



**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:	19 April 2021
Centre ID:	OSV-0000562
Fieldwork ID:	MON-0032805

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 town. Bedroom accommodation comprises eight single bedrooms, three twin bedrooms, one triple bedroom and four four-bedded rooms. Two of the single bedrooms were reserved for palliative care purposes and are self-contained in a separate wing that also includes two bedrooms for relatives and a small sitting room with tea/coffee making facilities. The palliative care rooms and the relatives rooms are en suite with shower, toilet and wash hand basin.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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
Monday 19 April 2021	09:00hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Residents living in Cahersiveen Community Hospital expressed satisfaction with all aspects of the care and service they received. They told the inspector it was a nice place to live, they felt safe, and their needs were being met. There was a warm, welcoming and relaxed atmosphere in the centre and staff and resident interactions were respectful and empathetic. Staff knew the residents well and were familiar with the residents' daily routines and preferences for care and support.

This was an unannounced inspection completed during the COVID-19 national pandemic. On arrival to the centre, the inspector was met by an Administrator, who ensured that all necessary infection prevention and control measures including hand hygiene and temperature checking were implemented, prior to accessing the centre. The inspector was guided on a tour of the centre by the Clinical Nurse Manager, who was in charge on the day of inspection. It was evident that the Clinical Nurse Manager knew residents well, and was articulate regarding each residents specific care requirements.

The centre was set over one floor and could accommodate 33 residents. The premises was under extensive refurbishment on the day of inspection which was due for completion in September 2021. As identified on previous inspections there was insufficient communal space for residents in Cahersiveen Community Hospital and inadequate storage space for residents personal belongings. Additional space was being added to the premises to include five new en suite bedrooms, a sluice room, a store room, a recreation room and an internal courtyard. The inspector observed that the limited communal space for in the centre directly impacted residents. For example, only a limited number of residents had access to the sitting room, as it could only safely accommodate nine residents, when considering social distancing and many residents had their meals beside their beds and were not afforded a dining experience. Residents and staff told the inspector they looked forward to the additional communal space being available and a safe outdoor courtyard. The centre also had facilities for residents receiving palliative care, which included two single bedrooms and accommodation for families.

Staff described the centre as a lovely place to work. They told the inspector that the last year had been difficult for residents and their families, due to restrictions imposed by the pandemic, and they had empathy for them. Staff conveyed how the last year had allowed them to really get to know residents and spend time with them. The inspector observed that residents living in the centre required assistance from staff with most activities of daily living. This was confirmed by staff and management. Staff were observed to be very supportive of residents and took time delivering care. The inspector spent time observing the residents and staff interacting throughout the day. Residents appeared very well-cared for and staff were respectful and kind at every opportunity.

Visiting to the centre had recently resumed on a risk assessed basis, and was taking

place in a small sitting room, that residents could access via the main communal space. Residents expressed happiness at being able to see their family again. The inspector observed that there were effective controls in place to minimise the risk of inadvertent introduction of COVID-19 by visitors. Residents and staff were also monitored for signs and symptoms of COVID-19 with temperatures being recorded twice per day, in line with the current guidance. Hand hygiene practices among staff were observed to be good, and the hand hygiene audits reviewed confirmed that this was a regular finding. Staff were observed facilitating residents with hand hygiene throughout the day. There was appropriate social distancing arrangements in place.

Staff were conscious of the need to support residents through this challenging time and had come up with new ideas and activities. There was one staff members in the role of activity coordinator on the day of the inspection, and it was evident she was well known to the residents. The activity coordinator spoke with the inspector and described the programme of activities. The programme of activities was varied and included arts and crafts, card games, reminisce, poetry and movement to music. The inspector observed that some residents with high dependencies, received reflexology at their bedside. A calendar was in place and displayed throughout the centre with planned activities and events to look forward to.

The inspector observed staff interacting with residents in a friendly and caring manner during lunch, and providing support to residents with their meals. Some residents were observed eating independently, while others were being assisted by staff in a calm and professional manner. Residents were observed to have aids such as plate guards in place, these aids enabled them to maintain their independence while eating. Residents were complimentary about the food, and the inspector saw that residents were offered choice. Frequent drinks and snack rounds were observed being served throughout the day.

The next two sections of this 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 to monitor the centres compliance the regulations. The inspector found that overall, the governance and management of the centre was robust and ensured that residents received good quality and safe care and services. There was evidence of good leadership with a focus on quality improvement from the management team.

The provider of this centre is the Health Service Executive (HSE). The organisational structure within the centre is clear, with roles and responsibilities understood by the management team, residents and staff. The management team operating the day to day running of the centre consists of a person in charge and a Clinical Nurse

Manager. Support was provided by the the General Manager who was the registered provider representative (RPR), and the person in charge reported to the RPR. Off site there also the additional support of the clinical development coordinator, human resources and development and an infection prevention and control specialist. There was evidence of good communication and frequent meetings to discuss all areas of governance, and the inspector saw that they actioned any issues identified without delay.

As found on previous inspections of this centre, there was insufficient communal, outdoor and storage space available for residents. A condition was placed on the registration of this centre stating that physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector by August 2021. This condition is to ensure that all existing and future residents are afforded appropriate dignity and privacy through the provision of adequate personal space, and to ensure that the premises meets the needs of these residents. The registered provider was in the process of addressing these deficits, and an extensive refurbishment was in progress on the day of inspection.

The staffing numbers and skill mix on the day of this inspection were adequate to meet the needs residents. The supervision of staff was good. Staff had appraisals completed on an annual basis and all had mandatory training in place. As a result, staff had appropriate skills and knowledge for their roles and were clear about the standards of care and services that were required. Regular management and staff meetings were scheduled. Issues such as staffing, risk management and infection control issues were discussed and documented. A daily safety pause meeting was held to communicate any on-going risks or care issues.

There were effective management systems in place, ensuring that good quality care is delivered to the residents which included a comprehensive auditing system. Audits were carried out at regular intervals to monitor the quality and safety of care delivered to residents such as care plan audits, falls audit, weight management and hand hygiene audits. Observational audits on dining experience and care delivery were also taking place. Audits findings relating to the provision of care were communicated to the staff and there was evidence that the audit process had lead to positive changes.

The Clinical Nurse Manager facilitated the inspection and all information requested by the inspector was made available to review in a timely and efficient manner. Staff files reviewed contained all the required documents outlined in Schedule 2 of the regulations. Therefore, the inspector was assured that residents were safeguarded by a robust recruitment policy, which was implemented in practice. A comprehensive complaints procedure was in place and residents reported that they were happy to speak to staff if they had any concerns. Staff were aware of their responsibilities in relation to the management of complaints. Incidents were recorded and submitted to the Chief Inspector in line with the regulations, and there was good oversight of these evident.

Residents views regarding how the centre is managed were obtained via regular meetings and surveys. It was evident that residents had been informed of changes

to the daily running of the centre, such as the visiting restrictions and the necessity to maintain social distance.

Regulation 15: Staffing

The designated centre had a sufficient number and skill mix of staff to meet residents' assessed needs. There were at least three nurses on duty in the centre at all times. A rota was reviewed which detailed management cover. The staff team included allied health staff, who were available to assess residents and provide guidance to the nursing and care teams in relation to mobility, food and nutrition, equipment and communication strategies.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix was in place showing all the mandatory and relevant courses completed by staff. Additional training in infection prevention and control had taken place in response to the COVID-19 pandemic.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed five staff files. They contained all information as per Schedule 2 of the regulations. Garda vetting was in place for all staff. Residents contracts of care had been reviewed since the previous inspection, and now included details regarding short term respite stays. Fire records were also reviewed following on from the previous inspection, and they were found to be well maintained and appropriately recorded.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with explicit lines of authority and accountability. The registered provider had taken the necessary steps to address non compliance associated with the premises, found on previous

inspections. Management oversight systems and a comprehensive auditing system ensured the service provided was appropriate, safe consistent and effectively monitored. There was a comprehensive annual review prepared for 2020, which identified quality improvement plans for the year ahead.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents the inspector was satisfied that all notifications were submitted as required by the regulations to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy that was in line with the requirements under regulation 34. The complaints procedure was displayed in a prominent and accessible area of the centre. A review of the complaints log found that complaints were documented and investigated in line with the centres policy and regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The findings of this inspection showed that the management and staff strived to provide a good quality of life for the residents living in Cahersiveen Community Hospital. The inspector found that residents reported to be satisfied with the service

they received. There was good access to health care and residents were supported to have their social care needs met.

Residents had good access to a medical practitioner of choice, as well as a variety of relevant healthcare professionals to meet their assessed needs. The service ensured that residents' assessed needs were met in a timely and appropriate manner and that the care was person-centred. There was a good standard of evidence-based nursing care, and as a result the care provided to the residents was of high quality. Multidisciplinary team meetings took place within the centre on a monthly basis attended by the GP, physiotherapist and nurse management, where the needs and health status of each resident was discussed. Recommendations made by allied health care professionals were found to be incorporated into the residents care plan.

The centre was clean and well maintained. However, the premises did not currently conform with the requirements of the regulations as there was insufficient communal space for residents. Storage facilities for residents living some bedrooms were also found to be inadequate. The lack of storage facilities meant that residents could only store a minimum of their personal items. Adaptations to the premises currently taking place, would improve residents quality of life, as they would have more available communal space, dining facilities, outdoor space and facilities for personal storage.

This inspection took place during the COVID-19 pandemic. The centre had a comprehensive COVID-19 contingency plan in place. All staff had received up-to-date training in infection control, including, breaking the cycle of infection, hand hygiene and the safe use of personal protective equipment (PPE). Staff were seen to use PPE effectively. There were systems in place to screen the temperature and symptoms of all staff and visitors to the centre. The centre had remained free from COVID-19 since the start of the pandemic. The centre also had a number of effective assurance processes in place, in relation to the standard of environmental hygiene. Overall, equipment in the centre was clean and well maintained.

Residents were consulted with in the running of the centre and minutes from residents meetings showed that their feedback and suggestions was acted on. Visiting to the centre had recently resumed on appointment basis, and was in line with the Health Protection and Surveillance Centre guidance. Residents were supported to engage in activities that aligned with their interests and capabilities. There was an extensive activities programme provided for residents living in Cahersiveen Community Hospital. The activities coordinator was passionate and very focused on the provision of activities for residents, which had been enhanced during the COVID-19 pandemic. Overall, this inspection found that management and staff had strived to ensure residents received a safe and quality service where their self-care abilities and potential was maximised. Residents were extremely complimentary about the services, staff and facilities available to them.

Regulation 11: Visits

Visits were well managed in line with the current HPSC guidance (COVID-19 Guidance on visits to Long Term Residential Care Facilities). The provider had ensured that there were suitable private and communal areas available for the residents to receive their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Some residents did not have adequate space to store and maintain his or her clothes, as wardrobes were quite small. As a result residents clothes were stored in cupboards on the corridor, and therefore were not easily accessible to them.

Judgment: Not compliant

Regulation 17: Premises

The inspector acknowledges that the provider was currently addressing the non compliance identified on previous inspections in relation to the premises. However, the premises did not currently conform to the matters set out in Schedule 6 of the Health Act (Care and Welfare Regulations 2013) as there was:

- inadequate communal space ?
- inadequate dining space ?
- inadequate outdoor space ?
- inadequate space in bedrooms for residents to store personal possessions

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy was available for review and it met the regulatory requirements. There was a risk register was in place which identified the current risks. It was reviewed on a regular basis. It included the risk associated with Legionnaires and with a COVID-19 outbreak. There was a plan in place to minimise the scale of all risks identified.

Judgment: Compliant

Regulation 27: Infection control

Overall, the Infection Control Practices and oversight of same were good within the centre. Staff practiced good hand hygiene and were observed using personal protective equipment correctly. There were good local assurance mechanisms in place to ensure that the environment was cleaned in accordance with best practice guidance. The cleaning staff spoken with demonstrated a robust knowledge of the cleaning systems in the centre, the covid contingency plan for the centre including the isolation arrangements for suspected and positive COVID-19 cases.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of five residents' care plans, and found them person centred and of high quality. The care plans were sufficiently detailed to meaningfully guide staff in care delivery, and were informed by comprehensive risk assessments. Care plans were generally updated on a three monthly basis, or sooner if residents' needs changed. The plans of care were holistic, and they included resident's expressed wishes in respect of their end of life.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to a general practitioner (GP) of choice and a variety of other professionals to support them in meeting their needs. These included access to physiotherapy, occupational therapy, dietetics, chiropody and dental services. In addition, there was good access to a specialist consultant in gerontology, palliative care and psychiatry of old age.

Judgment: Compliant

Regulation 9: Residents' rights

Residents told the inspector that their rights were respected in the centre. Staff were observed to speak with residents in a kind and respectful manner and to ask for consent prior to any care interventions. Residents told the inspector that they were offered choice in how and where they spent their day. An appropriate activity

schedule was in place to meet the social needs of residents. This schedule included both group and individual opportunities for social engagement. An advocacy service was available to residents and their religious preferences 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Caherciveen Community Hospital OSV-0000562

Inspection ID: MON-0032805

Date of inspection: 19/04/2021

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 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>In relation to the personal belonging in the multi occupancy rooms, with continued building works and reconfiguration of bedrooms, there will be additional wardrobe space available in these rooms for storage of personal belongings which will enable residents to have access and retain control over their personal property, completed by 30/09/2021</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Building work is currently ongoing, which will result in the additional large recreation room (25 square metre) and sitting room (47 square metre) for residents, additional quiet room for residents to avail of and reconfiguration of the present dining /sitting area-which will be all newly painted.</p> <p>There will be three outdoor areas which will be safe and secure for residents to freely avail of, all of which will enhance the quality of life for residents in Caherciveen Community Hospital completed by 30/09/2021</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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Yellow	30/09/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/09/2021