



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Caherciveen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Caherciveen, Kerry
Type of inspection:	Unannounced
Date of inspection:	01 February 2023
Centre ID:	OSV-0000562
Fieldwork ID:	MON-0039218

About the designated centre

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

Caherciveen Community Hospital is a 33 bedded facility situated on the outskirts of the Cahersiveen town, in South Kerry. Bedroom accommodation comprises eleven single bedrooms, five twin bedrooms and four triple bedrooms. Two of the single bedrooms are reserved for palliative care purposes and are self-contained in a separate wing that also includes a bedroom for relatives and a small sitting room with tea/coffee making facilities. The centre has a large recreational/sitting room, a dining room and two internal courtyards. The service provides care for residents requiring long-term care, respite, convalescent or palliative care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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 1 February 2023	09:30hrs to 16:45hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out over one day. On the day of the inspection the inspector observed that residents were supported to enjoy a good quality of life in Cahersiveen Community Hospital by staff who were kind and caring. Residents had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff.

The inspector met the person in charge and clinical nurse manager on arrival to the centre. Following an opening meeting with the person in charge, the inspector walked through the centre and met with staff and residents. The person in charge demonstrated a good knowledge of their regulatory responsibilities and a commitment to providing a safe and high quality service for the residents. The management team facilitated the inspection process and provided all of the required information, when requested by the inspector.

Cahersiveen Community Hospital is a designated centre for older people which is registered to accommodate 33 residents. There were 28 residents living in the centre, on the day of this inspection. The centre is set over two floors, the ground floor accommodating residents and on the first floor staff facilities and offices are located. The local community day care centre and physiotherapy services are in the same building, however, are not part of the registered designated centre.

The premises had undergone extensive refurbishment over the past two years, with an extension to the premises and upgrades to pre-existing bedroom accommodation. Bedroom accommodation within the centre comprises of eleven single bedrooms, five twin bedrooms and four triple bedrooms. The centre has a section of the premises dedicated for palliative care. In this area there was a single en-suite bedroom for a family member, if they wished to stay. This area of the centre also had a visitors/residents meeting room and a small sitting room with tea/coffee making facilities.

The inspector met and spoke to residents living in multi-occupancy and single bedroom accommodation. Some residents spoken with told the inspector they did not mind sharing a bedroom, while as others stated their preference would be their own bedroom and they informed the inspector they were on a list, should one become available. All bedrooms were seen to have sufficient wardrobe space and lockable storage. Residents living in the newly constructed single bedrooms told the inspector they loved the space they had. Rooms were seen to be decorated with residents personal items such as family pictures, soft furnishings and memorabilia. The inspector saw that some residents had small pieces of furniture brought in from home.

Overall, the centre was observed to be very clean and well maintained. The inspector saw that the nurses station had been decorated to reflect a traditional post office and some walls on the corridor had wallpaper applied depicting scenes of

flowers and nature. The person in charge informed the inspector that there were plans for further decoration, with the aim of making the centre more homely and comfortable for residents.

The atmosphere in the centre throughout the day was observed to be calm and relaxed. Staff were seen to be checking on residents and assisting them with their needs. The inspector overheard polite and engaging conversation between staff and residents. Residents who were unable to speak with the inspector, to give their views, were observed to be content. The inspector also spent time in communal areas observing resident and staff interaction and found that staff were kind and caring towards residents at all times. Three visitors spoken with spoke positively about the care their family member received one stating "they couldn't be happier that they were in such a nice place with wonderful people".

Residents exercised choice with regard to mealtimes and where they would like to have their meals. Some residents enjoyed attending the dining room where the dining experience was observed to be pleasant and social. Some residents preferred to have their meals in their room and watch television. Staff were observed to provide supervision and support to residents during mealtimes. The dining experience for residents was seen to be a very sociable occasion. Tables were nicely set with place mats, tablecloths, and menus.

A number of residents were observed enjoying activities and socialising in the communal sitting room throughout the day. There were scheduled activities for the residents, facilitated by a dedicated activities coordinator who knew residents personal preferences well. On the morning of the inspection the inspector observed four resident taking part in an arts and crafts session, where they were painting for Valentines day. Other residents were observed in their bedrooms reading or listening to music. The inspector observed that the residents particularly enjoyed saying the rosary together, with a volunteer, who came to the centre weekly. There were photographs around the centre showing residents enjoying activities such as music sessions and special events such as birthdays.

Overall, the inspector found that care was person-centred, and that residents' rights were upheld. Residents were supported to make choices about their daily lives in the centre and their independence was promoted. For example; a resident chose to attend the day centre for bingo on the day and other residents were facilitated to leave the centre on days out with family.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place and the quality and safety of the service.

Capacity and capability

This was an unannounced risk inspection which took place over one day, to monitor

ongoing compliance with the regulations. Overall, this inspection found that the governance and management of Cahersiveen Community Hospital was robust and ensured that residents received good quality, safe care and services. Some action was required, as per the findings of this inspection, with regards to fire precautions, which is further detailed under the quality and safety section of this report.

The registered provider of Cahersiveen Community Hospital is the Health Service Executive (HSE). Within the centre, the organisational structure and the lines of authority and accountability were clearly outlined. From a clinical perspective the centre is managed by a person in charge, who works full time in the centre. They are supported in their role by a clinical nurse manager, who deputises in their absence. The person in charge reports to the general manager for older persons services in the HSE, who the inspector was informed, was available for consultation and support on a daily basis. The centre is also supported by centralised departments such as human resources, finance, fire and estates and clinical practice development.

On the day of the inspection there were adequate resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Records of staff meetings showed good evidence of consultation with all staff, and staff feedback was actively sought for the adoption and implementation of improvements within the centre. This included risks identified in the centre, reviews of audit findings and initiation of quality improvement projects. Staff were confident in their roles and demonstrated competence in their work. Staff had access to education and training appropriate to their role.

An comprehensive annual review of the quality and safety of care had been completed for 2022, with a quality improvement plan for the year ahead. A range of environmental and clinical audits were carried out to ensure there was adequate oversight of the quality and safety of care delivered to residents. Issues that were audited on a regular basis included infection prevention and control, documentation and medication management. Clinical data was collected in areas such restrictive practices, infections, the use of psychotropic medications, pressure- related skin issues and weight loss.

All requested documents were readily available to the inspector throughout the inspection. The inspector viewed a sample of complaints and found that they had been managed in line with the centre's policy. Incidents had been reported to the Chief Inspector as per regulatory requirements. A sample of four staff personnel files were reviewed by the inspector and found to have all the information required under Schedule 2 of the regulations.

Regulation 15: Staffing

There were adequate numbers and skill mix of staff to meet the assessed needs of residents on the day of the inspection. Staff spoken with were knowledgeable of

residents and of their individual needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported and facilitated to attend training. A review of training records indicated that all staff had completed up to date training in mandatory areas such as responsive behaviour, manual and people handling, fire safety and safeguarding residents from abuse.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained an up-to-date directory of residents in the centre. The directory of residents reviewed by the inspector evidenced that it included all the information, as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records and documentation, both manual and electronic, were well presented, organised and supported effective care and management systems in the centre. Records were kept in a manner that ensured they were safe and accessible.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective governance and management arrangements in place and clear lines of accountability. Management systems in place enabled the service to be consistently and effectively monitored, to ensure a safe and appropriate service.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

This inspection found that complaints were well managed in the centre. There was a comprehensive complaints policy in place and this was displayed at the entrance to the designated centre. Residents and families were made aware of the complaints policy and knew how to make a complaint if they wished to do so. It was evident that complaints submitted were being used to inform quality improvement within the centre.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Cahersiveen Community Hospital. Residents reported that they received excellent care and support from staff and felt safe living in the centre. Some actions were required with regards to fire safety, and these are detailed under the relevant regulation.

The inspector reviewed a sample of resident care files and found that assessments and care plans evidenced that residents' needs were being assessed using validated tools. The care plans reviewed were person-centred and provided evidence-based guidance to support the current care needs of the residents. Residents had good access to medical care and records indicated that residents were reviewed regularly. Residents also had good access to allied and specialist services such as speech and language therapy, dietetics and physiotherapy. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these. Residents were monitored for weight loss and were provided

with access to dietetic services 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. There were a number of residents who required the use of bedrails and records reviewed evidenced that appropriate risk assessments had been carried out, in consultation with the resident concerned and the multidisciplinary team. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations, under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

A review of fire precautions in the centre found that records with regard to the maintenance and testing of fire alarm system, emergency lighting and fire-fighting equipment was available for review. Systems were in place to conduct daily checks to ensure means of escape were unobstructed and weekly checks were completed on the integrity of fire doors. However, action was required to ensure full compliance, particularly with regards to fire evacuation drills, which is further detailed under regulation 28. The centre had a risk register that detailed centre specific risks, risk ratings, the controls implemented and an owner of each risk. Residents had clinical risk assessments completed and control measures were in place.

Arrangements were in place for residents to consult with the management team via residents meetings. Residents were provided with access to local and national newspapers and arrangements had been put in place for improved access to the Internet since the previous inspection. The inspector found that there were good opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities.

Regulation 11: Visits

There were adequate facilities for residents to receive visitors in private. The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed a variety of drinks and snacks being offered to residents throughout the days of inspection and a selection of home baking including scones were available. Most residents had their meals in the large bright dining room and mealtimes were unhurried social occasions. Staff were observed to engage positively

with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared and made available to residents a guide about the centre. The guide was found to contain all information, as specified in the regulation, such as a summary of services and facilities and the procedure for making complaints.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1). A review of the accident and incident log found that incidents were documented, and actions to address learning identified following an incident.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control processes in the centre were consistent with the standards for the prevention and control of health care associated infections. There was a member of staff assigned as the infection control lead in the centre. This person was interviewed on the day of inspection and was knowledgeable with regards to current infection control standards. They were also proactive in implementing appropriate in house training for all staff.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required to achieve full compliance with this regulation; in particular:

- there were two fire compartments in the centre, which accommodated ten residents. However, the provider had not carried out a full compartment fire drill in these areas, with night time staffing levels, to test that residents could be safely evacuated in the event of a fire at night.
- personal emergency evacuation plans (PEEPS) for some residents required review, as they did not clearly indicate the evacuation strategy for the particular resident.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were adequate systems in place for the administration and storage of medicines. Controlled drug records and drug administration records were maintained in line with professional guidelines. There was a pharmacist allocated to the centre from the HSE and they attended the centre weekly. The medication practices within the centre were being appropriately monitored.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs and their preferences for care and support, on admission to the designated centre. Care plans were person centred and were reviewed every four months or if the resident's needs changed, as per regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a wide range of health and social care services in line with their assessed needs. Evidence of referrals to other services and recommendations by allied health professionals were seen throughout the residents' care plans. Where a specialist practitioner prescribed treatments these were implemented by nursing staff. Residents had access to appropriate equipment to meet their assessed needs such as pressure relieving equipment and manual handling equipment. There was a very low incidence of pressure ulcer development in the centre and there were no

residents with pressure ulcers on the day of this inspection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices, such as bedrails, were managed in the centre through ongoing initiatives to promote a restraint free environment. Residents needs in relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs. Staff working in the centre had up-to-date training in the management of responsive behaviours.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, this inspection found that residents' rights were upheld in Cahersiveen Community Hospital. Residents were seen to have choice in their daily living arrangements and had access to occupation and recreational activities. Residents' views and feedback were actively sought through the resident's meetings, complaints, resident surveys and informal feedback. This feedback was used to inform areas for improvement in the service such as the provision of different activities and planned days out of the centre.

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
Capacity and capability	
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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Caherciveen Community Hospital OSV-0000562

Inspection ID: MON-0039218

Date of inspection: 01/02/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire evacuation drills on the full 10 bedded compartment, with night time staff levels will be undertaken as part of the evacuation drills to ensure resident can be evacuated safely in the event of fire.</p> <p>The personal emergency evacuation plans will be reviewed on an ongoing basis, clearly indicating the evacuation strategy of the resident</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	01/03/2023