



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Ennistymon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Dough, Ennistymon, Clare
Type of inspection:	Announced
Date of inspection:	07 February 2024
Centre ID:	OSV-0000608
Fieldwork ID:	MON-0032770

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Ennistymon Community Hospital is operated by the Health Service Executive (HSE). The building is situated in a rural setting close to the town of Ennistymon. The centre can accommodate 27 residents. The service provides 24-hour nursing care to both male and female residents. Long-term care, short stay and palliative care is provided mainly to older adults. Bedroom accommodation is provided in single, twin and four bedded rooms. All bedrooms have en suite shower and toilet facilities. There is a variety of communal day spaces available to residents including day room, dining room, front conservatory, visitors room, oratory, historical area and memory lane village. Residents have access to an enclosed garden courtyard area.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	23
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 7 February 2024	10:00hrs to 18:00hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

The inspector observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were complimentary about staff who they described as kind, patient, and respectful. Staff were observed to deliver care and support to residents which was person-centred, and in line with their assessed needs.

This unannounced risk inspection was carried out over one day. There were 23 residents accommodated in the centre on the day of the inspection, and four vacancies.

On arrival to the centre, the inspector was met by the person in charge who facilitated the inspection. Following an introductory meeting, the inspector conducted a walk through the building with the person in charge. Ennistymon Community Hospital was a two-storey building located on the outskirts of Ennistymon, County Clare. The designated centre provided accommodation for 27 residents, and comprised of single and multi-occupancy bedrooms, all of which had ensuite bathroom facilities. The original building, which dated back to the 1800's, had been extended and upgraded a number of times in recent years. Residents' living and bedroom areas were located on the ground floor, while the first floor consisted of various offices.

Communal areas available to residents included a day room, dining room, library area, conservatory, reminiscence area and an oratory. There was also a visitors' room available, providing residents with a comfortable space to meet with friends and family members in private. Bedroom accommodation was bright and spacious, and provided residents with adequate space to live comfortably, and sufficient space to store personal belongings. Many bedrooms were decorated with residents' personal items such as pictures and ornaments. All areas of the centre were appropriately styled and furnished to create a homely environment for residents.

The reminiscence area, Memory Lane, was designed to resemble a streetscape and contained a number of features of significance from around the town of Ennistymon. This area also included a dining area, Memory Lane coffee shop, which resembled a real café and was used daily by residents. There was also an area of the centre which was dedicated to the history of the original building.

The premises was laid out to meet the needs of residents. The centre was bright, warm, and well-ventilated throughout. Corridors were sufficiently wide with appropriate handrails to allow residents to mobilise safely. There were a number of seating areas located along corridors for residents to sit and rest. There was a sufficient number of toilets and bathroom facilities available to residents. All areas of the centre were very clean, tidy, and well-maintained. Call-bells were available in all areas and answered in a timely manner.

There was safe, unrestricted access to outdoor areas for residents to use which contained a variety of appropriate seating areas and seasonal plants.

As the day progressed, residents were observed in the various areas of the centre. Staff supervised communal areas and those residents who chose to remain in their bedrooms were supported by staff. A number of residents were observed moving freely around the centre throughout the day. Familiar, respectful conversations were overheard between residents and staff, and there was a relaxed, convivial atmosphere in the centre. Residents were observed to be content as they went about their daily lives. It was evident that residents' choices and preferences in their daily routines were respected. While staff were busy assisting residents with their needs throughout the day, care delivery was observed to be unhurried and respectful. Staff who spoke with the inspector were knowledgeable about residents and their individual needs. The inspector observed that personal care needs were met to a high standard.

Throughout the day, the inspector chatted with a number of residents about life in the centre. Residents were happy to chat and to provide an insight of their lived experience in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. One resident told the inspector that 'it's mighty good and the staff are very obliging'. Another resident said that 'the staff are brilliant and so helpful'. When asked what it was like to live in the centre, one resident said that 'you won't find it better anywhere else in Ireland, I can't give it better praise'. One other resident described it as 'a little slice of heaven'. Residents told the inspector that they were happy with their bedrooms which were comfortable and suitable for their needs. One resident told the inspector that they liked sharing their room and enjoyed the company of the other resident. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. The inspector spoke with a number of visitors who were satisfied with the care provided to their loved ones.

Throughout the day, the inspector observed staff engaging in meaningful interactions with residents. There was an activities schedule in place which included, quizzes, exercises, singing, arts and crafts, and bingo. Residents told the inspector that they were free to choose whether or not they participated. A number of residents explained that they often preferred to spend time relaxing in their room. The inspector observed residents participate in a quiz on the day of the inspection which they appeared to enjoy. Residents also had access to television, radio, internet, newspapers and books.

Residents were provided with a good choice of food and refreshments throughout the day. Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food. Residents had a choice of when and where to have their meals. Food was freshly prepared in the centre's own kitchen and was observed to be well presented. During mealtimes, those residents who required help were provided with assistance

in a sensitive and discreet manner. Staff members supported other residents to eat independently.

In summary, the inspector found that residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This was an announced inspection, carried out by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated Centres for older people) Regulations 2013 (as amended). The provider had also submitted an application to renew the registration of the centre. This application was reviewed on this inspection.

The Health Service Executive (HSE) was the registered provider of this centre. The inspector found that this was a well-managed centre, and that the quality and safety of the services provided to residents were of a good standard. The governance and management was well organised, and the centre was resourced to ensure that residents were supported to have a good quality of life. There was a clearly defined management structure in place, with identified lines of authority and accountability. The director of nursing, who was the person in charge, demonstrated a clear understanding of their role and responsibility, and were a visible presence in the centre. They were supported in this role by a clinical nurse manager (CNM), and a full complement of staff, including nursing and care staff, housekeeping, catering, administrative and maintenance staff. Management support was also provided by the general manager for Older Person Residential Services. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge.

The provider had systems of monitoring and oversight of the service in place. A number of clinical and environmental audits had been completed including care planning, medication management, restraint practice, falls management, and fire safety management. Where areas for improvement were identified, action plans were developed and completed. The person in charge also reviewed key aspects of the quality of the service on a regular basis. This included information in relation to residents' weights, falls, antibiotic use, complaints, deaths and other significant events. An annual review of the quality and safety of the services had been

completed for 2023, and included a quality improvement plan for 2024.

On the day of the inspection, staffing levels were appropriate for the size and layout of the centre and to meet the assessed needs of residents. The team providing direct care to residents consisted of at least two registered nurses on duty at all times supported by a team of health care staff. Staff had the required skills, competencies and experience to fulfil their roles. Teamwork was evident on the day. The person in charge and clinical nurse manager provided supervision and support to all the staff.

There were effective channels of communication between management and staff in the centre. Minutes of team meetings reviewed by the inspector showed that a range of topics were discussed such as the risk register, medication management, infection control, policies, and other relevant management issues.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

There were contracts for the provision of services in place for residents which detailed the terms on which they resided in the centre.

Staff were facilitated to attend training, appropriate to their role. This included fire safety, people moving and handling, safeguarding of vulnerable adults, and infection prevention and control training.

There was an effective system of risk management in the centre. The centre had a risk register in place which identified clinical and environmental risks to the safety and welfare of residents, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frame.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector found that staff had access to training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry



out their duties.
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>
The directory of residents contained all the information specified in paragraph three of Schedule 3 of the regulations.
Judgment: Compliant
<b>Regulation 21: Records</b>
Records were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have the necessary requirements, as set out in Schedule 2 of the regulations.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The inspector found that there were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.
Judgment: Compliant
<b>Regulation 24: Contract for the provision of services</b>
The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.
Judgment: Compliant

## Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

The inspector found that the standard of care which was provided to residents living in this centre was of a good quality. Residents were very satisfied with the care and support they received and spoke highly of the staff who cared for them. The inspector observed that residents' rights and choices were upheld, and their independence was promoted.

The environment and equipment used by residents were visibly clean and the premises was well-maintained on the day of the inspection. All areas of the centre were observed to be very clean and tidy. Cleaning schedules were in place and equipment was cleaned after each use.

Care delivered to the residents was of a good standard, and staff were knowledgeable about residents' care needs. The inspector reviewed a sample of five residents' care records. A range of clinical assessments were carried out for each resident on admission to the centre to identify care and support needs. Validated clinical assessment tools were used to identify potential risks to residents such as poor mobility, impaired skin integrity and risk of malnutrition. The outcomes of assessments were used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed were person-centred, holistic and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents had access to medical and health care services. Residents had regular reviews with a general practitioner. Systems were in place for residents to access the expertise of health and social care professionals, when required.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, were only initiated after an appropriate risk assessment and in consultation with the multidisciplinary team and resident concerned.

The provider had a system in place for residents who required a pension agent. Appropriate arrangements, in line with best practice, were in place.

The inspector observed that management and staff made efforts to ensure residents' rights were respected and upheld. There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal areas or their own bedrooms. Residents had access to an independent advocacy service. Residents were provided with opportunities to consult with management and staff on how the centre was run. Residents' meetings were held monthly and a range of issues were discussed including proposed changes to the management structure in the centre, nutrition, complaints, advocacy and activities.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal emergency evacuation plans were in place for each resident. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available, and serviced, as required. There were regular in-house fire safety checks completed and recorded. Staff were knowledgeable about what to do in the event of a fire.

### Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents living in the centre had appropriate access to, and maintained control over their personal possessions.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. There was choice of meals available to residents from a varied menu that was on display and updated daily. The menu provided a range of choices to all residents including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

### Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included the all of required elements, as set out in Regulation 26.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. Each resident had a risk assessment completed prior to any use of restrictive practices. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre and their privacy and dignity was respected. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant