Health Information and Quality Authority
Social Services Inspectorate

Regulatory Monitoring Visit Report
Designated centres for older people

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Cobh Community Hospital
Centre ID:	0558
Centre address:	Cobh Co Cork
Telephone number:	021-4811345
Fax number:	021-4811686
Email address:	cobh.hospital@ireland.com
Type of centre:	☐ Private ☒ Voluntary ☐ Public
Registered providers:	Cobh Community Hospital Board of Management.
Person in charge:	Eileen O'Keeffe
Date of inspection:	7 July 2010
Time inspection took place:	**Start:** 08:30hrs **Completion:** 19:00hrs
Lead inspector:	Ann O'Connor
Type of inspection:	☒ Announced ☒ Unannounced
Purpose of this inspection visit	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ Regulatory Monitoring Visit Report

About the 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*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- **for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.**

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Cobh Community is a two-storey designated centre which provides residential and respite care mainly for older people and people with a mild degrees of dementia. It accommodates 38 beds and there were 35 residents living there at the time of inspection, a further one resident is gone home on a trial basis.

The accommodation is on three levels, (one level on ground floor is split into two separate levels known as 1A and 1B. Access from 1A to 1B is by steep steps and a separate “platform type lift” is provided for wheelchair residents to get from one level to another.
Access to second floor is by stairs and full lift from ground floor (1A level), however; this does not access the seven residents in St John’s Ward which is on level 1B.

There are 12 bedrooms in total. Three bedrooms are single, one has an en suite with shower, toilet and wash hand sink facility, the other two had wash hand sinks in the room. The remaining nine are shared between twin to six bedded rooms.

There are five assisted showers with toilet and wash hand sinks and five separate toilet and wash hand sink. These are placed in close proximity to bedrooms.

Communal accommodation includes one sitting room, one visitor/ quite room on each floor, a recreation room on second floor. There is no specific dinning room. Residents were observed to part-take of their meals in their rooms at bedside.

There is a beautiful oratory which residents were seen to use.

There is Day Care facilities adjacent by a connecting corridor to the centre. The person in charge stated that four residents use the facility on a weekly basis.

There is parking facilities available to the front of the hospital.

Location

Cobh Community Hospital is situated within the town of Cobh, and is five kilometres from Cork City.

Date centre was first established:	1909
Number of residents on the date of inspection	35

Dependency level of current residents	Max	High	Medium	Low
Number of residents	12	10	5	8

Management structure

Cobh Community Hospital is a voluntary hospital governed by a board of management. The named Provider is Dr Peter Morehan. The Person in Charge is Eileen O' Keeffe, Acting Director of Nursing. Eileen reports to the board of management. All nursing, multi-task attendants, laundry, cook, clerical, and maintenance staff report directly to the person in charge.
Senior staff nurses cover for the Person in Charge in her absence.

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	3	4	3	2	1	1

Summary of findings from this inspection

This report sets out the findings of an unannounced, regulatory monitoring inspection and was the first to be carried out by the Health Information and Quality Authority's (the Authority) Social Service Inspectorate. The inspector focussed on key aspects of governance, resident care and environment to assess the extent to which the management of care ensured positive and safe outcomes for residents.

There was a board of management meeting in place when inspector arrived at the centre. Inspector was introduced by the person in charge to the members of the board. Inspector outlined the format of the inspection and the upcoming scheduled announced inspection with the person in charge and the board members.

Residents and staff were also spoken to during the course of the day.

Serious concerns were identified by the inspector and significant improvements are required on the numerous challenges posed by the structure and layout of the physical environment, the multi occupancy accommodation to ensure residents' privacy and dignity were maintained, access from one floor level to another by the number of unprotected stairs and "platform type" lift, inadequate sluicing and bathroom facilities and no dining room.
Other areas for improvement include:

- complaints management
- contracts of care
- staff files

These areas for improvement are addressed in the Action Plan at the end of the report.

Comments by residents and relatives

The inspector spoke to a number of residents, including one lady who stated that over the past number of months, she has been in three different care facilities and she found "Cobh Hospital to be the best", Staff are "second to none" and are "tops of all the other places, I have been in". Another stated that he was very happy to be cared for by "such caring staff".

The inspector did not speak with relatives during the inspection.

Governance

Article 5: Statement of purpose

There was a written statement of purpose available which contained the information as required in the regulations, However there was no contracts of care for residents.

Article 15: Person in charge

There have been three changes of person in charge over the past three years. Since November 2009 Eileen O'Keeffe, who was previously a Clinical Nurse Manager 2 (CNM2) in the centre, had been appointed on an acting basis as they were unsuccessful in recruiting a director of nursing. Senior staff nurses cover for the person in charge in her absence.

The person in charge displayed a clear understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and showed an acute awareness of the challenges facing the hospital in line with *the National Quality Standards for Residential Care Settings for Older People in Ireland*. She outlined areas where improvements had been made, through strong connections with the local community fund raising and local events. Evidence of their involvement with improvements to the physical environment and resident' welfare were seen throughout.

Article 16: Staffing

The staffing levels and skill mix were based on the number and dependency levels of the residents. Staffing rosters were reviewed and confirmed with actual staff on duty.
Over the last two years staffing levels by night have been increased to include two nurses and one multi-task attendant.

All staff had mandatory training in moving and handling, fire drill and evacuation, hand hygiene, and all but three had training in elder abuse and protection. The remaining three are booked into a course in July 2010. There are a number of staff trained as trainers in areas of hand hygiene, elder abuse and the use of fire evacuation chairs. 75% of nurses are trained in blood taking procedures (venopuncture). Further areas of training identified included:

- wound care
- continence promotion
- nutritional training on dysphasia
- Inter-personal training work shops
- professional legal, quality evidence training in Feb 2010 – one staff nurse.
- care planning and documentation
- leading empowered organisation (LEO)
- clinical audit training
- further education and training council (FETAC Level 5) (Eight Modules)

- hazard analysis and critical control point (HACCP)

The person in charge identified that there is a need for training on dementia care and this was being sourced. One nurse had attended a conference on dementia and another had attended a work-shop on a positive approach in person centred dementia care in 2009

A staff development and appraisal system were not carried out.
Minutes of staff meetings held up to September 2009 were viewed, the person in charge stated that they had not taken place since but was high on her agenda and would be commencing immediately.

Staff files were incomplete, evidence that garda síochána vetting had been applied for, but was not returned, also three references and medical fitness was not present.

All staff spoken to had an awareness of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and *the National Quality Standards for Residential Care Settings for Older People in Ireland*. Copies of the Heath Act and standards were seen to be available for staff.

Article 23: Directory of Residents

The directory of residents was maintained but did not contain the time and cause of death of a resident as per the Regulations. The person in charge is commencing a new register and will include all the necessary information.

Article 31: Risk Management Procedures

There was evidence that risk assessments were carried out in 2009 by a private company on the physical environment and on the electric equipment. Records of this safety audit review were examined by inspector. A number of improvements were seen as a result of these audits, for example :

- provision of two evacuation chairs provided to be used in the event of a fire and staff have been trained in their use
- fire/ emergency evacuation drill training provided
- accident and incident recorded was upgraded.

The person in charge has commenced a process with a private company to service all equipment on a twice yearly basis.

There was a health and safety statement manual in place (updated April 2009) This outlined the safety statement policy for the centre, hazard control arrangements, risk assessments and safe work practice sheets for all areas, dignity at work policy, manual handling policy prevention and response to violence, protocol on blood and body fluid spillage.

It outlined the roles and responsibilities of staff, however it did not included environmental risk assessments. It was not comprehensive and did not identify all hazards and risks requiring control measures. For example, it did not identify the risk posed to residents' safety by the open stairs, "food type" lift or by the banister at the top of stairs. The person in charge had put in place some control measures with the banister at top of stairs to ensure the safety of residents but this was not documented.

There are clinical risk assessments undertaken, fall risk assessment, nutritional assessments, restraint. However; the person in charge stated that plans are in place to provide further training on clinical risk assessment especially where residents would exhibit challenging behaviour.

The person in charge has set up an emergency list of contacts to be contacted in the event of an emergency. However, there was no full emergency plan as required in the regulations.

Article 39: Complaints

There was no written operational policy and procedure in place relating to the making, handling and investigation of complaints from any person about any aspect of service, care and treatment in, or on behalf of the centre. A complaints procedure was not prominently displayed and there was no independent appeals process outlined.

The person in charge had commenced a process in April 2010 of logging all complaints from residents in a duplicate book, a copy in placed in the residents care plan. This outlined the complaint, action taken and outcome. However; there was no evidence of learning and improving practice as a result of this monitoring.

Article 36: Notification of incidents

There is a record of all incidents and accidents that occur. Records of these have been submitted to the Authority on a three-monthly basis.

Resident Care

Article 9: Health Care

Residents had good access to peripatetic services. A physiotherapist that is attached to the day care centre visited the residents once every week. She assessed residents on admission and developed a programme specific to their needs. This is on an individual one-to-one session basis. Records of visits and treatments given by the physiotherapist were maintained.

Optical services were provided if required. Those who wished to attend a local optician were supported and accompanied either by a relative or a staff member. Dental services were provided. A local dentist visits the hospital as required and again residents were accompanied to go to their own dentist if they so wished.

Occupational therapy (OT), speech and language and dietetic services were available on referral by the general practitioner (GP) to the acute hospitals or the staff would arrange to have the service provided to the resident in the centre. Person in charge outlined that the waiting time for these services could be lengthy at times.

Podiatry is available on referral bases within the fee and also available privately at local level.

A consultant physician in geriatric medicine visits the centre every three months and a consultant psychiatrist also visits when required. Recommendations and ongoing treatment from these clinics are communicated to the staff in the centre.

There are five GPs visiting the residents, with out of hours medical services provided by south doc. The inspector reviewed two residents' care plans and medical notes, residents medical reviews were carried out regularly by the visiting GPs. Care plans are in the process of upgrading presently.

Hairdresser comes in to the centre weekly and residents also have the option of going out to their own hairdresser if required.

An activity programme is available. Volunteers from the community come in and entertain residents, they have knitting sessions, gentle exercise and relaxation, and bingo.

One past member of staff comes five days a week and shaves male residents, talks, sings and reminisces with them. The residents were seen to enjoy the interaction. The inspector observed a bingo session with 10 residents, some obviously enjoying a glass of sherry, while others had minerals and snacks.

There is a residents forum in place, minutes of the last meeting held on the 10 June 2010 were seen by inspector and improvements made to the quality of service as a result.

Article 33: Ordering, Prescribing, Storing and Administration of Medicines

The ordering and prescribing of medications was in line with best practice, however bottles of liquid medication was not individually marked and there was a supply of out of date medication stored in the medicine press.

Photographic identification was present on all prescriptions examined.

The medication trolley was secured to the wall by lock and chain in the nurses' station. A medication refrigerator was stored in the clinical/ treatment room and records of temperatures recorded was viewed.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. The nurse displayed a good knowledge of medications and the procedure outlined for administration.

Article 6: General Welfare and Protection

Staff interviewed informed the inspector that they had viewed the Health Service Executive (HSE) dvd on elder abuse and held discussions in order to increase their awareness and understand clearly their responsibilities. Two staff nurses were trained in the delivery of elder abuse and protection. Staff were aware of what to do if an allegation of abuse was made to them. Inspector viewed records maintained of this training and discussions held.

The inspector reviewed the policy on protection of vulnerable adults which includes the Trust in Care document, implemented in 2007. However, this was not centre specific, signed by the person in charge nor was it updated since 2007.

Inspector observed that bedrails were in use on a number of residents, the person in charge outlined that they were aiming towards a restraint free environment. Risk assessments were carried out, consent signed by residents, continuous monitoring and restraint removal charts were completed on the care plans examined. The restraint policy was viewed, this was centre specific, evidenced based, signed off, and updated in 2009.

Article 20: Food and nutrition

Inspector examined the environmental health reports from 10 February 2009 to 16 June 2010. Recommendations made in regard to food safety, for example food being defrosted not in accordance with food safety regulations had been addressed.

Other recommendations suggested in the area of kitchen structure have been addressed except for the provision of a separate staff toilet for staff working in connection with foodstuffs. The kitchen was well stocked with ample food supplies. Home baking was evident with freshly baked scones.

There was an up to date list of all residents and their specific dietary requirement maintained in the kitchen. Pureed, liquidised and special diets were all individually documented and the inspector noted that residents received the meal appropriate to their requirements on the day of inspection.

The risk of weight loss was well managed. Residents had their weight recorded each month and the malnutrition universal screening tool (MUST) was being used to record all residents' body mass index when this was done.

Training on Nutrition was carried out by a consultant clinical nutritionist in 2008 and plans are in place to have this course repeated.

Environment

Article 19: Premises

Management and staff had taken significant steps to ensure infection prevention and control measures were in place. Inspectors observed staff abiding by best practice in infection control with regular hand washing, and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers were present at the entrance to the building and throughout all staff and resident areas and staff were observed to be using them appropriately. A good level of cleanliness was maintained. Multi-task attendants performed household and cleaning duties as well as their caring role.

There is a maintenance person employed who responds to all the day to day maintenance of the building, grounds and equipment. The waste management system was well managed and secure.

The privacy of residents was respected as much as possible while they were being assisted with personal care as staff were observed to always pull curtains or screens between beds. However, privacy and dignity was compromised and serious concerns were identified by the inspector with significant improvements required on the numerous challenges posed by the structure and layout of the physical environment:

- the multi occupancy accommodation with some bedrooms accommodating up to six residents had limited area surrounding the beds for private space or storage of personal items.
- access from one floor level to another by the number of unprotected stairs and " platform type" lift, that when elevated left the underneath area totally exposed. The sides of the carrier lift were of a material which appeared unsafe for use.
- inadequate sluicing facilities
- no dining room
- no separate toilet and changing facilities for kitchen staff.

Article 32: Fire Precautions and records

Procedures for evacuation in the event of fire were posted throughout the building. Documentation of fire checks was reviewed and found to be satisfactory. Records of fire training and fire drills were reviewed by inspectors. The most recent series of fire training and evacuation had taken place in February 2010 and inspector saw records of staffs' attendance at that training.

Fire fighting and safety equipment had been serviced in November 2009.
Inspector examined the Fire Safety Register with details of all services carried out.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge, Eileen O'Keeffe to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Ann O'Connor
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

Date: 7 July 2010.

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Social Services Inspectorate

Inspection report
Designated centres for older people

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An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report

Centre:	Cobh Community Hospital
Centre ID:	0558
Date of inspection:	7 July 2010
Date of response:	3 August 2010

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 (as amended) 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: The training records reviewed by inspector showed that not all staff had attended elder abuse training. While there was a policy in place for the prevention and response to abuse, this policy documented required updating.
Action required: Provide elder abuse training to all staff to meet the needs and protection of the residents and to enable staff to provide care in accordance with contemporary evidence based practice.
Action required: Revise and update the present policy on the prevention, detection and response to abuse to include all aspects

Reference: Health Act, 2007 Regulation 6 : General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: 1) Staff Elder abuse training is to be completed by August 2010 2) Policy up date with Policy on Responding to Allegations of Abuse.	 September 2010 In place
2. The provider is failing to comply with a regulatory requirement in the following respect: The physical design and layout of the building was not suitable for purpose and does not allow for adequate private and communal accommodation: ▪ adequate sluicing facilities were not provided ▪ there was no separate toilet or changing facilities for kitchen staff as per environmental health reports ▪ there was no separate dining room ▪ with the multi-occupancy rooms the privacy and dignity of residents is compromised.	
Action required: Provide necessary sluicing facilities.	
Action required: Provide dining room facilities for residents on both floors.	
Action required: Provide adequate private accommodation.	
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Regulation 19: Premises Standard 4: Privacy and Dignity Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: There are a number of issues with the building and the following are	 Working towards 2014

causing issues around how the Board will approach this Finanicial / Planning/ The long Term Plans around how the physical environment is best adapted within the scarse resourses .	

3. The provider has failed to comply with a regulatory requirement in the following respect: There was no comprehensive risk management policy or procedures in place to identify and assess all of the risks throughout the centre. Some environmental risk assessments were undertaken however not all hazards were identified or addresses. Access from one floor level to another was by unprotected steps and stair ways and by a "platform type" lift, that when elevated left the underneath area totally exposed. The sides of the carrier lift were of a material which appeared unsafe for use. A full emergency plan is not in place.
Action required: A comprehensive risk assessment with hazards identified must be carried out on all aspects of the environment.
Action required: Develop an emergency plan which contains the requirements in the regulations.
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety

Please state the actions you have taken or are planning to take following the inspection with timescales:	**Timescale:**
Provider's response: -Risk assessment of all stairways have been carried out recently. -The platform lift is awaiting an engineers report. - A full emergency plan is to be put in place but awaiting an engineeer to draw up this plan - A bulider is to be employed to carry out emergency work in relation to the stairways.	To be completed by: December 2010

4. The provider is failing to comply with a regulatory requirement in the following respect: There was no complaints policy in place. The complaints procedure was not in line with the Regulations While the person in charge had commenced a process of documenting complaints, the information viewed was inadequate as there was no evidence of learning and improving practice as a result of this monitoring.	
Action required: Provide written operational policies and procedures relating to complaints, in accordance with current guidelines and legislation. **Action required:** Collect and analyse date to support staff learning from incidents and complaints.	
Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: 1) Complaints policy /guide is now in place curently. 2) A proper duplicate complaints book is now in place . 3)The complaints procedure is on view at entrance door.	Completed

5. The provider has failed to comply with a regulatory requirement in the following respect: There was no contract of care for each resident. The directory of residents was maintained but did not contain the time and cause of death of a resident as per the Regulations.
Action required: Develop a contract of care for each resident as a requirement of regulations.

Action required: Update the directory of residents to include the information specified in schedule 3 of the regulations	
Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services. Regulation 23: Directory of Residents Standard 7: Contract/ Statement of Terms and Conditions. Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: 1) Contract of Care - the first draft is completed 2) The new Directory of Residents is now in place and contains all the standard relevant information including the cause and date of residents death as required by Schedule 3 of the regulations.	October 2010 In Place

6. The provider has failed to comply with a regulatory requirement in the following respect: There were no staff appraisal systems in place, no recent staff meetings or no procedures to identify staff training or development to ensure staff had the necessary skills to care for residents with specific needs. For example, staff did not receive sufficient training on dementia care.	
Action required: Develop staff meetings and an appraisal system for all staff that will support staff learning and professional development.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: 1) A recent staff meeting has taken place 30 July 2010, staff meetings are on going. 2) Two staff trained in dementia x 5 day course. Plans to train one member of staff as a trainer on dementia care training in October 2010	October 2010

It is planned to do a inservice training day for 25 staff by December 2010. 3) Staff self appraisal forms are given to staff to do a self assessment and then the final meeting will take place with each staff member. 4) Staff will continue all mandatory training and will continue courses as these courses become available through the various training centres of education	December 2010 To be completed by: December 2010

7. The provider has failed to comply with a regulatory requirement in the following respect:	
The person in charge stated that a number of Personnel files did not have copies of : three references, evidence of Garda Siochana vetting documents, or medical evidence of fitness to work.	
Action required: Provide full and satisfactory information in relation to all staff in respect of matters identified in the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009 Schedule 2.	
Reference: Health Act, 2007 Regulation18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: This process is on going all staff are requested to provide the following - - references and - medical report. Evidence that garda vetting forms are submitted and awaiting response.	 To be completed by: September 2010

8. The provider has failed to comply with a regulatory requirement in the following respect:
The ordering and prescribing of medications was in line with best practice, however bottles of liquid medication was not individually marked and there was a supply of out of date medication stored in the medicine press.
Action required: All medication must be individually marked as per regulations.

Action required: The provider shall ensure that there is suitable arrangements in place for the disposal of unused and out of date medicines as per regulations.	
Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing, and Administration of Medicines. Standard 14: Medication Management.	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: This is completed The pharmacist is currently completeing audit	 Completed by : 31 July 2010

Any comments the provider may wish to make:

Provider's response:

Cobh Community Hospital welcomed the input from HIQA.

Provider's name: Dr Peter Moregan, Board of Management Cobh Community Hospital

Date: 3 August 2010