timescale:

Provider's response:

A local register of incidents has been introduced to provide formal evidence of monitoring and improving practice. This register will assist in audit programmes.

Completed

10. The provider is failing to comply with a regulatory requirement in the following respect:

Policies and procedures were being reviewed, updated and in draft format.

Action required:

Provide all the written and operational policies as listed in schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 27: Operating Policies and Procedures
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The number of documents, policies, procedures and guidelines to be available as indicated in regulation 27(1) and outlined in schedule 5 of SI 236 is extensive. We intend to be diligent in their compilation ensuring adherence to the HSE procedure for the development of policies, procedures, protocols and guidelines. This will require reasonable time to complete. Numerous policies, procedures are already in place and the remaining will be completed within the defined timescale.</p>	<p>July 2010</p>

<p>11. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There were no contracts of care provided for residents.</p>	
<p>Action required:</p> <p>Agree a contract with each resident within one month of the admission of the resident to the centre, to include the care and welfare of the resident in the centre, details of the service provided for the resident and the fees to be charged.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 28: Contract for the Provision of Services. Standard 7: Contract/Statement of Terms and Conditions.</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>This is a new requirement under Regulation 28 (1) (2) SI 236 The statement of purpose and function is central to the basis of the contract of care and therefore the development of the contract will be developed along side and finalised after the completion of the statement of purpose.</p>	<p>April 2010</p>

12. The provider is failing to comply with a regulatory requirement in the following respect:

The certificate of service for the fire alarm was not available on the premises.

Action required:

Maintain a record in the centre of the number, type and maintenance record of fire-fighting equipment.

Reference:

Health Act, 2007
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety

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

Timescale:

Provider's response:

Certificates are available on site.

Completed

13. The provider is failing to comply with a regulatory requirement in the following respect:

The residents' dependency levels were not being assessed and monitored using a validated tool. Therefore, the staffing levels and skill mix of staff were not based on the assessed needs of residents.

Action required:

Ensure that at all times the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents and the size and layout of the centre.

Reference:

Health Act, 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

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

Timescale:

Provider's response:

The Barthels Index assessment is implemented and there is ongoing assessment.

Completed

14. The provider is failing to comply with a regulatory requirement in the following respect:

There was no individual assessment to inform a care plan of residents' abilities and preferences to engage in meaningful socialisation and provide opportunities to participate in activities appropriate to the residents' interests and capacities.

Action required:

Assess each resident's needs, ability and preferences to engage in meaningful socialisation and provide opportunities to participate in activities appropriate to the residents' interests and capacities.

Reference:

Health Act, 2007
Regulation 10: Residents' Rights , Dignity and Consultation
Regulation 6: General Welfare and Protection
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations

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

Timescale:

Provider's response:

There is an acute awareness of seeking the views of residents, this awareness has prompted us to gather as much relevant life history and thus gain insight to inform us of the values and personal preferences of the resident. This is an area where there is much potential for development and staff have a great interest in.

Completed

The CNS will identify the resources/action plans required to improve and to increase opportunities for residents to participate in activities appropriate to the residents' interests and capacities.

July 2010

15. The provider is failing to comply with a regulatory requirement in the following respect:

There was no choice of food or menus available for residents at mealtimes.

Action required:

Provide each resident with food that offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each resident's individual needs.

Reference: Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Choices are available at breakfast and tea. The Chef and HACCP coordinator had reviewed the menu prior to the inspection. A new menu system will be introduced in January 2010. Menu boards will be on display in communal areas to afford residents the opportunity to view the daily menu.	February 2010

16. The provider is failing to comply with a regulatory requirement in the following respect: There was lack of adequate space for storing of residents assistive equipment, wheelchairs and cleaning equipment.	
Action required: Provide that adequate space is provided a reasonable number of personal possessions and that each resident retains control over their personal possessions.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Trolleys are on trial to provide for portable storage. The allocation of existing storage areas is under review. The Development Control Plan for Ennistymon Community Hospital and Day Centre will be reviewed to identify the required additional storage to be built on. Estates Management have allocated a HSE architect to commence drafting a set of plans. It is proposed to revert with a set of plans by March 2010.	March 2010

17. The provider is failing to comply with a regulatory requirement in the following respect:

The dignity and privacy of residents was not respected in the day rooms as personal care was being carried out there.

Action required:

Ensure that the privacy is respected to the extent that the resident is able to undertake personal activities in private.

Reference:

Health Act, 2007
Regulation 10: Residents' Rights Dignity and Consultation
Standard 4: Privacy and Dignity

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

Timescale:

Provider's response:

Privacy and dignity of residents is inherent in our philosophy of care. No personal activities of residents are now or will going forward be undertaken in public.

Completed

18. The provider is failing to comply with a regulatory requirement in the following respect:

There was no statement of purpose available.

Action required:

Compile a written statement of purpose to consist of a statement of the aims, objectives and ethos of the centre, a statement as to the facilities and services which are provided, and a statement as to matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We note that this is a new requirement under SI 236.</p> <p>A full Statement of Purpose and Function is being developed.</p>	<p>April 2010</p>

<p>19. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The day rooms located off the male and female units were not suitably decorated, heated or furnished.</p>	
<p>Action required:</p> <p>Provide suitably decorated day rooms having regard to the needs of residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Technical Services to assess heating system.</p> <p>Technical Services to install room thermometers to assist in monitoring ambient temperature of room.</p> <p>Request submitted to Area Manager for resource allocation to replace flooring and paint conservatories.</p> <p>Curtains ordered for the conservatories.</p>	<p>Completed</p> <p>January 2010</p> <p>February 2010</p> <p>Completed</p>

20. The provider is failing to comply with a regulatory requirement in the following respect:

There was no system in place to ensure that residents' laundry was returned to them.

Action required:

Ensure that there are operational policies and procedures relating to residents personal property and possessions. Maintain a record of each residents personal property signed by the resident and keep this record up to date.

Reference:

Health Act, 2007
Regulation 7: Residents' Personal Property and Possessions

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

Timescale:

Provider's response:

Draft policies and procedures relating to residents personal property and possessions to be ratified, implemented and reviewed for effectiveness.

Due to recent floods the laundry service is now provided locally.

February 2010

21. The provider is failing to comply with a regulatory requirement in the following respect:

There were no arrangements in place for advocacy or to facilitate residents in consultation and participation in the day-to-day running of the centre.

Action required:

Put in place arrangements to facilitate consultation and participation in the day to day running of the centre. Ensure all residents rights, needs and wishes are sought and facilitated. Careful consideration must be given to seeking the views of residents who have difficulty communicating.

Reference:

Health Act, 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 2: Consultation and Participation

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The CNS in Diversion Therapy is working with others to provide FETAC Level 6 training in advocacy to volunteers. Once completed the intention in Co. Clare is to provide an independent advocacy service to residents at the centre.</p> <p>Advocacy is a major factor in the Person Centred Care Project in the hospital and staff members speak up for residents on an ongoing basis.</p> <p>Training in advocacy to be introduced for staff.</p> <p>Residents and relatives will be invited to participate in an Ennistymon Community Hospital and Day Centre Forum. Minutes of meetings will be maintained.</p>	<p>September 2010</p> <p>April 2010</p> <p>February 2010</p>

22. The provider is failing to comply with a regulatory requirement in the following respect:

The residents guide was in draft format and not completed.

Action required:

Produce a written guide referred to as " the residents guide" to include all the information as required in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act, 2007
 Regulation 21: Provision of Information to Residents.
 Standard 1: Information

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The residents guide will be completed in parallel with the statement of purpose.</p>	<p>April 2010</p>

23. The provider is failing to comply with a regulatory requirement in the following respect:

Staff changing facilities were not provided.

Action required:

Provide suitable facilities for the purpose of staff changing.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 26: Health and Safety

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

Timescale:

Provider's response:

Staff changing facilities will be provided on completion of the upgrade of the catering department as facilities previously allocated to catering staff will be available. These facilities will be available in June 2010.

June 2010

24. The provider is failing to comply with a regulatory requirement in the following respect:

The directory of residents did not include all details as required in schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Action required:

Provide a directory of residents to include all information as required in schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 23: Directory of residents.
Standard 32: Register and Residents Records.

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

Timescale:

<p>Provider's response:</p> <p>A directory of residents in compliance with Regulation 23 (2) and Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 is in place.</p>	Completed
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<p>25. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The complaints procedure was not displayed in a prominent position in the centre.</p>	
<p>Action required:</p> <p>Ensure that the complaints procedure is displayed in a prominent position in the centre and that it includes an independent appeals process.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The complaints procedure is displayed in prominent positions in the centre; it includes details of an independent appeals process.</p>	Completed

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 18: Meals and Mealtimes	Consider improving the existing dining experience for residents by i.e. providing tray cloths, serviettes, sugar bowl, milk jug and salt/pepper set.

Any comments the provider may wish to make:

Provider's response:

The National Quality Standards for Residential Care for Older People in Ireland- underpinned by statutory regulations marks a welcome focus on services for older people. The Standards and the Registration and Inspection guide provide a welcome framework to assist healthcare providers to reinforce our mutual aim of quality living and caring.

This inspection was the first experienced by Ennistymon Community Hospital & Day Centre. It was unannounced.

This process is a learning experience for residents, relatives, visitors and staff. We recognise that this is an on-going process of continuous improvement and look forward to the challenge.

Person in Charge: Noreen O'Regan

Provider's name: Health Service Executive

Date: 19 November 2009