

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Caherciveen Community Hospital
Centre ID:	0562
Centre address:	Valentia Road
	Caherciveen
	Co Kerry
Telephone number:	066-9472100
Fax number:	066-9472042
Email address:	Caherciveen.CommunityHospital@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered providers:	Eithne McAuliffe
Person in charge:	Noirin Donnelly
Date of inspection:	29 November 2011
Time inspection took place:	Start: 08:45hrs Completion: 16:50hrs
Lead inspector:	Vincent Kearns
Support inspector:	n/a
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

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 (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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, 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 wellbeing of residents
- to randomly "spot check" the service.

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

Caherciveen Community Hospital is a Health Service Executive (HSE) facility that offers long-term and community support to older people from the local community through the provision of residential care to older people, including dementia, care to a person under 65 years with an intellectual disability, as well as convalescence, respite, and palliative care. It has the capacity to accommodate 33 residents.

The original building has been extended since it was first built in 1955. Although part of the building is two-storey, the second level serves as a high support hostel, training centre and day centre for the HSE mental health service. Therefore, the centre occupies the majority of the ground floor. The ambulance base and day care centre also have allocated space at the floor level.

The building is "u-shaped". The entrance area contains chairs and a sign in book for visitors, and opens onto a long corridor. Leading off this to the left is the office of the person in charge and the kitchen, and leading off to the right is residents' accommodation and administration offices. All bedrooms are situated along the entire length at the back part of the building. They are accessed from a wide corridor that also runs the entire length of the building. Male residents are generally accommodated to the left wing. Opposite their bedrooms is a sluice room, a shower room and two toilets. A treatment room, nurses' station, combined sitting/dining room, staff toilet and a linen and clothes store are all situated centrally. Female residents are generally accommodated in the right wing. Opposite their bedrooms are two sluice rooms, a shower room, three toilets, a bathroom and a store room. Residents can also access an enclosed courtyard, a chapel and the day care centre from this end of the building.

The centre was extended in 2003 for the purposes of providing a dedicated area for end of life care. Access can be gained through double doors situated half way down the main corridor. It comprises of two spacious single bedrooms for residents as well as two bedrooms for relatives. All bedrooms have an en suite toilet and shower. A kitchenette/sitting room is positioned in between the palliative care bedrooms so that residents and their relatives can easily access the facilities.

There is car parking to the front and to the side of the building. Residents do not have access to a garden.

Location

The centre can be found along the main road on the southern side of the town of Caherciveen.

Date centre was first established:	June 1955
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	5

Dependency level of current residents	Max	High	Medium	Low
Number of residents	18	6	4	0

Management structure

Eithne McAuliffe is the Provider and also the HSE Manager for Primary Care and Specialist Services in Kerry. Noirin Donnelly is the Person in Charge (PIC). The Clinical Nurse Manager II, Geraldine Bowler, deputises for the PIC in her absence. The Clinical Nurse Manager II (CNM II) provides daily clinical supervision to staff nurses and multi-task attendants. All other staff report directly to the Person in Charge.

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	5	4	2	1	*1

* General maintenance person.

Background

This follow-up inspection was conducted in order to provide an update in relation to compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) since the last inspection of 23 November 2010.

Since the last inspection the provider had given a timely response and realistic timeframes in respect of the action plan submitted to her, had recognised the physical limitations of the building, and had put plans in place to address them within the resources available to her.

This follow up inspection aimed to confirm the extent to which these actions had been implemented.

On the occasion of this inspection the inspector met with the provider and person in charge, examined relevant documentation and viewed the alterations and improvements that had been made as a result of the recommendations of the HSE fire officer, and the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspector found that the provider gave a comprehensive response to the main issues of concern, which were staffing levels and physical environment. She responded to the staffing issue by using agency staff, as the moratorium on public service recruitment did not allow her to fill two previously approved posts, and she had submitted a detailed plan of a schedule of works to make the physical environment more suitable for the needs of residents.

Summary of findings from this inspection

The issues covered on inspection relate to the actions from the registration inspection of May 2010 and the follow up inspection of November 2010 which related to adequate staffing and plans for the physical upgrading of the premises. The inspector noted that since the last inspection there had been significant improvements in the structure of the centre. The environment was generally bright and well ventilated, especially in the day room, it was kept clean and well maintained and suitably decorated with flooring and lighting in good condition. Other structural improvements included the provision of a new sitting room for residents and the dining area had been refurbished to include new décor and furniture. Residents' bedrooms had also been upgraded with the installation of overhead tracking hoists, provision of new furniture, décor and soft furnishings. Also the inspector noted there had been an improvement in the changing and storage facilities for staff.

The main issues identified on this inspection were in relation to the following; unsecured access to sluice rooms, nurses' station and clinic room, a lack of adequate landmarks, cueing and distinctive visual elements to orient residents. Other issues were in relation to the unsuitable external grounds, the provision of suitable shared bedrooms that meet the

needs of residents and for the purpose of achieving the aims and objectives set out in the statement of purpose and the provision of an independent person to ensure that all complaints are appropriately responded to.

Actions reviewed on inspection:

1. Action required from previous inspection:

Make certain that at all times the number of staff and skill-mix of staff are appropriate to the assessed needs of residents and the size and layout of the centre.

The provider had responded that she had previously received approval for two nursing posts but due to the moratorium on public service recruitment had been unable to date to fill the posts. The provider also informed the inspector that the complement of multi-task attendants had increased by 1.8 whole time equivalent, that one of the multi task attendants had completed the Further Education and Training Awards Council (FETAC) Level 5 course and had converted to being a health care attendant (HCA). She also stated that there were two more multi-task attendants who were facilitated to attend FETAC level 5 training since September 2011 and that their conversion over to HCA will be transitional following completion of this training course. Due to the moratorium on public service recruitment, the recruitment for two nursing posts continued to be on hold but the availability of agency staff nurses continues. The PIC explained that she had employed two agency staff nurses during the summer period and that they were the same two staff nurses on each occasion.

The provider stated that since the registration inspection the staff complement had increased while there had been a significant reduction in the number of beds from 45 beds to 33 beds during this intervening period.

2. Action required from previous inspection:

Provide opportunities for residents to participate in activities to his or her interests and capacities.

There were adequate levels and quality of activities available for residents in the centre to effectively meet the needs of the residents and improving the quality of life of residents in the centre. During the inspection, the inspector observed small groups of residents actively participating in various activities including singing and a violin music session. In addition the inspector noted that there was a strong sense of community in the centre with residents actively interacting and discussing local issues with each other.

The provider had informed the inspector that two members of staff had been trained in activities in care (ACT) and the PIC stated that staff regularly interact with residents with a variety of activities such as games, cards, bingo and music. There was a schedule of activities available which was also outlined in the Resident's Guide and the statement of purpose.

The PIC stated that an activities therapist attends the centre each week to implement pet therapy, that there was hand massage available and that residents had commenced using life stories and memory boxes. The provider informed the inspector that the advocacy service was very active in the centre and facilitated the residents' forum meetings. The PIC also informed the inspector that community links had been enhanced particularly by the efforts of the two advocates and also included regular visits by the children from the local secondary school, the girl guides and the Kerry Diocesan Youth Service.

3. Action required from previous inspection:

Make the necessary arrangements so that each resident is offered choice at each mealtime.

The PIC informed the inspector that residents were provided with menu choices and that the chef was updated in relation to individual needs each day. The inspector viewed examples of menus on offer which were satisfactory. The PIC informed the inspector that on admission each resident's dietary preferences and needs was assessed using recognised assessment tools. Care plans viewed by the inspector reflected this and there was ongoing monitoring of nutritional needs and weight, and special diets were accommodated. There was evidence of staff training in nutritional care and dietary advice was regularly available from the visiting dietician who had recently provided a malnutrition screening tool (MUST) workshop for staff.

The inspector observed that the dining experience appeared pleasant and unrushed, and residents requiring assistance with eating were offered assistance sensitively and discreetly. The inspector noted that there were some residents who preferred to dine in the dayroom and others in their own rooms. This was confirmed by residents to whom the inspector spoke with.

The inspector saw residents being offered a variety of snacks and drinks throughout the day. Jugs of water were available in communal areas and staff were observed regularly offering drinks to residents.

4. Action required from previous inspection:

Make arrangements to aim for a restraint-free environment. In doing so, document the assessment of each resident prior to any consideration of physical restraint. The assessment must identify and consider:

the specific medical symptom to be treated by the use of physical restraint

the steps taken to identify the underlying physical and/or psychological causes of the medical symptom

the alternative measures that have been taken, for how long, how recently and with what results

the evidence that a physical restraint will benefit the symptom

the risks involved in using the physical restraint

the specific circumstances under which physical restraint is being considered

the type of physical restraint, period of physical restraint, and location of physical restraint.

Ensure that the resident is not restrained without his/her informed consent.

Keep a record of any occasion on which restraint is used, the nature of the restraint and its duration.

The provider informed the inspector that the management and staff continue to promote a restraint free environment in the centre and that the HSE policy on the use of physical restraints in designated residential care units for older people had been developed and implemented locally. This had been done in conjunction with the 'train the trainer staff educational programme' and with the support of the clinical practice development coordinator. The schedule of staff training viewed by the inspector confirmed that such training had been provided.

There were bedrails in use and following a review of residents' care plans the inspector noted that the use of bedrails only occurred following a comprehensive person-centred assessment which met best practice requirements. Satisfactory documentation in relation to consent was available, which included the specific medical symptoms to be treated and specific circumstances for the use of bedrails.

Care plans were developed as part of a care pathway approach so that they contained evidence of comprehensive assessments. These included assessments for falls risk and appropriate measures were put in place to manage and prevent such risk.

5. Action required from previous inspection:

Facilitate residents to access specialist services (geriatric medicine, physiotherapy, speech and language therapy and occupational therapy) in order to achieve the best possible health.

The provider informed the inspector that a consultant geriatrician had visited the centre in November 2011 and that this will be a regular service provided to residents in the centre. The provider also stated that occupational therapy was available in the centre following general practitioner (GP) referral. Speech and language therapy was available in Kerry General Hospital, again following GP referral. The physiotherapist was available in the centre Monday to Friday for one hour a visiting dietician was also available in the centre by GP referral. The inspector noted that records of such referrals were evident in the residents' care plans and medical notes.

6. Action required from previous inspection:

One resident with an intellectual disability under 65 years had not received appropriate holistic assessment, medical and nursing care.

The resident about whom this concern had been raised had been referred to intellectual disability services and had been reviewed on two occasions the most recent being August 2011. The inspector was informed that the resident's family had also been consulted in relation to their relative's needs. Review of the resident's records indicated that the resident had also been reviewed by the following clinicians: psychiatrist in August 2011, gerontologist in May 2011, neurologist in August 2011 and occupational therapist in May 2011.

The inspector also noted that the resident's nursing care plan indicated that a comprehensive person-centred holistic assessment had been conducted in relation to this resident's care needs and a satisfactory nursing care plan had been implemented accordingly.

7. Action required from previous inspection:

Make certain that at all times the number of staff and skill-mix of staff are appropriate to the assessed needs of residents and the size and layout of the centre.

Provide adequate private and communal accommodation for residents. The size and layout of rooms occupied or used by residents are suitable for their needs.

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

Provide sufficient and suitable equipment, specifically hoists and roller chairs, for residents.

The first action had been addressed under outcome number one.

Since the last inspection the centre had undergone significant structural improvements including the widening of fire doors and the upgrading of bedrooms to incorporate overhead hoists, wash-hand basins and new flooring, all of which was evident on the day of inspection. However, four of the multi-occupancy bedrooms contained up to four residents sharing a bedroom, which impacted on the residents' privacy to the extent that each resident may not have been able to undertake personal activities in private. In addition all multi-occupancy bedroom doors contained clear glass sections without any screening provision and therefore did not adequately protect residents' privacy and dignity.

The overall décor had been upgraded to include painting, furniture and televisions. Other improvements noted were that the three-bedded rooms had been converted to two-bedded, the creation of an assisted bathroom, updating of sluice facilities, creation of a dining room, sitting room and sun lounge and additional storage and staff facilities.

The inspector viewed the installation of overhead tracking hoists that been undertaken in four of the multi-occupancy bedrooms and there were also four mobile hoists available. However, the locks in the sluice rooms, nurses' station and clinic room were faulty and the PIC agreed to ensure that these issues were addressed. The inspector noted that the faulty door lock in the clinic room door was addressed immediately.

All parts of the centre were clean and suitably decorated; however, the physical environment for residents with dementia lacked landmarks, cueing and distinctive visual elements to orient residents and to promote their independence.

8. Action required from previous inspection:

Additional aspects of the premises were not conducive to meeting the needs of residents: a lack of private areas for residents to meet with visitors, no safe external grounds suitable for and safe for use by residents and a lack of space for the storage of residents' personal possessions.

Since the last inspection there was a new sitting room available for residents to meet visitors and the PIC informed the inspector that the palliative care unit contained space that was also available to all residents and their relatives as required.

The external area of the centre contained some potted plants and garden seating and there were two outside courtyards which had been renovated to provide outside space for residents' use. However, the larger courtyard was generally unsafe and unsuitable for residents to use unaccompanied, as it was not adequately secured and located at the front of the centre near the main road. The second smaller courtyard had been painted and some new furniture provided; however, the access door to this area was locked on the day of inspection and this space would require further upgrading to make it suitable for residents' use.

Other improvements since the last inspection included the staff changing room, the fitting of a new front door and the front foyer, improvements to the matron's office, the cleaner's room, and the provision of additional resident storage space within the linen room. The PIC explained how each resident had storage cupboards for their clothing in two recently installed storage areas. However, the physical design and layout of the premises did not adequately meet the needs of each resident, having regard to the number and needs of the residents due to four of the residents bedrooms being occupied by up to four residents, this issue has been addressed under action number seven.

9. Action required from previous inspection:

Ensure that there are suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines.

The provider confirmed that the pharmacist visits the centre each week, and the inspector viewed appropriate centre-specific procedures and written policies in accordance with current regulations, guidelines and legislation for medication administration including the handling and disposal of unused or out of date medicines.

Review of records and observation of practice indicated that these procedures were implemented. Unused medication was disposed of appropriately and there was evidence of ongoing medication management audits by the visiting pharmacist.

Nursing staff demonstrated an understanding of appropriate medication management and adhered to professional guidelines and regulatory requirements. There was no transcribing of medication and controlled drugs were stored safely in a double-locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with best practice.

10. Action required from previous inspection:

An application for the registration or the renewal of registration of a designated centre for older people shall be accompanied by written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with.

Since the last inspection the provider had submitted a satisfactory fire certificate from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control had been complied with in relation to this centre.

11. Action required from previous inspection:

Provide residents with arrangements to facilitate, insofar as is reasonably practicable, consultation and participation in the organisation of the centre.

Residents had opportunities to participate in activities appropriate to their interests and preferences. Staff were observed taking the time to reassure residents with cognitive impairment, speaking slowly, clearly and sensitively, and repeating the information to residents to ensure that the resident understood what was being said to them.

The arrangements to meet residents' assessed needs were set out in individual care plans, which were drawn up with the involvement of residents when possible and were subject to regular review. Inspectors noted the appropriate use of recognised assessment tools that were used to promote health and address health issues. These included assessments for risk of pressure ulcers, malnutrition, and falls risk and appropriate measures were put in place to manage and prevent risk. Three-monthly reviews were completed, dated, and signed by staff and residents when possible.

The inspector noted that the PIC and the CNM II had a daily presence in the centre, speaking to residents and relatives each day. The PIC outlined that residents could actively participate in the running of the centre by speaking to her or any staff member, through the provision of the advocacy service and the residents' forum, by participating in the resident's satisfaction survey and by using the comments suggestion box.

12. Action required from previous inspection:

Put in place insurance cover against loss or damage to the property of residents.

The provider had submitted a satisfactory response to the Authority following the registration inspection of May 2010.

13. Action required from previous inspection:

Ensure that the centre has all written and operational policies listed in Schedule 5.

Ensure that staff receive training in, are familiar with, and implement all policies and procedures.

Make arrangements so that policies, procedures and practices are regularly reviewed in light of changing legislation, alert directions, quality monitoring, residents' views and best practice. Ensure that they are subsequently amended and implemented as required.

The inspector reviewed detailed, centre-specific written policies and operational procedures as required in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspector was informed that these policies had been implemented in the centre by the PIC, CNM II and her staff with the assistance of the clinical practise coordinator (CPC). The inspector noted a majority of staff had signed to state that they had read the centre's policies and operational procedures.

The PIC ensured that the staff understood the centre's policy and operating procedures by regular staff team meetings and staff training and with the assistance of the CPC who regularly attended the centre, and this was further evidenced by the contents of the minutes of staff meetings.

The PIC provided the inspector with a comprehensive staff training schedule which included details of training in the following: care planning system, fire training, risk management, elder abuse training, manual handling, the use of restraint, infection control, hand hygiene, medication management, continence care, wound care, dignity at work, swallowing difficulties, palliative care, diabetic care, anaphylaxis training and challenging behaviour training.

14. Action required from previous inspection:

Revise the statement of purpose so that it comprehensively states the aims, objectives and ethos of the centre and includes the:

current professional registration, relevant qualifications and experience of the provider and any person in charge

age range of the residents for whom it is intended that accommodation should be provided

procedures for emergency admissions

arrangements for consultation with residents about the operation of the centre size of rooms.

The statement of purpose contained most of the information as specified in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However, as the centre had four multi-occupancy bedrooms that contained up to four highly dependent residents in need of 24-hour high support nursing care, the statement of purpose did not define a clear and precise rationale for these multi-occupancy rooms within the centre.

15. Action required from previous inspection:

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

Develop a comprehensive written risk management policy and ensure that it is implemented throughout the designated centre.

Compile an emergency plan for responding to emergencies.

The centre had an emergency plan and there was a risk management policy and both documents had been signed off by staff as having been read and understood. There were individual risk assessments completed for residents who had been identified as being at risk during their care assessment. Examples of these risk

assessments included residents who were at risk of falling and residents who were at risk of developing pressure sores.

The inspector also viewed a risk register which identified hazards such as slips, trips and falls and manual handling risks in the centre with appropriate and detailed measures / action plans aimed to reduce such hazards.

The PIC informed the inspector that following any untoward incidents or adverse events involving residents; such incidents were discussed at staff meetings so that any learning or adjustments in practice or procedures could occur. Minutes of these meetings confirmed that there were arrangements for the investigation and learning from untoward incidents or adverse events involving residents.

16. Action required from previous inspection:

Review and amend procedures to ensure that there is a record of actions taken in response to complaints made, the outcome, and whether or not the complainant was satisfied.

The inspector found evidence of a satisfactory complaints management system. There was an up-to-date HSE written complaints policy 'your service your say', which was readily available and contained all of the required information. Reference to this complaints policy was posted in a number of prominent places and the process for making a complaint was adequately outlined in the statement of purpose and the resident's guide.

The PIC was identified as the named complaints officer. She held the responsibility of monitoring the centre's compliance with the complaints procedure. The PIC adequately described her role and provided inspectors with a complaints log book detailing the complaints that had been made. There was appropriate documentation detailing any complaints, the actions taken, the outcomes and complainants' satisfaction. However, there was not a named independent person available to ensure that all complaints are appropriately responded to and that complaints records were appropriately maintained.

17. Action required from previous inspection:

Ensure that, as far as is practicable, there are no restrictions on visits except when requested by the resident or when the visit or timing of the visit is deemed to pose a risk.

The PIC informed the inspector that there was some restriction on visiting hours during meal times, which was referenced in the statement of purpose and the residents with whom the inspector spoke said that they always felt their visitors were welcomed and did not feel they were restricted in any way. During the inspection the inspector observed that visitors came and went at various times during the day and one visitor assisted their relative with their lunchtime meal.

18. Action required from previous inspection:

Make all necessary arrangements, by training staff or by other measures, which are aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

The inspectors read a centre specific elder abuse policy and there was evidence that all staff had received elder abuse training. Staff with whom inspectors spoke were able to appropriately describe their responsibilities with regard to reporting an allegation of abuse and the actions to be taken in the event of an allegation of elder abuse.

The PIC monitored safe-guarding practices in the centre by regularly speaking to residents and relatives, reviewing the systems in place to ensure safe and respectful care. She monitored the management of complaints focusing on ensuring satisfactory outcomes for complainants. The PIC ensured that the staff understood the centre's policy and procedure in relation to elder abuse, including reporting procedures and this was further evidenced by the contents of the minutes of staff meetings.

Residents spoken with confirmed to the inspector that they felt safe in the centre and spoke positively about their care and the consideration they received. Residents described the staff and the PIC as being readily available to them if they had any concerns.

19. Action required from previous inspection:

Make certain that each resident's needs are set out in an individual care plan developed and agreed with each resident.

Make each resident's care plan available to them.

Ensure that revisions to resident's care plans are made only after consultation with them or their appointed representative.

Notify the resident of any review of their care plan.

Since the last inspection the PIC, the CNM II and their staff had implemented a new care planning process with the assistance of the CPC that involved the development of care pathways. The inspector reviewed residents' care plans which were centre specific and inclusive of the comprehensive assessments. These care plans also contained the identification and implementation of a person centred care planning processes aimed to effectively meet residents' individual health and social care needs. They were reviewed every three months at a minimum and were signed by residents where possible. In addition current identified care needs, the daily care activity sheets and clinical observations records were easily available to each resident, as they were located/stored at the end of each resident's bed.

20. Action required from previous inspection:

Maintain residents' records in a manner that ensures completeness and accuracy. Keep records up-to-date and in good order.

The inspector noted that documents pertaining to the care of residents was satisfactorily organised and integrated. The care plan / care pathway documentation was particularly well managed and easily accessible in the nurses' station. The medical notes were kept and organised in a satisfactory manner, stored in a specific folder trolley for easy retrieval and use in the clinic room.

21. Action required from previous inspection:

Agree a contract with the resident within one month of the admission of that resident to the centre.

The PIC confirmed that there was an agreed contract with each resident within one month of admission. She also confirmed that each resident's contract deals with the care and welfare of the resident in the centre and includes details of the services to be provided for that resident and the fees to be charged. The inspector viewed copies of the residents' contracts and found them to be adequate.

Report compiled by:

Vincent Kearns
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

5 December 2011

Chronology of previous HIQA inspections

Date of previous inspection:	Type of inspection:
6 May 2010 and 7 May 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
23 November 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
29 November 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Caherciveen Community Hospital
Centre ID:	0562
Date of inspection:	29 November 2011
Date of response:	10 January 2012

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 has failed to comply with a regulatory requirement in the following respect:

The physical design and layout of the premises was not suitable having regard to the number and needs of the residents to provide residents with privacy as the bedroom doors contained clear glass sections without any screening provision and therefore did not adequately protect residents' privacy and dignity.

Action required:

To make suitable arrangements so that the physical design and layout of the premises are suitable having regard to the number and needs of the residents to provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

Reference: Health Act, 2007 Regulation 19: Premises Regulation 10: Residents' Rights, Dignity and Consultation Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: In relation to the clear glass windows on the doors, a small curtain will be fitted that can be opened or closed according to needs, also each bed area has a screen that can completely surround their bed area when undertaking any activity in privacy.	16 January 2012

2. The provider has failed to comply with a regulatory requirement in the following respect: To take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by not restricting access to sluice rooms, nurses' station and clinic room.	
Action required: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by not restricting access to sluice rooms, nurses' station and clinic room.	
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: All combination locks on the doors to the sluices, nurses' station and clinic room are in working order and doors are closed.	15 December 2011

3. The provider has failed to comply with a regulatory requirement in the following respect:

The physical environment for residents with cognitive impairment lacked adequate landmarks, cueing and distinctive visual elements to orient residents and to promote their independence.

Action required:

Ensure that the physical environment for residents with cognitive impairment has adequate landmarks, cueing and distinctive visual elements to orient residents and to promote their independence.

Reference:

Health Act, 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

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

Timescale:

Provider's response:

Further signage has been installed on all doors. The person in charge will consult with an artist to improve signage and provide distinctive visual elements to orientate residents and to promote their independence.

1 March 2012

4. The provider has failed to comply with a regulatory requirement in the following respect:

Having regard to the number and needs of the residents ensure that the external grounds are suitable for, and safe for use by residents are provided and appropriately maintained.

Action required:

Provide and maintain external grounds which are suitable for, and safe for use by residents.

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 external grounds will be upgraded, providing raised flower beds, sensory features, and more colour perception in the grounds.</p>	<p>31 March 2012</p>

<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>To have regard to the number and needs of the residents in the four multi-occupancy bedrooms that contained up to four highly dependent residents to ensure that the size and layout of rooms occupied or used by residents was suitable for their needs and compile a statement of purpose that describes the facilities and services which are provided for such residents.</p>
<p>Action required:</p> <p>Put in place adequate arrangements having regard to the number and needs of the residents in the four multi-occupancy bedrooms that contained up to four highly dependent residents, to ensure that the size and layout of rooms occupied or used by residents was suitable for their needs and compile a statement of purpose that describes the facilities and services which are provided for such residents.</p>
<p>Reference:</p> <ul style="list-style-type: none"> Regulation 19: Premises Regulation 10: Residents' Rights, Dignity and Consultation Regulation 5: Statement of Purpose Standard 25: Physical Environment 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>The residents in the multi-occupancy rooms are highly dependant. They are individually assessed using research based assessment tools and an individual care pathway is developed in consultation with the residents and their families. It is an expressed wish from some of the residents /families to reside in a multi-occupancy room and a contract of care is discussed and signed.</p> <p>There are a variety of factors that impact positively on the quality of the environment for those residents. The rooms are newly decorated with soothing colours, there is great natural light and ventilation from the windows. Each room has overhead tracking</p>	<p>I will have updated the statement of purpose by 16 January 2012 to reflect/describe the facilities and services which are provided for in such multi-occupancy</p>

<p>hoists, electric profiling beds and pressure relieving mattresses, individual locker with wardrobe attached and a lockable storage compartment on each locker. Each bed area has an individual screen that when drawn completely ensures privacy for the resident, lighting is soft and each bed area has independent lighting which fulfills all need, there is central television unit in all rooms and comfortable seating for the residents, the availability of the overhead tracking hoist greatly assists the residents in maintaining their activities of living and transfer from bed to chair to maintain their involvement in the 'community' of the residence and enhancing their social and family involvement on a daily basis.</p> <p>There are individual call bell units for each bed area, the doorway into every room are of sufficient width to allow for easy access/egress of chairs, wheelchairs and beds.</p> <p>The residents can have their family photographs/pictures displayed at their bed area if desired.</p> <p>There are a combination of communal and private areas for the family members/residents which include day room, sitting room oratory and kitchenette area in 'suimhneas'. The day room which is a communal area, is welcoming and accessible by all, encourages social interaction, residents can meet and have group activities, equally quiet area-sitting room, oratory, kitchenette area are quiet places providing for reflection, stillness and privacy for the resident and their families.</p> <p>Staff build up a rich picture of how residents would like to live their lives using approaches such as use of photo albums, life stories to complement information about each individual resident and their families. There is a good sense of 'community' and this is enhanced by the development of meaningful relationship between staff and residents in order to create a social milieu which fosters and supports a sense of purpose and well being for all the residents.</p>	<p>rooms.</p>
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6. The provider has failed to comply with a regulatory requirement in the following respect:

To put in place adequate arrangements to have a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Action required:

Put in place adequate arrangements to have a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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: The independent person is Geraldine Bowler, CNM2. Geraldine's name will be available in the centre's complaints policy, statement of purpose and Resident's Guide by 16 January 2012.	16 January 2012

Any comments the provider may wish to make:

Provider's response:

Considerable environmental enhancements have been undertaken in the unit since the initial inspection and the bed numbers have decreased from 45 to 33, to address the environmental restructuring required. In addition, there is now a very active advocacy network in place and considerable interaction between the local community and the residents of the unit. New documentation processes are in place and there are ongoing links with clinical practice development staff to ensure best practices are adhered to.

Provider's name: Eithne McAuliffe

Date: 10 January 2012