Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Ospidéal Pobail Chorca Dhuibhne (West Kerry Community Hospital)
Centre ID:	0569
Centre address:	Mail Road Dingle Co Kerry
Telephone number:	066-9151455
Email address:	dch@hse.ie
Type of centre:	☐ **Private** ☐ **Voluntary** ☒ **Public**
Registered provider:	Health Service Executive (HSE)
Person authorised to act on behalf of the provider:	Eithne McAuliffe
Person in charge:	Deidre Quaid
Dates of inspection:	10 July 2013 and 11 July 2013
Time inspection took place:	**Day 1-Start:** 11:10hrs **Completion:** 17:00hrs **Day 2-Start:** 09:00hrs **Completion:** 11:30hrs
Lead inspector:	Col Conway
Support inspector:	Cathleen Callanan
Type of inspection	☒ **announced** ☐ **unannounced**
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with 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*.

This inspection report sets out the findings of a monitoring inspection, in which all of the 18 outcomes were inspected against. The purpose of the inspection was:

- ☐ to inform a registration decision
- ☒ to inform a registration renewal decision
- ☐ to monitor ongoing compliance with Regulations and Standards
- ☐ following an application to vary registration conditions
- ☐ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☐ following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	☒
Outcome 2: Contract for the Provision of Services	☒
Outcome 3: Suitable Person in Charge	☒
Outcome 4: Records and documentation to be kept at a designated centres	☒
Outcome 5: Absence of the person in charge	☒
Outcome 6: Safeguarding and Safety	☒
Outcome 7: Health and Safety and Risk Management	☒
Outcome 8: Medication Management	☒
Outcome 9: Notification of Incidents	☒
Outcome 10: Reviewing and improving the quality and safety of care	☒
Outcome 11: Health and Social Care Needs	☒
Outcome 12: Safe and Suitable Premises	☒
Outcome 13: Complaints procedures	☒
Outcome 14: End of Life Care	☒
Outcome 15: Food and Nutrition	☒
Outcome 16: Residents' Rights, Dignity and Consultation	☒
Outcome 17: Residents' clothing and personal property and possessions	☒
Outcome 18: Suitable Staffing	☒

Ospidéal Pobail Chorca Dhuibhne (West Kerry Community Hospital) was registered on 11 October 2010 following an application to the Authority for registration as a designated centre for dependent persons. A registration inspection was undertaken on 1 June 2010 and follow up inspections on 11 May 2011 and 22 February 2012. An inspection was last undertaken by the Authority on 7 February 2013 and areas that were identified at the time as requiring improvement were provision of:

- elder abuse training for cleaning staff
- a health and safety policy
- appropriate safety measures in the kitchenettes

- adequate daily nursing notes
- bedrail restraint risk assessments and care plans
- meaningful activities that are relevant to each resident's capacities.

There was strong evidence found during all of the inspections that residents received a good standard of care and were treated with dignity and respect. The inspection reports from all of the above mentioned inspections can be viewed on the Authority's website, www.hiqa.ie, using centre identification number 0569.

This monitoring inspection was undertaken for the purpose of renewing the registration of the centre; it was announced and took place over two days. Inspectors met with some of the residents, relatives and staff members. Inspectors reviewed the premises, observed practices and reviewed documentation such as residents' nursing care plans, residents' medical records, accident and incident logs, policies and procedures and some records maintained on staff files.

During this inspection there was evidence of substantial compliance and the two action plans at the end of this report identify areas where improvements are needed to fully meet 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.*

Section 41(1)(c) of the Health Act 2007

Compliance with 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*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action required from previous inspection:

No action was required from the previous inspection.

A written statement of purpose was available in the centre, it accurately described the service and the care that is provided in the centre and it contained all of the information that is required in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 2
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Action required from previous inspection:

No action was required from the previous inspection.

Inspection findings

Written contracts of care were in place that were signed either by a resident or their representative and the documents included detail of the overall services that were to be provided as well as the fees to be charged.

Outcome 3
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Action required from previous inspection:

No action was required from the previous inspection.

Inspection findings

The person in charge works full-time is a registered nurse, holds current registration with the nursing professional body and she has the required experience. She demonstrated throughout the inspection that she had the necessary clinical knowledge and management skills as well as having a very good understanding 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* and in particular her responsibilities in regard to providing a quality service.

There was evidence that the person in charge has a commitment to her own continued professional development as she had attended relevant information sessions and training updates.

Outcome 4

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Residents' Guide

Substantial compliance ☒ Improvements required * ☐

Records in relation to residents (Schedule 3)

Substantial compliance ☒ Improvements required * ☐

General Records (Schedule 4)

Substantial compliance ☒ Improvements required * ☐

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☒ Improvements required * ☐

Directory of Residents

Substantial compliance ☒ Improvements required * ☐

Staffing Records

Substantial compliance ☒ Improvements required * ☐

Medical Records

Substantial compliance ☒ Improvements required * ☐

Insurance Cover

Substantial compliance ☒ Improvements required * ☐

Outcome 5
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Action required from previous inspection:

No action was required from the previous inspection.

Inspection findings

Inspectors were informed that the person in charge had not been absent for a length of time that required notification to the Chief Inspector. There were suitable governance arrangements in place to support the person in charge in her role as there were two full-time clinical nurse managers (CNMs) in post who were identified as key senior managers. The inspectors formed the view, based on information supplied to the Authority and observations in the centre, that both the CNMs were suitably experienced and knowledgeable nurses who could provide the service in the absence of the person in charge. Training records indicated that the CNMs had attended relevant training and nursing practice updates.

Theme: Safe care and support
Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Action required from previous inspection:

Ensure all staff receives training aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

This required action from the previous inspection was satisfactorily implemented.

Inspection findings

There was a written policy on residents' personal property and possessions and an inspector reviewed a sample of the records kept of handling residents' monies and valuables and appropriate procedures and documentation were in place to manage residents' finances and property in a transparent manner.

There was a written policy and procedures for the prevention, detection and response to abuse and the person in charge confirmed that there had not been any reported allegation of abuse in the centre. Since the previous inspection the person in charge had ensured that all staff had been provided with training in prevention, detection and response to elder abuse. This was also confirmed by staff with whom the inspectors spoke and records maintained on staff files indicated that all staff had been appropriately vetted.

Outcome 7
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Actions required from previous inspection:

Ensure there is a health and safety policy in place as per the Regulations.

This required action from the previous inspection was satisfactorily implemented.

Take measures to ensure that residents do not suffer accidental injury from potential hazards in the kitchenettes.
This required action from the previous inspection was satisfactorily implemented.

Inspection findings

Since the previous inspection in February 2013 a written health and safety policy had been put in place and it included all of the information as required by Article 30 of the Regulations. Action had also been taken to ensure that residents did not suffer accidental injury from potential hazards in the kitchenettes as keypad locks had been installed on the kitchenette doors to restrict access.

There was robust evidence of good risk management procedures being implemented as per the centre's own up-to-date risk management policy and appropriate measures being in place in regard to ensuring the health and safety of residents, visitors and staff as:

- an up-to-date health and safety statement was in place
- an up-to-date risk register was maintained that identified potential hazards as well as the required controls and ongoing management of same
- there was evidence that potential environmental risks were frequently monitored and appropriate actions were taken as required
- there was evidence that residents' clinical risks were identified and appropriate care was provided
- there was adequate supply of protective personal equipment for staff such as disposal aprons and gloves as well as anti-microbial hand gel dispensers
- appropriate infection control measures were implemented in regard to cleaning practices, laundry and waste management
- mandatory training in fire safety and moving and handling was up-to-date for all staff
- records indicated that equipment was checked and maintained regularly
- lighting was adequate, hand and grab rails were in the required places and floor coverings were in good condition.

Written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with had been forwarded to the Authority. Records confirmed that fire equipment, fire prevention and suppression system checks were up-to-date. However, some of the doors were labeled as fire doors that were required to be kept closed, but inspectors noted that they were routinely kept open to prevent isolation of residents. The person in charge agreed to review the suitability of this arrangement with the fire officer.

Outcome 8
Each resident is protected by the designated centres' policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action required from previous inspection:

No action was required from the previous inspection.

Inspection findings

An inspector reviewed a sample of residents' medicine prescriptions and they were all accurately labelled, they had photographic identification of each resident and they were legible. Each resident's medicines were stored in a locked medicine cupboard at their bedside and medicines were clearly identifiable.

There was evidence that residents' medication prescriptions were reviewed, as required by the Regulations, at least every three months by a medical practitioner and in the majority of cases on a more frequent basis. There was evidence that the centre's pharmacist also reviewed the medicine prescriptions.

There was an up-to-date and centre-specific written medication management policy and procedures for the ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out of date medicines. Review of records and observation of practices indicated there were appropriate medication management practices in place, there was substantial compliance with the centre's own procedures and nursing staff were in adherence with professional guidelines and regulatory requirements.

Outcome 9
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Action required from previous inspection:

No action was required from the previous inspection.

Inspection findings

An inspector reviewed detailed records of any incidents and accidents occurring in the centre and there was comprehensive documentation in place.

Notifications as required by the Regulations, such as, any significant injury sustained by a resident had been forwarded to the Authority.

There was evidence of consistently good risk management practices being implemented as the person in charge maintained records of the analysis of any incidents or accidents for trends and possible causative factors and the findings were communicated with the key senior managers and other relevant staff.

Theme: Effective care and support
The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action required from previous inspection:

No action was required from the previous inspection.

Inspection findings

There was robust evidence that the quality of care and experience of the residents was monitored and developed on an ongoing basis. Residents and relatives informed inspectors that the person in charge, the CNMs, and staff, frequently asked them for feedback regarding the service based on their own experiences. Residents and/or their relatives had also been given opportunities to formally provide feedback as they had completed questionnaires about their satisfaction with the service and care, and there was evidence that the person in charge and the CNMs had reviewed the feedback and made changes if reasonably practicable.

As outlined in outcome nine there was evidence that the quality of care was monitored by the person in charge as she analysed any significant events for residents such as any falls or accidents. There was also a planned auditing schedule for 2013 that identified the priority areas that the person in charge wanted evaluated. The inspector read reports of findings and associated action plans of reviews that had been undertaken of various aspects of the service as well as practices, such as, the quality of food, management of nutrition, the dining experience for residents, medicine prescriptions and medicine administration records.

Outcome 11
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Actions required from previous inspection:

Ensure adequate nursing records of the residents' health, condition and treatments given are completed on a daily basis and in accordance with any relevant professional guidelines.
This required action from the previous inspection was satisfactorily implemented.

Ensure there are up-to-date bedrail restraint(s) risk assessments in place for each resident that is using bedrail restraint(s) and there are written care plans in place detailing the safe use of the restraint(s).
This required action from the previous inspection was satisfactorily implemented.

Ensure residents consistently have opportunities to participate in a variety of activities appropriate to his or her capacities and preferences.
This required action from the previous inspection was not fully implemented.

Inspection findings

It was noted by inspectors that many of the residents were either high or maximum dependency with some having complex medical conditions. Inspectors found robust evidence that individual residents' specific care needs were well known by staff as the nurses that inspectors spoke with were able to describe in detail the personalised care that residents required.

Both nursing and care staff were seen interacting appropriately with residents, they were observed providing care in a skilled and sensitive manner, and residents and relatives confirmed their confidence in the approaches taken by staff as well as their knowledge.

In the sample of records that were reviewed by inspectors there was evidence of a high standard of nursing documentation as comprehensive nursing assessments of residents were frequently undertaken using recognised assessment tools. Residents' progress was closely monitored and recorded and up-to-date written nursing care plans were in place for each resident. The care plans were very detailed and the specific needs of residents as well as the care that needed to be provided were based on the findings of up-to-date nursing assessments. There was evidence that the care plans were reviewed by nursing staff at least three-monthly or more frequently if required.

Since the previous inspection a new bedrail restraint risk assessment document had been introduced as well as a bedrail restraint nursing care plan that detailed the safe use of restraint. Daily narrative nursing notes were also maintained and they outlined the health, condition and treatments given for each resident and they were in accordance with relevant professional guidelines.

Residents had access to, and frequent assessment by, general medical practitioners, and if required they also had access to specialist medical care as well as a full range of allied health services such as physiotherapy, speech and language therapy, dietician services and occupational therapy.

Since the previous inspection a new assessment tool had been introduced that was used to determine each individual resident's preferences and capacities for stimulating activities, and personalised up-to-date social and recreation care plans were in place for each resident based on the information from the assessments.

There were activities timetables in the centre that outlined what was available seven days a week and there was evidence that residents were provided with opportunities to engage in appropriate activities that were facilitated either by care staff or external people: these included, gentle exercises, art, music and singing, games and reminiscence. The person in charge informed the inspectors that since the previous inspection activities sessions facilitated by an external person had been increased from one session a week to three sessions a week. However, taking into consideration the dependency levels of residents, their individual needs and cognitive and physical abilities, residents may benefit from further one-to-one activity sessions. This was also confirmed by the person in charge and the CNMs.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Action required from previous inspection:

No action was required from the previous inspection.

Inspection findings

The centre was opened in October 2010, is purpose built and inspectors observed that the premises was maintained to a high standard with paintwork in a good condition and the flooring, fittings, fixtures, curtains and furniture were of good quality. The environment was bright with light decorative colours used and it was visibly clean. Residents and relatives confirmed that from their experience the centre was always in a very clean condition.

There were a number of safe outdoor spaces for residents that consisted of enclosed gardens that were entered from within the centre, they had hand-rails and paths and they were planted with attractive raised beds that provided pleasant views from a number of the windows.

The necessary assistive equipment was available such as commodes, hoists, wheelchairs and specialised seating and there were appropriate beds and mattresses to meet the residents' needs. Records indicated that equipment was well maintained and serviced frequently and there was adequate storage space for equipment.

There were a sufficient number of toilet and washing facilities as well as appropriate sluice and cleaning facilities and they were tidy and uncluttered.

There were communal dining areas, seating and living spaces as well as places for residents to meet visitors that were separate to private bedroom accommodation.

Theme: Person-centred care and support
Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

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

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Action required from previous inspection:

No action was required from the previous inspection.

Inspection findings

The national HSE written complaints policy Your Service Your Say was available in the centre and the written procedures for making a complaint were easily accessible for residents and/or their representatives: it was hung in prominent places and there were information pamphlets made available. Residents also had access to an independent complaints appeals process.

An inspector reviewed the complaints log and there were comprehensive records maintained that detailed any complaints, the on-going management and the complainants' satisfaction.

Residents and relatives informed inspectors that they would have no hesitation in approaching the person in charge, the CNMs or any staff if they had any concern or were not satisfied with any aspect of the service.

Outcome 14
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Action required from previous inspection:

No action was required from the previous inspection.

Inspection findings

There was an up-to-date written policy and procedures in place for staff in regard to providing end of life care and training records indicated staff had received training in end of life care. Upon referral specialised community palliative care services were available for residents if required. There was an oratory in the centre with pastoral care available if requested and there were facilities for relatives to stay overnight.

Outcome 15
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action required from previous inspection:

No action was required from the previous inspection.

Inspection findings

Inspectors observed that residents were provided with food and drink at times and in quantities adequate for their needs and they were offered choice. Residents' individual preferences and dietary requirements were communicated to the catering staff and residents had access to fresh drinking water and hot drinks and snacks.

Residents were provided with opportunities to eat their meals while seated at dining tables in communal dining areas or were facilitated to eat in their bedroom accommodation if they wished. Residents who needed assistance with eating their meals and drinking were assisted by staff using appropriate techniques in a respectful manner and staff were observed making every effort for dining time to be social and relaxed.

There was evidence in residents' records that their body weights were taken regularly, a well-recognised nutritional assessment tool was used frequently to monitor each resident's nutritional status and residents that required it were closely observed for their daily food and fluid intake. If required referrals were made to dietician services and there was documented evidence of communication of any special instructions and evidence of implementation by nursing staff of same.

Outcome 16
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations
Standard 20: Social Contacts

Action required from previous inspection:

No action was required from the previous inspection.

Inspection findings

It was very evident to inspectors throughout the two days of inspection that the person in charge, the two CNMs and staff knew the residents and their relatives extremely well. Relatives and residents confirmed this and they identified that staff engaged frequently and in an unhurried and respectful manner.

There was evidence available that indicated residents were consulted with and participated in the organisation of the centre as residents had been provided with opportunities to join the residents' committee meetings. External advocacy services were available to residents as two advocates were assigned to the centre and they spent time with residents on a regular basis.

The inspectors observed residents' privacy and dignity being respected by staff as well as staff promoting residents' independence as they encouraged residents to do as much for themselves as possible and residents were offered choice in what they wanted to do.

There was strong evidence that family and friend contacts were maintained as visitors were welcomed at various times of the day and there were areas for residents to meet their visitors that were separate to bedroom accommodation. Home visits and outings were also facilitated as requested.

Newspapers, televisions and radios were all available for residents and there was evidence that religious needs were facilitated with residents having access to an oratory/ prayer area within the centre.

Outcome 17
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Action required from previous inspection:

No action was required from the previous inspection.

Inspection findings

Each resident had furniture in their bedrooms to store clothing and personal items in their own bedside cabinets and wardrobes.

Laundry facilities were on-site, there were arrangements in place for the regular laundering of linen and clothing and appropriate procedures were in place for the safe return of clothes. Residents and their relatives informed inspectors that clothing was well looked after.

Theme: Workforce
The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action required from previous inspection:

No action was required from the previous inspection.

Inspection findings

Dependency level of residents as provided by the centre:	Max	High	Medium	Low
Number of residents	17	15	8	5

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	4* 4**	3* 3**	4	Cleaning – 8 Laundry - 1	1	General Person - 1
Number of staff on night duty		2	2				

***Module 2 - Ionad Bhreanainn (capacity for 22 residents)**
One clinical nurse manager 08:00hrs – 17:00hrs
One nurse 08:30hrs – 13:45hrs
One nurse 08:30hrs – 17:45hrs
One nurse 08:30hrs – 21:15hrs

One health care assistant 11:45hrs – 17:45hrs
Two health care assistants 08:00hrs – 20:30hrs

**** Module 3 - Ionad Eibhlis (capacity for 24 residents)**
One clinical nurse manager 08:00hrs – 17:00hrs
One nurse 08:30hrs – 13:45hrs
One nurse 08:30hrs – 17:45hrs
One nurse 08:30hrs – 21:15hrs

One health care assistant 08:00hrs – 17:45hrs
Two health care assistants 08:00hrs – 20:30hrs

Duty rosters were maintained for all staff, they were available for inspectors to review and during the two days of inspection the inspectors observed that the number and skill-mix of staff working was appropriate to meet the needs of the current residents. This was also confirmed by residents, relatives and staff.

Staff had been provided with mandatory training, as already outlined in outcome seven, and since the previous inspection in February 2013 continued opportunities had been provided for staff to attend relevant training, practice updates and information sessions. These included food hygiene, depression in the older person, overview of Parkinson's disease, management of urinary continence, end of life care and hand hygiene.

The inspector reviewed a sample of the records that are to be maintained for staff, as per Schedule 2 of the Regulations, and there was evidence of substantial compliance as no documents were outstanding. The person in charge informed an inspector that two volunteers had been involved in the centre and there was evidence of appropriate vetting and written agreements being in place.

Closing the visit

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

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, the person in charge and staff during the inspection.

Report compiled by:

Col Conway
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

16 July 2013

Health Information and Quality Authority
Regulation Directorate

Action Plan

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

Provider's response to inspection report *

Centre Name:	Ospidéal Pobail Chorca Dhuibhne (West Kerry Community Hospital)
Centre ID:	0569
Date of inspection:	10 July 2013 and 11 July 2013
Date of response:	14 August 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

Theme: Safe care and support

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect: Management of designated fire doors required review.
Action required: Ensure adequate arrangements are in place for containing fires in relation to the management of designated fire doors.
Reference: Health Act, 2007 Regulation 32: Fire precautions and Records

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The fire safety requirements at West Kerry Community Hospital have been signed off by a competent person as compliant with the applicable fire safety certificate and no door closers on the bedroom doors have formed part of this process. However, it is agreed that the present sign indicating 'Fire Door Keep Shut' would require the door to be kept closed at all times. The practice in place, which is reiterated at all fire training, is that bedroom doors are kept closed unless the resident requests otherwise while they are in the room and during a fire situation all doors are closed. In light of the confusion regarding the sign on the door it is proposed that all bedroom doors be fitted with new signs that will state, 'In the event of fire this door must be closed'.	11 October 2013

Theme: Effective care and support

Outcome 11: Health and social care needs

The provider is failing to comply with a regulatory requirement in the following respect: Residents may benefit from further one-to-one meaningful and relevant activities.
Action required: Review the amount and range of stimulating one-to-one activities that are facilitated for residents based on their individual needs, preferences and capacities.
Reference: Health Act 2007 Regulation 6: General Welfare and Protection

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The provision of a varying selection of activities for our residents is of the utmost importance to the management here at West Kerry Community Hospital. Given the number of maximum dependency residents it is noted that the benefit of one-to-one activities cannot be underestimated. At present we have an activity therapist doing two hours a week of one-to-one and we will be supplementing this with 30 minutes (15 minutes in each	26 August 2013

module) a day where a health care assistant (ring fenced) will provide dedicated patient centred (based on their assessment) one-to-one activities with resident's. This will be managed from a central point to ensure all residents benefit and will be documented on their social and recreational notes. If a funding opportunity becomes available this is an area that we will provide further support to.	