**Centre name:** Fermoy Community Hospital  
**Centre ID:** OSV-0000560  
**Centre address:** Tallow Road, Fermoy, Cork.  
**Telephone number:** 025 31 300  
**Email address:** richard.buckley@hse.ie  
**Type of centre:** The Health Service Executive  
**Registered provider:** Health Service Executive  
**Provider Nominee:** Richard Buckley  
**Lead inspector:** John Greaney  
**Support inspector(s):** Mary Costelloe  
**Type of inspection** Unannounced  
**Number of residents on the date of inspection:** 66  
**Number of vacancies on the date of inspection:** 6
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 his/her 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
▪ to carry out thematic inspections in respect of specific outcomes
▪ 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 September 2017 09:15  
To: 19 September 2017 18:00

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

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Summary of findings from this inspection

Fermoy Community Hospital is located on the outskirts of the town of Fermoy. The centre comprises three units 'Cuisle' (30 beds), 'Dochas' (30 beds) and 'Sonas' (11 beds). The centre was generally well maintained, bright, clean and comfortable. There was a variety of communal areas dispersed throughout the centre that were furnished to a high standard and included comfortable seating.

Inspectors observed staff providing care in a respectful and caring manner and residents appeared to be familiar with staff. Comprehensive nursing assessments were completed for residents at admission and at regular intervals thereafter. Social care information, such as interests, hobbies, likes and dislikes, had been recorded in documents such as "A Key To Me" or "My Day, My Way". Meaningful activities assessments were also completed to determine what activities were suitable for residents or were of interest to them.

Care plans were developed for many of the issues identified on assessment. Issues such as communication needs and end of life preferences were addressed in the plans. Some improvements, however, were required. While some care plans were
personalised, others did not always address relevant issues identified on assessment and even though staff demonstrated a good knowledge of residents needs, these were not always adequately documented.

Some improvements were noted in relation to activities. Activities were facilitated by a number of external groups in addition to an activities person who visited the centre for approximately two hours on three days each week to lead activities such as gardening, exercise classes, arts and crafts, and also spend some one-to-one time with residents. Staff in each unit were also designated as "activity champions" and part of their duty was to lead a programme of activities for residents each day.

As stated in previous inspection reports, some parts of the centre, most notably Sonas, were not designed to meet the needs of residents in a long term care setting. Improvements in Sonas since the last inspection included a reduction in bed numbers from 12 to 11, resulting in the removal of a bed that was in an open area at the entrance to the unit. This area now contained comfortable seating and it was planned that some activities may be carried out here. Partitions in some of the bedrooms were made of a plasterboard-like material and did not extend all the way to the ceiling. One of the three-bedded units did not have any access to natural light or ventilation. There were no doors at the entrance to the three-bedded units and privacy could only be protected through the use of accordion like privacy screens.

Improvements were also required in relation to governance and management, particularly in relation to compliance with the conditions of registration. The centre's registration had a condition attached in relation to the reconfiguration of the physical environment to be completed by the end of 2018. This was based on a commitment given by the provider to the Chief Inspector that the works would be complete by that date. While the provider representative was not available in the centre on the days of inspection, the inspectors were informed that the proposed works would not be completed within the timeframe outline on the condition. There was also a condition attached to the registration that by the end of April 2017 the provider will implement the action plan submitted in response to the inspection and report of 19 September 2016. The findings of this inspection indicate that some of the actions from that inspection were satisfactorily addressed, however, some were not. For example, there was no dedicated cleaning staff in Sonas and cleaning duties were carried out by staff that also carried out kitchen duties. Additionally, a significant number of staff did not have up-to-date training in responsive behaviour and dementia.

Other required improvements, included:
- staff training
- rationale for use of chemical restraint
- sharing of kitchen and cleaning duties by staff
- storage of residents clothes
- fire safety training
- MDT review of medication management
- care planning.
The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

HIQA did not agree the response to the actions under Outcome 02, Outcome 12 and Outcome 16 with the provider, despite affording the provider two attempts to submit a satisfactory response. HIQA were not satisfied that the response adequately addressed the non-compliances in a satisfactory and timely manner.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a clearly defined management structure. The person in charge was recently appointed and reported to the provider. The person in charge was supported in her role by an assistant director of nursing (ADON) and a number of clinical nurse managers. The person in charge or the ADON were not present in the centre on the day of inspection and operational management of the centre was held by a designated clinical nurse manager.

There was a comprehensive programme of audits and a process in place for communicating required improvements to staff. There were regular management meetings and the agenda included identified improvements from audits, in addition to staffing levels, staff training, programme of activities, safeguarding, and complaints.

There was an annual review of the quality and safety of care and an associated action plan with timelines for when required improvements would be completed.

While there was a clearly defined management structure and a process for monitoring the quality and safety of care, improvements were required in relation to governance and management. The centre's registration had a condition attached in relation to the reconfiguration of the physical environment to be completed by the end of 2018. This was based on a commitment given by the provider to the Chief Inspector that the works would be complete by that date. While the provider representative was not available in the centre on the days of inspection, the inspectors were informed that the proposed works would not be completed.

There was also a condition attached to the registration that by the end of April 2017 the provider will implement the action plan submitted in response to the inspection and report of 19 September 2016. The findings of this inspection indicate that some of the
actions from that inspection were satisfactorily addressed, however, some were not. For example, there was no dedicated cleaning staff in Sonas and cleaning duties were carried out by staff that also carried out kitchen duties. Additionally, a significant number of staff did not have up-to-date training in responsive behaviour and dementia.

**Judgment:**
Non Compliant - Moderate

### Outcome 04: Suitable Person in Charge

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

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a new person in charge that had taken up post in May 2017. The person in charge was not present in the centre on the day of inspection due to other commitments but did come to meet inspectors prior to the end of the inspection.

The person in charge was a registered nurse and was a suitably qualified and experienced manager in the area of health and social care. She was previously the person in charge of two other Health Service Executive designated centres. Based on discussions with the person in charge and a review of documentation, inspectors were satisfied she was a suitably qualified and experienced person with authority and responsibility for the provision of the service.

**Judgment:**
Compliant

### Outcome 07: Safeguarding and Safety

*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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
There was a suite of policies and procedures in place to guide practice in relation to the prevention, detection and response to abuse. These included the Health Service Executive policy on safeguarding, a policy on a person centred approach to dementia and challenging behaviour, and a policy on restraint.

At the last inspection it was identified that restraint practices were not in line with best practice or national policy. At that inspection a number of residents had "safety vests" in place, and for at least one resident it was used as a falls prevention measure. It was also identified that risk assessments prior to the use of restraint did not always demonstrate that alternatives to restraint were explored. On this inspection there was significant improvement in the management of restraint. There were no residents with safety vests in place. The only form of physical restraint was bedrails and there were adequate risk assessments completed prior to the use of restraint and exploration of alternatives to restraint. A number of residents had low-low beds, crash mats, and bed and chair movement alarms as falls prevention measures. Where bedrails were in place there were records of regular safety checks.

Some improvements, however, were required in relation to the management of chemical restraint. For example, when PRN (as required) psychotropic medications were administered, there was not always adequate documentation identifying the rationale for administering the medicine, whether or not alternatives were tried, or the effectiveness of the medication.

A small number of residents presented with responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia). Staff spoken with were knowledgeable of triggers to the behaviour and the various de-escalation techniques to be used for individual residents. This was not, however, documented in care plans to support other staff members care for the residents, that may not be as familiar with the resident.

Staff spoken with were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse. Residents spoken with by inspectors stated that they felt safe in the centre. Staff training records indicated that most staff had received up-to-date training in safeguarding, however, a small number of staff required refresher training. As stated previously, discussions with staff indicated they were knowledgeable of how to alleviate distress in residents that presented with responsive behaviour and a significant number of staff had undergone training since the last inspection. However, training records indicated that a number of staff had not attended this training.

Judgment:
Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.
Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
At the last inspection it was identified that cleaning equipment such as mops were not stored appropriately. On this inspection it was noted that cleaning equipment was stored appropriately. Discussion with housekeeping staff indicated that there was a colour coded cleaning system in place for housekeeping and staff were knowledgeable of infection prevention and control practice. The centre was generally bright and clean throughout.

It was previously identified that there were no separate housekeeping staff and that staff providing care to residents were also responsible for cleaning duties. This was not good infection prevention and control practice. Since that inspection, roles were more clearly defined and now there were designated cleaning staff in both Dochas and Cuisle, which are both 30 bedded units. However, in Sonas, which is an 11 bedded unit, cleaning duties were carried out by multi-task attendants that were also responsible for either providing care to residents or were responsible for the kitchenette. The sharing of housekeeping with other duties, and in particular kitchen duties, does not comply with good infection prevention and control practice and has the potential to cause cross contamination.

At the last inspection there were clothes stored in the sluice room for relatives to take home to be laundered. No clothes were stored in the sluice room on this inspection. However, clothes were stored in bathrooms in bags until they were collected by an external laundry company. Inspectors were not satisfied that this was good infection prevention and control practice.

A review of staff training records indicated that a significant number of staff were overdue fire safety training.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
There was a medication management policy for ordering, prescribing, storing and administration of medicines. Inspectors viewed a sample of residents’ prescriptions and all contained appropriate information including a recent photograph of the resident; the name, dosage and route of administration for all medicines; and the maximum dosage for prn (as required) medications.
There were adequate procedures in place for the management of controlled drugs, which were counted at the start of each shift by two nurses.

Overall, there were no significant changes to the medication management practices since the last inspection. A pharmacy had been selected to dispense medicines to the centre and to provide pharmacist input to medication management. However, this had been delayed and the previous system continued to be in operation.

The centre continued to hold a large stock of medication in a central pharmacy and this was monitored and recorded by a visiting pharmacist, however, the record was not stored in the centre. The pharmacist was only available for a number of hours each week and had no clinical input in relation to the management of residents’ medicines. Records indicated that residents’ prescriptions were reviewed regularly by their GP. There was, however, no multidisciplinary review as specified in the centre’s policy and the pharmacist was not involved in reviewing prescriptions.

Some improvements were noted since the last inspection. From a sample of medicines reviewed in the central pharmacy, all were within the expiry date. Medications requiring refrigeration were stored appropriately and the fridge temperature was monitored and recorded. Multi-use liquid medications that were opened and in use, had an opening date recorded on the container, to help identify when it should be discarded.

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Residents were either admitted through the public health nursing service or were referred by a discharge coordinator from the acute hospital service. Pre-admission assessments were completed by either a public health nurse (PHN) in a common summary assessment (CSAR) or by a placement co-ordinator in a pre-admission assessment form. This determined whether or not the centre could meet the needs of potential residents and these documents were available in residents' records.

Inspectors reviewed a sample of residents' records and each contained comprehensive biographical details. Social care information, such as interests, hobbies, likes and dislikes, had been recorded in documents such as "A Key To Me" or "My Day, My Way". Meaningful activities assessments were also completed to determine what activities were suitable for residents or were of interest to them.

Comprehensive nursing assessments were completed for residents at admission and at regular intervals thereafter. This was supported by the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores, mental status and for the risk of malnutrition. Care plans were developed for many of the issues identified on assessment. Issues such as communication needs and end of life preferences were addressed in the plans. While some care plans, were personalised, others did not always address relevant issues identified on assessment and known to staff. For example:

- staff were clearly able to describe to inspectors the most appropriate means of caring for residents with responsive behaviour, however, this was not outlined in care plans
- staff were also able to clearly describe the needs of residents in relation to personal care, such as how they liked to dress or what residents were able to do independently, but this was not written in care plans
- residents that were identified as at high risk of falling through a risk assessment, did not always have this addressed in care plans
- the care plan for one resident referred the reader to the dietician's notes, however, these were not readily accessible.

There was evidence of adequate access to medical care and to the services of allied health professions. Residents had access to a number of general practitioners (GPs) that visited the centre regularly and records indicated that residents were reviewed on a regular basis. Due to a number of recent GP retirements, the centre was in the midst of a recruitment process to ensure adequate GP cover for all residents. This process was also a contributing factor to delay in initiating the new pharmacy system discussed in Outcome 9. Out-of-hours GP services were also available. There was access to allied healthcare services including dietetics, physiotherapy, occupational therapy, speech and language therapy, psychiatry of later life, and chiropody. Some improvements, however, were required. The monthly weight record for one resident identified that the resident had been losing weight over a number of months; however, based on a review of available records and discussions with staff, this had not been identified by staff. Also, there was no evidence that this resident had been referred for review by a dietician.

Inspectors examined a sample of records of residents who were transferred to hospital from the centre and found that appropriate information about their health and medications were included with the transfer letter. There was also adequate information shared by the hospital with staff of the centre when the resident was discharged from acute care.
**Judgment:**
Non Compliant - Moderate

**Outcome 12: Safe and Suitable Premises**
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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Fermoy Community Hospital is located on the outskirts of the town of Fermoy. The centre comprises three units 'Cuisle' (30 beds), 'Dochas' (30 beds) and 'Sonas' (11 beds).

The centre was generally well maintained, bright, clean and comfortable. There was a variety of communal areas dispersed throughout the centre that were furnished to a high standard and included comfortable seating.

As stated in previous inspection reports, some parts of the centre, most notably Sonas, were not designed to meet the needs of residents in a long term care setting. Improvements in Sonas since the last inspection included a reduction in bed numbers from 12 to 11, resulting in the removal of a bed that was in an open area at the entrance to the unit. This area now contained comfortable seating and it was planned that some activities may be carried out here. Bathrooms and toilets in Sonas were clean and well maintained. Bedroom accommodation in Sonas, however, remained unsuitable and did not support the privacy and dignity of residents. There was one single bedroom, two triple bedrooms and one four-bedded room. Partitions in some of the bedrooms were made of a plasterboard-like material and did not extend all the way to the ceiling. One of the three-bedded units did not have any access to natural light or ventilation. There were no doors at the entrance to the three-bedded units and privacy could only be protected through the use of accordion like privacy screens. Natural light and ventilation to the second three bedded unit was through a window in an area that was a thoroughfare for residents, staff and visitors to access the bathroom or the four-bedded room. If there was a door put at the entrance to this room, then it too would not have access to natural light or ventilation.

Both 'Dochas' and 'Cuisle' accommodated 30 residents in four-bedded, twin and single bedrooms. There was inadequate dining space for residents in each of these units. On
the day of the inspection there were two small round dining tables in each dining room that could accommodate four residents at each table. There were place settings for seven residents in each dining room.

On the days of inspection, there was no obvious inappropriate storage of equipment, which was an improvement on the previous inspection. There was adequate access to secure outdoor space. There was an internal courtyard that had hand rails around the perimeter and was accessible from the dining room of 'Cuisle'. There was no garden furniture; however, inspectors were informed that this had only removed in the days prior to the inspection due to inclement weather conditions. There was a large enclosed garden with raised plant beds, shrubbery and a walkway.

There was appropriate assistive equipment provided to meet the needs of residents, specialised beds, overhead hoists, specialised mattresses and wheelchairs. There was a lack of storage space for residents' clothing in some of the multi-occupancy bedrooms. Some residents had clothes stored in a store room where cleaning equipment, such as a floor polished and cleaning cart, were at times stored.

**Judgment:**
Non Compliant - Major

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**Outcome 13: Complaints procedures**
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.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was a system in place to ensure that the complaints of residents or their representatives were listened to and acted upon. There was a complaints policy, however, this required review as it was not updated to reflect the new complaints officer and independent appeals process, following the appointment of a new person in charge and a new provider nominee. The complaints procedure was on prominent display and this accurately reflected to new complaints procedure and contact details.

Throughout the inspection it was clear that residents were familiar with all members of staff and management. It was apparent to inspectors that residents would find staff easy to approach with any concerns or complaints.

Inspectors viewed the complaints log that contained details of complaints, the investigation of each complaint and the outcome of the investigation. At the previous inspection the complaint record did not detail whether or not the complainant was satisfied with the outcome of the complaint and this was satisfactorily addressed on this inspection.
**Outcome 16: Residents' Rights, Dignity and Consultation**

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
At the last inspection it was identified that there was a lack of stimulating activities for residents and residents had been observed either sitting in sitting rooms with limited interaction or in their bedrooms. Some improvements were noted on this inspection. An external agency now visited the centre for two days each week and carried out a range of activities in large groups, small groups and one-to-one. Another volunteer group visited the centre for one afternoon each week to lead residents in prayers and in a sing song. Inspectors observed that this activity was well attended by residents on the day of inspection. Staff in each unit were also designated as "activity champions" and part of their duty was to lead a programme of activities for residents each day. There was also an activities person who visited the centre for approximately two hours on three days each week to lead activities such as gardening, exercise classes, arts and crafts, and also spend some one-to-one time with residents. There was also bingo every Wednesday and an external group provided fireside music once a month. Most residents, however, continued to spend significant time in their bedrooms and only a small number of residents had their meals in the dining rooms of both Cuisle and Dochas. The size of the dining rooms did not allow for a large number of residents to eat there at one time. Additionally, while there was adequate communal space dispersed throughout the centre, the main sitting rooms in each of the units, where residents could watch television and interact with other residents, were quite small.

There was a considerable improvement in access to information. There were notice boards in each of the units and information available on the notice boards included, the complaints procedure, the statement of purpose, residents' surveys, inspection reports, advocacy contact details, confidential recipient contact details, and a monthly newsletter.

Residents' meetings had commenced in May 2017 and further meetings were held in
August. These meetings were facilitated by an external organisation. Issues raised were then brought to the attention of management. There was a record of satisfactory responses to the issues raised in most cases; however, a request for more access to outings was not addressed due to lack of available transport to the centre.

Improvements to the premises to support privacy and dignity since the last inspection included the placement of either an opaque adhesive film or blinds on the panels of glass doors to prevent others from seeing directly into the bedroom when the doors were closed. This had not been in place on all bedroom doors at the last inspection but was satisfactorily addressed on this inspection. At the last inspection it was identified that a resident of a four-bedded room was left out on a corridor in a wheelchair while care was being provided to another resident in the room due to insufficient space. On this inspection there appeared to be adequate space to provide care for the residents in each of the occupied bedrooms, without discommoding other residents. All bedrooms had overhead hoists, which meant that equipment such as mobile hoists, that take up a lot of space, were not needed. However, as stated under Outcome 12, the design and layout of the premises, particularly in Sonas, did not support the privacy and dignity of residents. On the first day of the inspection, inspectors were able to stand at the entrance to the unit and hear conversations between residents and staff. This was due to the inadequacy of the partitions between beds and the absence of doors to the three bedded sections.

At the last inspection it was noted a request for an area for relatives to make a cup of tea or coffee had not been addressed. On this inspection there were tea and coffee making facilities for relatives and for residents that had the capacity to do so.

Judgment:
Non Compliant - Major

Outcome 18: Suitable Staffing
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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors observed staff providing care in a respectful and caring manner and residents appeared to be familiar with staff. An actual and planned roster was maintained in the
centre, with any changes clearly indicated. The person in charge was supported in her role by an assistant director of nursing. There were also clinical nurse managers assigned to each of the units. Inspectors reviewed staff rosters, which showed there was a nurse on duty at all times.

The staffing complement in Cuisle on the day of inspection comprised four nursing staff from 08:00hrs until 18:00hrs and two nursing staff from 18:00hrs until 08:00hrs, with a change of shift at 20:00hrs. There were two multi-task attendants (MTAs) providing care from 08:00hrs until 18:00hrs and two multi-task attendants from 18:00hrs until 08:00hrs, with a change of shift at 20:00hrs. There was one MTA carrying out housekeeping duties and one MTA in the pantry. The staffing complement in Dochas on the day of inspection comprised one CNM, three nursing staff from 08:00hrs until 18:00hrs and two nursing staff from 18:00hrs until 08:00hrs, with a change of shift at 20:00hrs. There were three MTAs providing care from 08:00hrs until 18:00hrs and two multi-task attendants from 18:00hrs until 08:00hrs, with a change of shift at 20:00hrs. There was one MTA carrying out housekeeping duties and one MTA in the pantry. The staffing complement in Sonas on the day of inspection comprised one CNM, and one staff nurse on both day and night duty. There was one MTA on both day and night duty providing care to residents. There was one MTA carrying out both housekeeping and pantry duties. As stated in Outcome 8, the inspector was not satisfied that the sharing of cleaning and pantry duties was good infection prevention and control practice and had the potential to contribute to cross contamination.

There was a varied programme of training for staff. In addition to mandatory training, the training programme included training on issues such as end-of-life care, food safety, cardiopulmonary resuscitation and open disclosure. Some improvements, however, were required in relation to training as a significant number of staff had not attended up-to-date training on responsive behaviour or on dementia care. These actions are addressed under relevant outcomes of this report.

At the last inspection it was found that a number of staff files did not contain a full employment history for all staff with satisfactory explanations for any gaps in employment. Based on a review of a sample of staff files on this inspection, this action was satisfactorily addressed. There were adequate safeguarding measures in place in relation to volunteers.

Judgment:
Substantially Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Improvements were required in relation to compliance with the conditions of registration. For example:
• the centre's registration had a condition attached in relation to the reconfiguration of the physical environment to be completed by the end of 2018. This was based on a commitment given by the provider to the Chief Inspector that the works would be complete by that date. While the provider representative was not available in the centre...

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
on the days of inspection, the inspectors were informed that the proposed works would not be completed
• there was also a condition attached to the registration that by the end of April 2017 the provider will implement the action plan submitted in response to the inspection and report of 19 September 2016. The findings of this inspection indicate that some of the actions from that inspection were satisfactorily addressed, however, some were not. For example, there was no dedicated cleaning staff in Sonas and cleaning duties were carried out by staff that also carried out kitchen duties. Additionally, a significant number of staff did not have up-to-date training in responsive behaviour and dementia.

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale:

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some improvements were required in relation to the management of chemical restraint. For example, when PRN (as required) psychotropic medications were administered, there was not always adequate documentation identifying the rationale for administering the medicine, whether or not alternatives were tried, or the effectiveness of the medication.

2. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
Staff have been advised of the requirement to complete care plans, including mapping behaviours that challenge and the subsequent management options required. This may include medication to manage the symptoms of dementia. Rationale must be clearly documented by all nursing staff prior to administering medication. The option of chemical restraint will only be used after all alternative measures have been tried. It’s effect will be documented. Training is planned for November in restraint management and the de-escalation techniques.

Proposed Timescale: 30/11/2017
### Theme: Safe care and support

#### The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Training records indicated that some staff had not attended training in responsive behaviour.

#### 3. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
Training in responsive behaviour has been booked for staff on Dec 14th. A further date will be booked for Jan ‘18 to ensure all staff receives this training.

#### Proposed Timescale: 31/01/2018

### Theme: Safe care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff training records indicated that most staff had received up-to-date training in safeguarding, however, a small number of staff required refresher training.

#### 4. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
Refresher training has been scheduled for 4th and 11th Dec 2017.

#### Proposed Timescale: 12/12/2017

### Outcome 08: Health and Safety and Risk Management

#### Theme: Safe care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In Sonas, which is an 11 bedded unit, cleaning duties were carried out by multi-task attendants that were also responsible for providing care to residents or were responsible for the kitchenette. The sharing of housekeeping with other duties, and in particular kitchen duties, does not comply with good infection prevention and control practice and has the potential to cause cross contamination.

#### 5. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
Cleaning in Sonas will be addressed for 24 hrs per week, for 11 beds. This will be supported by the Housekeeping Team who will be redeployed from the other two 30 bedded units. Both Dochas and Cuishe will have an allocation of 54.5 hrs dedicated environmental cleaning per week. This will be reflected on the rosters/ work schedules. The dedicated pantry person in Sonas will be available and rotate to the 30 bed units to assist with the pantry duties. The HCA in Sonas on a daily basis will be allocated to Resident care only.

**Proposed Timescale:** 31/10/2017

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Clothes were stored in bathrooms in bags until they were collected by an external laundry company. Inspectors were not satisfied that this was good infection prevention and control practice.

6. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
All staff have been notified that clothes for laundry collection will be stored in an alternative location on the first floor of the centre.

**Proposed Timescale:** 09/10/2017

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A review of staff training records indicated that a significant number of staff were overdue fire safety training.

7. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.
Please state the actions you have taken or are planning to take:
Fire training had taken place on the day preceding the inspection. Additional training has been booked for two dates in Dec 17.

**Proposed Timescale:** 14/12/2017

### Outcome 09: Medication Management

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The pharmacist was only available for a number of hours each week and had no clinical input in relation to the management of residents’ medicines. Records indicated that residents’ prescriptions were reviewed regularly by their GP. There was, however, no multidisciplinary review as specified in the centre’s policy and the pharmacist was not involved in reviewing prescriptions.

**8. Action Required:**
Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

Please state the actions you have taken or are planning to take:
A new pharmacy service is scheduled to be commenced in the centre. This will include the input of dedicated service of an appointed pharmacist who will partake in MDT reviews. This will commence when there has been successful recruitment of a part time medical officer.

**Proposed Timescale:** 31/12/2017

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The centre continued to hold a large stock of medication in a central pharmacy and this was monitored by a visiting pharmacist, however, the record was not stored in the centre.

**9. Action Required:**
Under Regulation 29(3) you are required to: Where a pharmacist provides a record of medication related interventions in respect of a resident, keep such record in a safe and accessible place in the designated centre concerned.

Please state the actions you have taken or are planning to take:
Order requisition books are located on each unit which record requested and delivered stock to each unit. Stock take will take place in Dec 17. The pharmacist has been
Proposed Timescale: 31/12/2017

**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
While some care plans, were personalised, others did not always address relevant issues identified on assessment and known to staff. For example:
- staff were clearly able to describe to inspectors the most appropriate means of caring for residents with responsive behaviour, however, this was not outlined in care plans
- staff were also able to clearly describe the needs of residents in relation to personal care, such as how they liked to dress or what residents were able to do independently, but this was not written in care plans
- residents that were identified as at high risk of falling through a risk assessment, did not always have this addressed in care plans.

10. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
Staff have received training on care plan documentation. A further two workshops have taken place to support staff. Ongoing metrics for audit purposes is continuing to monitor compliance with documentation. A "link" nurse has been identified on each unit to support care planning. Updated risk assessments have been carried out.

Proposed Timescale: 31/10/2017

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The monthly weight record for one resident identified that the resident had been losing weight over a number of months, however, based on a review of available records and discussions with staff, this had not been identified by staff. Also, there was no evidence that this resident had been referred for review by a dietitian.

11. **Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident,
including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
Staff have been advised that any fluctuation in weight requires follow up and appropriate care planning to address any issues of concern. The CNMs at unit level are to monitor any issues in relation to weight loss or gain.

Proposed Timescale: 31/10/2017

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The design and layout of the premises was not suited for its stated purpose. For example:
• there was a lack of storage space for residents' clothing in some of the multi-occupancy bedrooms. Some residents had clothes stored in a store room where cleaning equipment, such as a floor polished and cleaning cart, were at times stored
• partitions in some of the bedrooms were made of a plasterboard-like material and did not extend all the way to the ceiling
• one of the three-bedded units did not have any access to natural light or ventilation
• there were no doors at the entrance to the three-bedded units and privacy could only be protected through the use of accordion like privacy screens
• natural light and ventilation to the second three bedded unit was through a window in an area that was a thoroughfare for residents, staff and visitors to access the bathroom or the four-bedded room. If there was a door put at the entrance to this room, then it too would not have access to natural light or ventilation
• there was inadequate dining space for residents in Dochas and Cuisle.

12. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale:

Outcome 13: Complaints procedures

Theme:
Person-centred care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a complaints policy, however, this required review as it was not updated to reflect the new complaints officer and independent appeals process, following the appointment of a new person in charge and a new provider nominee.

13. Action Required:
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

Please state the actions you have taken or are planning to take:
The complaints policy has been updated to reflect the name of the PIC who is the named complaints officer and the GM, who is the Provider Nominee.

Proposed Timescale: 09/10/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Most residents, however, continued to spend significant time in their bedrooms and only a small number of residents had their meals in the dining rooms of both Cuisle and Dochas. The size of the dining rooms did not allow for a large number of residents to eat there at one time. Additionally, while there was adequate communal space dispersed throughout the centre, the main sitting rooms in each of the units, where residents could watch television and interact with other residents, were quite small.

14. Action Required:
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:
HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale: 31/12/2018

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The design and layout of the premises, particularly in Sonas, did not support the privacy and dignity or residents. On the first day of the inspection, inspectors were able to stand at the entrance to the unit and hear conversations between residents and staff.
This was due to the inadequacy of the partitions between beds and the absence of doors to the three bedded sections.

15. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
Partitions in bedrooms will be reviewed with a view to extending the partition to the ceiling to provide privacy and dignity. Bedrooms will be reviewed and renovations made to provide doors to all bedrooms. We are currently engaging with the estates department to address the issues of absence of natural light and ventilation.

**Proposed Timescale:** 30/04/2018

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was one MTA carrying out both housekeeping and pantry duties. As stated in Outcome 8, the inspector was not satisfied that the sharing of cleaning and pantry duties was good infection prevention and control practice and had the potential to contribute to cross contamination.

16. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Rosters have been reviewed by management and cleaning will be carried out by cleaning staff from one of the other units.

**Proposed Timescale:** 31/10/2017