<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kinsale Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000584</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Rathbeg, Kinsale, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 477 2202</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mary.nolan5@hse.ie">mary.nolan5@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>33</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>7</td>
</tr>
</tbody>
</table>
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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 November 2017 09:55</td>
<td>28 November 2017 18:00</td>
</tr>
<tr>
<td>29 November 2017 09:50</td>
<td>29 November 2017 18:00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. The provider had applied to renew their registration which is due to expire on the 07 May 2018. As part of the inspection the inspector met with the residents, relatives, the person in charge, the two Clinical Nurse Managers (CNM2), nurses, care staff, activities staff, support staff and numerous other staff members. The inspector observed practices, the physical environment and reviewed all governance, clinical
and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform this application.

The person in charge and one of the CNM's were new to the service since the last inspection. The person in charge had attended the HIQA offices for an interview in 2016. An interview was conducted with the new CNM during the inspection. They management team displayed a good knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centred care to the residents. They were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the inspection which are discussed throughout the report.

A large number of quality questionnaires were received from residents and relatives and the inspector spoke to many residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Comments from residents included "I do feel well cared for her staff are always to hand ", "my needs are looked after by excellent staff" another resident stated that "Improvements are constantly being made here and there is great art work it is like being in an art gallery". Residents and relatives praised the food and activities. Relatives stated collectively that they feel their relative is very well looked after. One relative stated that, "there is a beautiful safe and homely atmosphere in the centre". Relatives were complimentary about their ability to visit and staff being open with information about their relative. A few residents said they wished staff had more time to talk to them and a relative said even though they felt there was enough staff they felt staff were busy all the time. All of these issues were looked into and discussed further in the body of the report. Family involvement was encouraged and the inspector saw numerous visitors in and out of the centre during the two day inspection. There was a residents committee which facilitated the residents' voice to be heard and this was run by the external activity staff.

The inspector found that residents' healthcare and nursing needs were met to a high standard. Residents had easy access to medical, allied health and psychiatry of later life services. Staff interacted with residents in a kind and respectful manner and the inspector found that residents appeared to be very well cared for. Residents could exercise choice in their daily life and were consulted on an ongoing basis. Residents could practice their religious beliefs.

The management team displayed good knowledge of the regulatory requirements and they were found to be committed to providing evidence-based care for the residents. They were very proactive in response to a number of actions required from previous inspections however inspectors viewed a number of actions that remained non-compliant in relation to the premises and provision of privacy and dignity. Despite a new extension to the centre a good part of the resident accommodation consisted of multi-occupancy rooms and similar to findings on previous inspections the premises did not meet the individual and collective needs of residents in terms of their privacy, personal space, access to sanitary facilities. However the inspector did see improvements in the overall quality of life for residents. The majority of residents were up and about on both floors. Residents
attended the dining rooms for their meals and this was seen to be a social experience. There had been improvements in the provision of activities and numerous group and individual activities were going on during the inspection activities hours had been increased to 19,00 hours on a number of days of the week. Residents were very complimentary about the changes in routine. Mandatory training had taken place and fire drills were taking place on a regular basis.

Premises issues with related privacy and dignity issues, medication management, bedrail usage and management of resident's property continued to require action. A full vetting disclosure was not available for two staff members. These areas and other actions required are detailed in the body of the report, which should be read in conjunction with the action plan at the end of this report. The action plan at the end of the report identifies improvements necessary to ensure compliance with 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 2016.
Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
A detailed Statement of Purpose was available to staff, residents and relatives at reception. This contained a statement of the designated centre’s vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises. The statement of purpose included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre’s registration under Section 50 of the Health Act 2007 and were found to meet the requirements of legislation.

Judgment:
Compliant

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:
The centre was operated by the Health Service Executive (HSE) who was the registered provider. The provider nominee who had responsibility for a number of other centres was available to the management team. The inspector saw that there was a clearly defined management structure in place. The centre was managed by a full time person
in charge who was supported in her role by two CNM's each CNM having responsibility for the clinical care on one floor. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management.

The person in charge and one of the CNM's were new to the service since the last inspection. The person in charge had attended the HIQA offices for an interview in 2016. An interview was conducted with the new CNM during the inspection. The management team displayed a good knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centered care to the residents. They were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the inspection which are discussed throughout the report.

There was evidence of regular meetings between the provider and all the persons in charge from the community hospitals in the area. The meetings were a forum for discussion, sharing of ideas and promotion of developments in services and practices. Results of audits and key performance indicators were reviewed and discussed. The person in charge also held weekly management meetings attended by the CNM's.

The provider had invested heavily in the centre over the previous year. Significant resources were invested in the premises, equipment and décor. There was a new dining and living room upstairs, doors had been widened these will be discussed further under outcome 12 premises. There were also significant changes in the care of the residents and the introduction and implementation of a much more person-centred approach to residents care which is discussed in more detail throughout the report.

The inspector saw evidence of the monitoring the quality and safety of care provided to residents. This was through the collection of key clinical quality indicator data including pressure ulcers, falls, the use of psychotropic medications, bed rails, medication management and administration, the assessment of risk, and health and safety. The inspector saw that there were systems in place for monitoring the quality and safety of care provided to residents. These included internal audits and reviews such as falls audits, nursing documentation audit, infection control audit, hand hygiene audit, food and nutrition audit and moving and handling audit. These audits had taken place throughout 2017 Audit outcomes and any corrective actions were documented and had resulted in changes to practices particularly around falls and new slings were purchased following the manual handling audit.

There was evidence of consultation with residents and relatives through residents meetings chaired by external activity staff. The inspector noted that issues raised by residents were brought to the attention of the person in charge and items were followed up on subsequent meetings.

The inspector saw that a comprehensive annual review of the quality and safety of care and support in the designated centre had been undertaken by the management team in accordance with the standards. This review was made available to the inspector and there were a number of recommendations and actions from this review that are currently being actioned.
### Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
A Residents' Guide was available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

Samples of residents' contracts of care were viewed by the inspector. The inspector found that contracts had been signed by the residents/relatives and found that the contract was clear, user-friendly and generally outlined all of the services and responsibilities of the provider to the resident and the fees to be paid. However the contracts did not fully detailed what was not included in the fee in a schedule of additional charges. The contracts also did not include the bedroom that the resident will occupy and the number of other residents in that bedroom.

**Judgment:**
Substantially Compliant

---

### 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:**
The person in charge was new to her role since the last inspection and underwent an interview with the inspector in the HIQA office in 2016. The person in charge displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.
The inspector interacted with the person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis. The inspector was satisfied that she was a registered nurse, was suitably qualified and had a minimum of three years experience in nursing of the older person within the previous six years, as required by the regulations. She demonstrated a commitment to her own professional development and held numerous post registration qualifications including a BSc and MS in nursing and post graduate diplomas in Gerontology and Management.

Staff, residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable and were confident that all issues raised would be managed effectively.

**Judgment:**
Compliant

---

**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector found that the designated centre had all of the written operational policies as required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Policies were centre specific, comprehensive and referenced the latest national policy, guidance and published research. These policies were available on both floors and signed off as reviewed by staff.

The inspector saw that all records were securely stored and easily retrievable. Residents’ records were held for a period of not less than seven years and a new secure file room was provided in a renovated part of the centre. Evidence was also seen that the centre was adequately insured against injury to residents and loss or damage to residents’ property.

The inspector reviewed a sample of staff files and found that the requirements of Schedule 2 had generally been met. However the centre had in place HSE Garda Vetting
Liason Officers Garda vetting report confirmation forms for staff. However, this is not a disclosure in accordance with the National Vetting Bureau Act 2012 as required by schedule 2 of the 2013 care and welfare regulations. And a full vetting disclosure was not available for two staff members requested by the inspector.

**Judgment:**
Non Compliant - Major

**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There had been a change of person in charge since the last inspection and the provider was aware of the responsibility to notify HIQA. Notification was received of the absence and of the appointment of the new person in charge.

Suitable deputising arrangements were in place to cover for the absence of the person in charge. The CNM's were in charge when the person in charge is on leave. The inspector met and interviewed the new CNM and interacted with both CNM's throughout the inspection and both demonstrated a good awareness of the legislative requirements and their responsibilities under the Health Act.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. The policy on elder abuse was up to date and referenced the
most recent Health Service Executive policy ‘Safeguarding Vulnerable Persons at Risk of Abuse’. The inspector reviewed staff training records and saw evidence that since the last inspection staff had received up to date mandatory training on detection and prevention of elder abuse. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. Residents with whom inspectors spoke said that they felt safe in the centre. Relatives spoken with had no concerns regarding the quality of care delivered in the centre.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents’ finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked safe, all lodgements and withdrawals were documented and a running balance was maintained. Receipts were maintained and signed records were kept of hairdressing and chiropody provided to residents. All entries were doubled signed and checked and there were regular audits of accounts and receipts. The system was found to be sufficiently robust to protect residents and staff.

A policy on managing responsive behaviours was in place. Training records confirmed that the majority of staff had received responsive behaviour training however there were three staff outstanding for this training which is to be provided in the new year. The action for this is under Outcome 18 Staffing. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service and disability services was availed of as appropriate to residents needs as further outlined under Outcome 11. From discussion with the person in charge and staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. The inspector saw that there were detailed responsive behaviour care plans which directed care to ensure a consistent approach to responsive behaviours is undertaken by all staff.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. The inspector saw that the person in charge and staff had promoted a reduction in the use of bedrails. The inspector saw that alternatives such as low profiling beds, crash mats, and bed alarms were in use for a number of residents. Assessments and regular checks of all residents were being completed and documented.

Judgment:
Compliant

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:
The inspector saw that the health and safety and risk management policy was up-to-date. This contained all the items as listed in the Regulations in conjunction with details on the identification and prevention of risks, the recording, investigation and learning from serious or untoward incidents or adverse events. The emergency plan was available with alternative accommodation detailed, should the need arise. Further updating of risks had been undertaken as required from the previous inspection.

There was a current policy in place for infection prevention and control. Advisory signage for best practice hand washing was displayed over hand wash sinks and hand hygiene gel dispensers and the inspector observed that opportunities for hand hygiene were taken by staff. Staff had completed training in infection prevention and control and hand hygiene. Items of torn equipment were removed following the previous inspection.

There were numerous improvements to fire safety since the previous inspection, due to fire safety and evacuation concern on the first floor all high dependency residents were relocated to the ground floor. The occupancy at first floor was thirteen residents who were mobile and could be evacuated from upstairs in the case of a fire. A comprehensive assessment of the means of escape for that purpose was carried out by a suitably qualified person. The inspector saw during the inspection that a new staircase was being built at one end of the building and plans were in place to also build a further staircase at the other end of the building which will facilitate suitable evacuation in the case of a fire.

The inspector noted that the centre was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system throughout. The fire detection and alarm system was provided with a main panel adjacent to the reception and additional repeater panels located on the first floor. The system was capable of identifying the location of an activated device and this had been updated to reflect the upgraded layout of the ground floor since the previous inspection. There was a fire procedure in place within the centre. This was displayed throughout the centre in both written and drawing format. The fire drawings were also updated since the previous inspection to reflect the correct fire zones.

Records showed that the emergency lighting, fire fighting equipment and the fire detection and alarm system were being serviced at the appropriate times. It is noted that faults with the fire detection and alarm system were recorded in the fire safety register and reported to the appropriate company for service. The inspector noted that the records indicated that exits were being checked daily. There have been regular contact and inspections by the fire authority and all recommendations had been implemented.
The inspector found that the needs of residents in the event of a fire were assessed by way of detailed Personal Emergency Evacuation Plans (PEEPs). Fire drill records were available indicating that fire drills were being carried out in the centre as part of the fire safety training for the centre and the person in charge said she planned to undertake additional fire drills. The provider had made necessary arrangements for fire safety training to be provided to staff during 2017 which was confirmed by staff and an up-to-date training matrix. There was only one resident who smoked in the centre at the time of the inspection. There was an outdoor smoking area, there was a call bell and fire blanket in the smoking shelter and a fire extinguisher in close proximity. Risk assessments were completed and the resident was supervised when smoking.

There were two internal protected escape stairways, serving the first floor. It was noted that the top step in each case was positioned in very close proximity to the door swing, creating a potential risk of falling in an emergency situation. Since the last inspection signage and a yellow strip was installed highlighting this hazard.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
Since the previous inspection there had been a number of changes and improvements to medication management. There was a new clinical room put into operation downstairs in addition to the clinical room that was in place upstairs. New medication trolleys were sourced and all residents now had individual boxes with their individualised medications. Changes were made to medication administration times to give a more person centred approach to residents care and to avoid the administration of medications at meal times. This was to ensure mealtimes were protected times. New medication charts were being piloted. There were no medications that required crushing in the centre as the pharmacist and GP sourced and prescribed alternatives. As required medications stated the frequency of dose to ensure there was a maximum dose in 24 hours that could not be exceeded. There were appropriate procedures for the handling and disposal for unused and out of date medicines and the documenting of same. The pharmacist provided ongoing support to the centre and provided regular medication training.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. There was evidence on the medication prescription sheets of regular review of medications by the GP’s. The inspector observed nurses administering the lunch and morning medications, and this was generally carried
out in line with best practice. Medications were prescribed and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007).

Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications with one of the nursing staff which accorded with the documented records. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Medication trolleys were securely maintained within the secure treatment rooms.

Medication audits were undertaken on a regular basis and actions taken as a result of finding. Medication errors were recorded and investigated accordingly. The inspector recommended more detailed medication management audits and medication competency assessments to undertaken with all nursing staff to enhance the findings of good practices in the centre.

**Judgment:**
Compliant

---

**Outcome 10: Notification of Incidents**

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

**Theme:**
Safe care and support

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

**Findings:**
The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents as required. Notifications received by the Authority were reviewed upon submission and prior to the inspection. Notifiable incidents and quarterly returns submitted to the Authority were timely and comprehensive. Records were maintained of incidents occurring in the centre and were monitored by the person in charge.

**Judgment:**
Compliant

---

**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):**
No actions were required from the previous inspection.

**Findings:**
Two local GP practices provided medical services to Kinsale Community Hospital and the GP's attended the centre three days per week and more frequently if required. Out-of-hours medical cover was available via a doctor on call service. A sample of medical records reviewed confirmed that resident’s were reviewed on a regular basis. Specialist medical services were also available when required. There was a geriatrician service provided in house on a six weekly basis to assess residents as required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life in a local clinic and the psychiatrist also reviews residents in the centre as required. There was also access to advice and review by the disability services as required.

The centre provided in house physiotherapy services three times weekly and there is a fully equipped physiotherapy room on the first floor where residents are assessed and treated as required. The dietician and the Speech and Language Therapist (SALT) visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including occupational therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents’ health care needs were very well met.

Since the previous inspection there were significant changes in the assessment and care planning for residents in the centre through the introduction and implementation of a much more person-centred approach to resident's care planning which was introduced in December 2016. The inspector saw that each resident's needs were determined following a comprehensive admission assessment completed by a geriatrician and a placement co-ordinator who liaises with nursing management in the centre to ensure appropriate placement for residents. On admission the assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Pain charts in use reflected appropriate pain management procedures. The person in charge and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs. This was reflected in the care plans seen by the inspector. Since the previous inspection improvements in care planning was seen. Care plans viewed by the inspector directed personalised care administered to residents. The care plans were found to be fully reflective of the assessed needs of the residents, were personalised and detailed residents likes, dislikes, and preferences and took into account residents’ daily changing needs and choice.
There was documentary evidence that the care plan had been discussed with the resident or relative as required and this discussion of care plans was confirmed by residents and relatives. Consent to treatment was documented. The staff told the inspector that a lot of work had gone into developing the person centred care plans with education and support from a nurse consultant.

Wound care was also looked at by the inspector who found that there were regular scientific assessments of any wounds, including photographs of same showing if the wound had improved or deteriorated. Wounds were referred for assessment to a tissue viability nurse who advised on treatment and appropriate dressings. Training on wound care had been provided to a number of staff. Wound prevention and care had significantly improved over the year.

The inspector observed that residents appeared to be well cared for, which was further reflected in residents’ comments that their daily personal care needs were well met. The inspector was satisfied that facilities were in place so that each resident’s wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care.

Judgment: Compliant

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:
This centre was originally built in the 19th century and it had been refurbished and upgraded throughout the years to provide residential, respite, convalescence and palliative care to the older population of Kinsale and the surrounding areas. Part of the centre had been completely renovated and provided two three bedded bedrooms, one two bedded bedroom, one single bedroom and a sluice room. All of these bedrooms have large en-suite bathrooms with disabled access showers, toilets and wash-hand-basins. The bedrooms were equipped with wardrobes, bedside lockers and locked storage space. The corridor outside the bedrooms was wide with very large windows creating an area of light and space and residents were seen to sit in the areas enjoying the views out. Residents and relatives were very complimentary about the newly renovated area.
Since the last inspection further significant investment had taken place in the centre and the centre had been painted and decorated inside and outside. New signage including some dementia friendly signage had been put in place throughout the building to assist residents and visitors to find their way around. A new fire evacuation stairway was in the process of being built and was near completion, this work also included a new lift which could accommodate a bed. The person in charge informed the inspector that the second stairway at the other end of the building was to be commenced in January 2018. There were new handrails put in place throughout the building. As previously outlined there was a new clinical room downstairs. Resident's communal accommodation had been significantly increased with the introduction of a new dining room and sitting room upstairs both of these were fitted out to a high specification. The downstairs dining room had also been refurbished. A new bathroom had been installed in one of the units and numerous pictures had been purchased and other soft furnishings giving the centre a much more homely atmosphere and appearance. The old convent adjacent to the centre was being refurbished to provide storage space, staff facilities, training and conference rooms. Significant improvements were seen in relation to fire safety. Residents, relatives and staff were all very complimentary about these and all other changes made to the centre.

Although there were significant improvements seen throughout the premises there remained significant limitations within the physical environment in some parts of the centre which negatively impacted on the freedom, choice, privacy, dignity and autonomy of residents and these have been described in detail in previous inspection reports. For example, some multi-occupancy rooms could only be internally accessed via other multi-occupancy rooms.

Other issues previously identified on inspections with regards to the limitations of the premises included:

1) not all of the four-bedded rooms were suitable in size to meet residents’ needs, and impacted on the privacy and dignity of the residents sharing these rooms
2) there was little room between some beds and limited space to personalise the area or to receive visitors
3) wardrobes were not adequately sized in the bedrooms for residents to store their clothes and personal possessions
4) there was just one communal room on the ground floor for sitting, dining and recreational space for the 25 residents that could reside there.
5) there was no visitors room.
6) some multi-occupancy rooms and toilets could only be internally accessed via other multi-occupancy rooms.

The inspector saw evidence of the use of assistive devices, for example, hoists, wheelchairs, walking aids, specialist beds, clinical monitoring equipment and specialist seating provided for residents’ use. There was a functioning call-bell system in place which had been upgraded since the previous inspection. Further new clinical testing equipment had been purchased and other essential equipment including new slings for the overhead hoist’s. Servicing records were seen for equipment which were found to be up-to-date. The centre had installed circuit-television cameras (CCTV). All cameras were
in public areas. There was a sign to inform residents, staff and visitors that CCTV was in operation.

The external gardens were well maintained and residents stated they enjoyed the garden during the fine weather and looking out at the garden in the cold weather. There was access to the garden via doors off the dining room.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
The centre had a clear policy and procedure in place which was accessible and named the complaints officer and the independent appeals person. The procedure was prominently displayed around the centre and clearly identified who you could complain to. There were complaints cards placed at numerous locations in the centre and a box was available to post same into. The inspector saw evidence of these being completed by residents, relatives and staff. The person in charge informed the inspector that she monitored all complaints received and these were discussed at staff meetings.

The inspector viewed the complaints logs and saw that complaints were recorded in line with the regulations, including, actions taken, the outcome and whether the complainant was satisfied with the outcome. The CNMs monitored complaints at unit level and endeavoured to resolve issues as soon as they arose. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded. Staff and management spoke to the inspector about actions and improvements which were implemented as a result of complaints.

Judgment:
Compliant

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

Theme:
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Resident's religious needs were facilitated with mass taking place regularly in the centre and the rosary said frequently. Mass took place during one of the days of the inspection and a large number of residents attended along with their family members. Residents from other religious denominations were visited by their ministers regularly as required. The inspector reviewed the centre's policy on end-of-life care which was seen to be comprehensive to guide staff in providing holistic care at the end of life stage. The inspector reviewed a sample of residents' care plans with regards to end-of-life care and noted that they comprehensively recorded residents' preferences at this time. All information was accessible to staff and staff indicated that relevant information was shared at report handover time. Most residents stated that in the event that their needs changed in the future they would prefer to be cared for in the centre.

Staff training records indicated that a number of staff had attended training on palliative care issues including spiritual care, psychological support, pain management and communicating with the bereaved relatives. The person in charge stated that the centre was well supported by a specialist palliative care team. Records which the inspector viewed indicated that the palliative team were responsive to the GP and the staff in providing specialist advice in pain relief and symptom management. The centre was part of the let me decide programme and were involved in assisting residents to formulate advanced care directives.

The centre had a well equipped single en-suite room used for end of life. There was a pull out chair bed available for a family member to be with the resident at end stage of life. The high specification chair bed was purchased with donations from a bereaved family.

Overall the inspector found that care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy.

Judgment:
Compliant

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

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
There were systems in place to ensure residents' nutritional needs were met, and that they residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food and choice provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements.

Mealtimes in the dining rooms were observed by the inspector to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

The inspector was satisfied that each resident was provided with nutritious and wholesome fresh food, baking and drinks at times and in quantities adequate to their needs. Residents were offered a choice of whether to take their meals in their bedroom or the dining room and since the last inspection and the introduction of the second dining room the inspector saw that the dining room tables were attractively set and a large percentage of residents now attended the dining room for their meals. New food heat retaining trollies were being purchased and new heat retaining plates with lids had been purchased for residents food, this came as a result of feedback from residents that at times the food had been cold. A full review and upgrade of the menu and menu system was being implemented. Drinks and snack trollies had been introduced offering snacks and hot and cold beverages and a choice of speciality teas and coffees. Further consideration was given to having a dedicated drinks round in the afternoon as that was not currently in place.

An inspector spoke with the head chef who explained the layout of the kitchen and food safety precautions in place. The kitchen had been upgraded since the previous inspection. The dry goods store was well stocked. Cold rooms and freezers were available. There was a separate meat preparation and gluten-free area, fire equipment and hand washing facilities. Food deliveries were labelled respecting ingredients and dates. A deep clean schedule was seen and there was a good standard of cleanliness. Staff had received appropriate training and were very aware of residents preferences.

Judgment:
Compliant

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):**
No actions were required from the previous inspection.

**Findings:**
Feedback from questionnaires distributed prior to the inspection, and interviews with residents and relatives during the inspection, confirmed that residents and relatives were generally happy with the care provided and staff in the centre. There was feedback that the environment had significantly improved since the previous inspection and was brighter and more homely.

There was evidence of consultation with residents and relatives, through residents meetings chaired by external activity staff. Minutes of the last residents meeting dated the 12 October 2017 were viewed and the inspector noted that issues raised by residents were brought to the attention of the person in charge and items were followed up on subsequent meetings. Advocacy services were available and the advocates name and contact details were displayed throughout the centre and were included in the residents information literature. Residents and relatives comments cards were located around the centre and there was evidence that comments/suggestions were acted upon. A detailed resident's satisfaction survey had been undertaken in August 2017 in which 29 residents were interviewed and a very comprehensive set of results were obtained. The inspector saw that a detailed action plan had been formulated to respond to all issues raised. The inspector saw that most issues were actioned which included further outings for residents, the introduction of a snack and drinks trolley, review of the menu system and numerous changes to residents dining experience.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Feedback from relatives was that staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and said that if they had any concerns they could identify them to staff and were assured they would be resolved. The centre operated an open visiting policy and this open visiting policy was observed throughout the inspection. The sitting and dining room upstairs were used for visiting by a number of families. However, the inspectors saw that some visitors did visit residents in the multi-occupancy bedrooms as there were limited private or communal rooms for visiting on the ground floor.

The manner in which residents were addressed by staff was seen by inspectors to be respectful. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be very caring towards the residents.
Residents were facilitated to take part in meaningful activities which met their interests. The inspector saw a variety of activities ongoing during the two days of inspection. Residents were offered a choice of group activities as well as one-to-one sessions and the programme of activities are advertised throughout the centre. A daily activities record detailing the residents’ involvement in the activity was maintained. Activities included art therapy, music, bingo, exercises, card playing, gardening, baking and fit for life. The inspector met the activity staff who were providing individual and group activities. Residents were very complimentary about the variety of activities available and were particularly appreciative of the art, bingo and baking group. The inspector noted that significant efforts had been made by staff to promote residents’ independence with several residents being supported to engage in activities external to the centre and trips out. Activities were provided at weekend and on three days per week until 19.00hrs.

There had been improvements seen in the quality of life for residents since the last inspection. The inspector saw that there were a lot more residents up and about, the majority of residents on both floors attended the dining room for their meals and the day room for activities and to watch TV. The person in charge and management team had placed a much greater emphasis on person-centred care, training was provided to the staff and care plans reflected resident's likes, dislikes and wishes.

Although there had been great improvements in person-centred practices since the previous inspection the multi-occupancy rooms continued to affect the privacy, dignity and quality of life for residents. The inspector saw that although staff promoted residents privacy and dignity as best as they could in the multi-occupancy rooms. There were significant limitations within the physical environment in the other parts of the centre which negatively impacted on the freedom, choice, privacy, dignity and autonomy of residents and these have been described in detail in previous inspection reports. For example, some multi-occupancy rooms could only be internally accessed via other multi-occupancy rooms. The location of a limited number of toilets and showers made accessibility challenging for some residents and meant that residents had to travel through another bedroom in their night attire to the shower or to use the toilet. This also lead to a greater reliance on commodes. Due to the close proximity of beds this did not protect residents’ privacy and dignity. A number of residents described the multi-occupancy rooms as noisy and a number of residents told the inspectors they had been disturbed from their sleep at night by the noise from other residents. A number of residents identified that they would like a room of their own. Lack of personal space between and around some beds also affected the residents ability to make their bed area personalised and homely.

Judgment:
Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of
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:
There was a policy in place on residents' personal property and possessions. A record is kept in each resident's file of their personal belongings which is kept up to date. Since the previous inspection wardrobe space had been increased for a number of residents. However, some residents did not have adequate storage space in their small single wardrobe and bedside locker to store all of their clothes. Storage for residents clothing was also identified as an issue on previous inspections in the lack of wardrobe space and the inspectors saw that wardrobes were small in size and even the fitted wardrobes in the newly renovated part of the centre were noted to be mainly single wardrobes and a missed opportunity was there to put in place larger wardrobes.

On the previous inspection inspectors noted a number of bags of personal laundry on top of wardrobes and by the sides of beds which staff said relatives were collecting to take home to wash. On this inspection that practice had ceased and the majority of residents' personal clothing went out to a laundry facility that also laundered all the bedding and towels. Residents and relatives expressed satisfaction with this service and although odd time clothing went missing they usually were found or replaced. Some residents had photos and pictures brought in from home displayed in their bedrooms but the size and layout of some of the multi-occupancy rooms did not allow for much personalization of the bed space.

Judgment:  
Non Compliant - Moderate

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):  
No actions were required from the previous inspection.
Findings:
Residents and relatives generally spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place and most staff had received up to date training in fire safety, safe moving and handling, management of responsive behaviours and safeguarding vulnerable persons. However there were a few staff who had not received up to date mandatory training as evidenced by the training matrix. Other training provided included restraint procedures, dementia specific training, infection control, end of life, continence promotion, food and nutrition hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including blood-letting, infection control and medication management. The inspector saw that other training courses had been booked and were scheduled for the coming months.

Duty rosters were maintained for all staff and during the inspection the number and skill-mix of staff working was observed to be appropriate to meet the needs of the current residents. Since the last inspection the staffing levels have increased from 18.00hrs to 20.00hrs with an extra care staff. Activities were also being provided in the evening up until 19.00hrs on three evenings per week and movie evenings were proving to be a great success. This has assisted to provide extra support for residents who become restless in the evenings. Residents, relatives and staff were happy with this extra cover in the evenings. Through the relatives and relatives questionnaires a number had expressed concern in relation to staff levels as staff were busy. The person in charge assured the inspector that they kept staffing under constant review. Residents reported that they did not have to wait for bells to be answered.

A sample of staff files was reviewed and those examined were complaint with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for all nurses. Staff files demonstrated that staff appraisals were undertaken annually.

Judgment:
Non Compliant - Moderate
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:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kinsale Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000584</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>28/11/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09/02/2018</td>
</tr>
</tbody>
</table>

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 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The contracts did not fully detail what was not included in the fee in a schedule of additional charges. The contracts also did not include the bedroom that the resident will occupy and the number of other residents in that bedroom.

1. Action Required:
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

Please state the actions you have taken or are planning to take:
The newly updated contracts of care are now in use and indicate clearly which room the resident will occupy, and if there are other residents in the room. The contract clearly indicates what items are included in the fee and what the additional charges are.

Proposed Timescale: The New Contract of Care is now in use.

**Proposed Timescale:** 09/02/2018

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The centre had in place HSE Garda Vetting Liason Officers Garda vetting report confirmation forms for staff. However, this is not a disclosure in accordance with the National Vetting Bureau Act 2012 as required by schedule 2 of the 2013 care and welfare regulations. And a full vetting disclosure was not available for two staff members as requested by the inspector.

**2. Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
All staff who were employed prior to 2010 are being re vetted at present.
All staff working in the hospital have garda vetting.

**Proposed Timescale:** 30/06/2018

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Issues identified on inspections with regards to the limitations of the premises included:
1) not all of the four-bedded rooms were suitable in size to meet residents’ needs, and impacted on the privacy and dignity of the residents sharing these rooms
2) there was little room between some beds and limited space to personalise the area or to receive visitors
3) wardrobes were not adequately sized in the bedrooms for residents to store their clothes and personal possessions
4) there was just one communal room on the ground floor for sitting, dining and recreational space for the 25 residents that could reside there.
5) there was no visitors room.
6) some multi-occupancy rooms and toilets could only be internally accessed via other multi-occupancy rooms.

3. **Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
1. Work is currently underway with replacing the second fire evacuation staircase to the back of the hospital.
   Renovation of this area will provide a new corridor and will separate the two 4 bedded wards into two independent wards in the upstairs area of the hospital. This will provide more privacy and dignity for residents in the 1st 4 bedded room, as it will no longer be a thoroughfare for residents, visitors and staff.

2. A number of our long term care residents have been re located, at their request into single rooms, and the multi occupancy wards are being used more for respite admissions.

3. Construction of the first fire evacuation staircase is complete. Communal space of 17.5m² has been identified on the ground floor, and on the 1st floor in the area adjacent to the lift. We will use these areas to provide a sitting area for residents and their relatives. A coffee table and chairs will be purchased so residents can sit and chat or to receive visitors. There are nice views over the countryside from a large window here.

4. Families have been encouraged to personalize the resident’s bed areas by providing photographs or memorabilia from home.

5. New double wardrobes and dresser units have been ordered. The maintenance team will upgrade some of the existing built in wardrobes in resident’s rooms.

6. The additional area in front of the new lift/staircase area downstairs in the hospital will give residents a private area to meet with visitors. Residents in the downstairs area of the hospital are also encouraged to use the sitting room upstairs, in particular with their visitors.

7. A visitor’s quiet room has been created in the newly refurbished area of the hospital; families will be informed at the next Relatives meeting.
Proposed Timescale:
Point 1 : due for completion by June 2018
Point 2 : complete
Point 4 : complete
Points 3,5,6,7 : March 2018

Proposed Timescale: 30/06/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

There were significant limitations within the physical environment in the some parts of the centre which negatively impacted on the freedom, choice, privacy, dignity and autonomy of residents. For example, some multi-occupancy rooms could only be internally accessed via other multi-occupancy rooms. The location of a limited number of toilets and showers made accessibility challenging for some residents and meant that residents had to travel through another bedroom in their night attire to the shower or to use the toilet. This also lead to a greater reliance on commodes. Due to the close proximity of beds in some of the multi-occupancy rooms this did not protect residents’ privacy and dignity. A number of residents described the multi-occupancy rooms as noisy and a number of residents told the inspector they had been disturbed from their sleep at night by the noise from other residents. A number of residents identified that they would like a room of their own. Lack of personal space between and around some beds also affected the residents ability to make their bed area personalised and homely.

4. 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:
1. Residents have been asked if they would prefer a private room, and some residents have been facilitated in single rooms to date. As single rooms become available, they will be offered to the residents who have a preference for a single room, in as far as possible.
2. The multi occupancy rooms with smaller bed spaces are used more for short term care residents, who prefer more social interaction during their stay.
3. Additional privacy screens have been purchased to ensure the privacy and dignity of the resident is maintained at all times.
4. Privacy signs have been purchased to indicate if care is in progress and for people not to enter at this time.
5. Families encouraged to make the bed areas homely.
Proposed Timescale: 30/06/2018

Outcome 17: Residents’ clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was not adequate space for some residents to store and retain control over their own clothing and personal possessions

5. Action Required:
Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

Please state the actions you have taken or are planning to take:
Wardrobes will be upgraded to double wardrobes in as many areas as possible. New dresser units have also been ordered for some areas. Review of some built in wardrobes being completed by the carpenters.

Proposed Timescale: 30/04/2018

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were a few staff who had not received up-to-date mandatory training as evidenced by the training matrix.

6. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
Training needs analysis study was conducted, staff are more interested in attending short in-services on site.
A new training room is opening this month in the newly renovated convent area of the hospital, this will allow us to conduct more on site training.
Staff reminded at ward meeting of the importance of attending mandatory training.
Staff who have been on sick leave or maternity leave to update on their training on their return to work.

Proposed Timescale: 30/06/2018