## Health Information and Quality Authority
### Compliance Monitoring Inspection report
#### Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Ita's Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000664</td>
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<tr>
<td>Centre address:</td>
<td>Gortboy, Newcastlewest, Limerick.</td>
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<tr>
<td>Telephone number:</td>
<td>069 62311</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:helen.galvin@hse.ie">helen.galvin@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>
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<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
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<tr>
<td>Support inspector(s):</td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>73</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>5</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
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<tbody>
<tr>
<td>24 October 2017 11:00</td>
<td>24 October 2017 19:00</td>
</tr>
<tr>
<td>25 October 2017 09:00</td>
<td>25 October 2017 17:00</td>
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</tbody>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection that focused on the care and quality of life for residents with dementia, or a cognitive impairment, who were living in the centre. In preparation for the thematic inspections all service providers had been given the opportunity to attend a seminar that provided guidance on the kind of information the inspection process was designed to assess. This included evidence-based guidance on best practice in dementia care. The provider had submitted a completed self-assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The report is set out against seven outcomes that address areas of care including safeguarding, health and safety, complaints, health and social care needs, premises, medication management, end-of-
life care, food and nutrition, privacy and dignity, and staffing arrangements.

The inspection was unannounced and took place over two days. As part of the process the inspectors met with residents, relatives and visitors, members of staff and management. The centre was operated by the Health Service Executive (HSE). Care was directed through a person in charge supported on a daily basis by an assistant director of nursing (ADONs) and a team of clinical nurse managers. The centre management reported to a nominated representative of the service organisation. The provider had submitted a completed self-assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The self-assessment compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People 2016. The self-assessments are referenced in the respective outcomes of the inspection.

The service provided care across four residential units. Orchid unit was a separate dementia-specific residential facility that provided accommodation for up to 12 independently mobile residents. Camellia unit provided accommodation for 37 residents and Bluebell could accommodate up to 24 residents. A rehabilitation unit was also available providing accommodation for up to 14 occupants. At the time of inspection 27 of the 73 residents in the centre had either a confirmed diagnosis of dementia, or were presenting with the symptoms of a cognitive impairment. Inspectors reviewed a sample of care plans of residents with dementia, including processes in relation to assessment, referral and the monitoring of care. The service was well supported by the services of both medical and allied healthcare professionals. Staff were observed in the conduct of their daily duties and the inspectors discussed with them their understanding of the needs of residents. The inspectors also met with the person in charge, the assistant director of nursing, clinical nurse managers and members of senior management. Throughout the inspection both staff and management were responsive in providing information as requested. The inspectors observed effective and appropriate communication and interaction between staff and residents at all times. Relevant documentation such as policies, medical records and staff files were also reviewed. As well as routine observations by inspectors, the inspection process included periods of observed interactions between staff and residents through the use of a standardised recording tool. The results of these observation periods are further referenced in the body of the report.

The centre was last inspected on 8 November 2016 and a copy of that report is available on www.hiqa.ie. As identified on previous inspections, the design and layout of the premises did not adequately meet the needs of all residents, and the premises were not compliant with regulatory requirements. Personal accommodation did not meet the needs of all residents in providing adequate privacy for the conduct of personal activities and communication. Areas for improvement that had been identified during the previous inspection had not been fully addressed. These issues are further detailed in the relevant outcomes of the report. Improvements were also required 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. However, at the time of inspection works in this regard had not commenced.
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 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents with dementia is addressed in more detail at Outcome 3.

The centre was well resourced in relation to health care with access to both a pharmacy and the services of a resident medical officer on site. Relevant policies and procedures were in place around admission processes and the planning of care. Pre-admission assessments were undertaken by an appropriately qualified person. Residents were comprehensively assessed on admission around the activities of daily living such as nutrition, mobility, skin integrity and cognition, for example. Standardised tools were used to inform assessments of needs and care plans based on these assessments provided relevant guidance to staff on the appropriate provision of care. Inspectors reviewed a sample of care plans for residents with a cognitive impairment or diagnosis of dementia from each unit. Care planning records were maintained in hard copy format and included relevant information on residents’ health, medication and communication needs.

Orchid unit was specifically for residents with a diagnosis of dementia or a cognitive impairment who could mobilise independently. Responsibilities for individual residents were allocated to nominated staff each day. Timely and comprehensive assessments were carried out with relevant and individualised plans of care in place around specific areas of care, for example continence, personal hygiene, mobility and maintaining a safe environment. Inspectors saw that care plans were monitored and assessments were regularly updated. Relevant care charts were in place to monitor the management of specific issues such as wounds.

Records reviewed indicated that residents had regular access, or as required, to the services of allied healthcare professionals such as a speech and language therapist, physiotherapist, occupational therapist and dietitian. Care plans also recorded regular review by dental and optical services. The centre had access to palliative care resources and the services of a tissue viability nurse as required. Consultancy services in relation
to gerontology and older age psychiatry were also available on referral.

Appropriate policies on food and nutrition were available and accessible to staff. Communication systems were in place to ensure that staff with responsibility for preparing meals understood the varying needs of residents and were also familiar with individual preferences. Staff were able to reference a communication board that summarised the dietary needs of residents, and nursing staff confirmed these were updated following any changes on review or for new admissions. Members of care staff spoken with understood how to observe the requirements of a diet plan and how to implement instructions on thickening fluids, for example. Care plans reflected regular weight monitoring on at least a monthly basis and more regularly where significant weight changes were indicated. Inspectors observed mealtimes and saw that meals were freshly prepared and well presented. Residents spoken with commented that they enjoyed the food. Care provided by staff during mealtimes was attentive and focused on the individual. Residents were seen to be provided with, and have access to, drinks and snacks in the course of the day.

Relevant policies and procedures were in place that provided appropriate guidance to staff around care for residents during end of life. Inspectors reviewed care plans with nursing staff and noted that discussion with residents and their families about end-of-life care arrangements had taken place and were recorded. There was also evidence of advance care planning with arrangements in place around hospital transfers to ensure this information was available for reference. Measures were in place to prevent unnecessary hospital admissions and included regular attendance and review by the medical officer and access to palliative care services. Staff spoken with confirmed that pastoral services were made available to residents as appropriate and residents has access to regular religious services at the chapel on site.

Operational policies and procedures were in place for the ordering, prescribing, storing and administration of medicines. Processes in place to store and handle medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Facilities for storage were well maintained and appropriately secured. Medication prescription and administration records contained the necessary biographical information of the resident, including a photograph. An inspector observed the administration of medicine on Orchid unit and noted that administering staff observed appropriate practices and were attentive to each individual resident. Audit processes were in place and supported by the on-site pharmacy and administering staff were provided with access to regular training.

Based on observations, feedback and a review of documentation and systems, inspectors were satisfied that there were suitable arrangements in place to meet the health and nursing needs of residents. Inspectors found that, overall, timely and comprehensive assessments were carried out and appropriate care plans were developed in line with the changing needs of residents. Effective care planning was seen to be in place in both the dementia specific unit, Orchid, and for residents with dementia or a cognitive impairment on the other units, Bluebell and Camellia.

Judgment:
Compliant
Outcome 02: Safeguarding and Safety

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 policy and procedures in place for the prevention, detection and response to abuse that was kept under review and referenced relevant legislation and guidelines. The inspectors met and spoke with residents who said they were comfortable and felt safe and well cared for in the centre. Records indicated that regular training on safeguarding and safety was provided. Staff members spoken with by inspectors had received relevant training and understood the recording and reporting systems in place. However, inspectors reviewed training records with management and confirmed that refresher training was overdue for some members of staff.

There was a current policy and procedure in place on the management of residents' accounts and personal property. An inspector reviewed these processes with the administrator who provided a summary of organisational practice in relation to the management of finances and centre-specific practice that was in keeping with the relevant procedures. This included the use of a centralised accounting system and the safeguard of both internal and external audit. The centre managed some cash amounts for a small number of residents. A sample of transactions was reviewed. Processes were in keeping with protocols and balances reconciled with records. Documentation of receipts and the recording of balances were maintained and signatures were in place on receipts for transactions.

A current policy and procedure was also in place in relation to the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Nursing and care staff were able to explain to the inspector their understanding of how the behaviour of residents might be affected by dementia and related conditions. Staff on Orchid unit had received training relevant to dementia-specific care and further training on person-centred care for people with dementia was also being provided for all staff as part of an ongoing programme. Inspectors spoke with staff about the care of residents who might present with the behaviours and psychological symptoms of dementia. Strategies to support and divert residents presenting with anxieties reflected a person-centred approach and included the use of individualised memorabilia boxes and items of personal significance that provided comfort and reassurance for residents who were agitated. Staff demonstrated a good understanding of the personal circumstances of individual residents and this understanding was borne out in discussion with family members attending to visit at the time of the inspection.
The centre operated a policy that advocated a restraint-free environment and inspectors saw that this policy was effectively implemented in Orchid unit where residents were encouraged to mobilise independently through all areas of the unit. Where physical and environmental restrictions were in place, such as controlled access to the unit and the use of a bed-rail, appropriate assessments had been undertaken and nursing notes reflected regular monitoring and review where required. Restrictive interventions were also subject to regular audit. Information on the use of such restraints was recorded on quarterly notifications that were returned in keeping with regulatory requirements.

**Judgment:**
Substantially Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**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:**
As outlined in the relevant Outcome of this report, where inspectors had reviewed processes in relation to the health and clinical wellbeing of residents, it was found that systems and standards in place reflected a well developed regime of care that supported the needs of residents. This outcome assesses circumstances and processes in relation to consultation and social wellbeing.

Orchid unit was a dementia specific unit and the layout was based on a household model with homely fixtures and furnishings in place. Residents could sit in the living room area where there were tables for dining and comfortable seating. The focus of care on this unit was to ensure that residents were engaged in a meaningful way and had choice around how they spent their day. An inspector reviewed social care arrangements with a member of nursing staff who explained how interaction around activities was resident led. Information about residents’ interests was developed through input by family members where possible. Visitors spoken with by inspectors remarked on the high standard of care their relative received and spoke positively of the communication and interaction they experienced with staff.

Activities were the collective responsibility of all staff on this unit and inspectors saw that music sessions took place where visitors were also in attendance. Members of staff were able to explain how residents’ daily routines on the unit were informed by an understanding of their backgrounds and interests. Bedrooms were highly personalised and there were individual display boxes at the entrance to each room that residents could identify with and that helped them recognise their own room. The unit provided a
sensory room as well as a small, quiet prayer room. Residents could meet their visitors in private in a separate sitting room at one end of the unit. Residents were supported in their access to religious services and could attend the centre chapel every Saturday. Arrangements were in place to support engagement with local schools and inspectors saw an interactive initiative take place on the unit for students to participate in the activities programme with residents. The overall environment was very well designed and promoted privacy, dignity and choice for residents living on this unit.

Activities for residents in two of the other units in the wider centre, Camellia and Bluebell, were usually arranged by a nominated member of staff. The inspectors reviewed activities with this member of staff who explained how each resident’s social profile was used to inform their activity schedule. The activity programme provided for organised events and outings. Since the last inspection the service had been provided with a people carrier through fundraising by a local support group and, on the days of inspection, several residents were seen to go on outings to a nearby municipal complex. The centre facilitated a range of group activities such as arts and crafts, cookery, music and song and physical exercise. Many of these activities took place in a recreation area called the Parlour. This space could not be used by residents without the presence of a supervising member of staff and inspectors noted that, outside of scheduled activity time, residents did not have access to this area. On the first day of inspection a group of residents were seen to participate in an arts activity and the residents spoken with commented on their enjoyment of this activity. There were a number of examples of resident art works displayed throughout the centre and a regular exhibition of art took place. Staff spoken with demonstrated a meaningful understanding of the individual needs and personalities of all residents.

At the time of inspection approximately half of the 27 residents in the centre, who had dementia or a cognitive impairment, resided in Camellia and Bluebell units; many of these residents were also restricted in terms of being able to mobilise independently. The inspectors reviewed the activities programme with staff and noted that continuing records of participation by these residents in the activities and therapies provided were not available for reference. It was unclear how the provision of activities in Bluebell and Camellia units were designed to meet the needs of residents with dementia or a cognitive impairment, particularly where mobility was restricted and the resident was unable to engage in group activities in communal areas. Staff and management explained that sensory therapies were provided for residents and inspectors saw that there were therapy rooms in an adjacent vacant wing of the centre. A list of residents who attended these therapies was provided, however, it did not indicate the frequency of attendance, extent of participation or whether any benefit was derived from the experience by the resident.

Processes for consultation were in place and there was evidence that regular resident meetings took place. The agenda for these meetings included mealtimes, outings and activities. Minutes of these meetings were documented and records included the names of the residents in attendance. For example, inspectors saw minutes of a meeting to consider meals and mealtimes that had taken place in September 2017 and that had been chaired by the dietician. Staff confirmed that the services of an independent advocate were available and contact information for the confidential recipient was also clearly displayed in the main access area. Records of consultation with families were in
place and those relatives spoken with by inspectors reported regular communication and update around the circumstances of care for their relative.

Management confirmed that proposals to reconfigure the existing premises were in process, though limited action had been taken to address the areas for improvement identified on previous inspections. Efforts had been made to improve the décor and physical environment of some areas, such as the communal sitting area on Camellia unit, pending the completion of planned improvements. However, the continued use of multi-occupancy rooms for up to five residents did not support the receipt of personal care and communication in a manner that promoted or protected privacy and dignity. The day-to-day experience for some residents in continuing care at the centre remained compromised in relation to the appropriate provision of privacy for the conduct of personal activities and the provision of adequate personal space and storage. Additionally, in Camellia unit, meaningful access for all residents to areas for recreation and communal activities, or to meet visitors in private, was limited.

Issues identified included:

• Some of the standard wardrobes in Camellia and Bluebell were very narrow and inspectors saw that residents’ clothing were occasionally stored on chairs, in plastic bags and hanging on wardrobe doors. A complaint about lack of wardrobe space had been documented in the complaints log.
• In some instances personal toiletries and incontinence pads were stored on top of individual wardrobes in multi-occupancy wards;
• In multi-occupancy wards, telephone facilities could not be used in private;
• Multi-occupancy rooms had one, and sometimes two TV’s, to facilitate residents being able to view effectively. However, residents in these rooms were still impacted by the sense of disturbance they created or experienced, and were restricted in being able to exercise personal choice around what they chose to watch or volume levels.
• Practical access to an appropriate space for residents to receive visitors in private on Bluebell and Camellia was limited. Inspectors saw that residents received visitors variously in communal areas and next to their beds in multi-occupancy wards.
• There was a well developed social activation programme in Orchid unit. However, the activation programme in the wider centre, for access by residents who had a cognitive impairment, and often additionally mobility issues, was not consistently recorded and often did not reflect information on frequency of attendance or level of participation by the individual resident.
• Limited dining space, particularly on Camellia, meant that some residents had little choice as to where they might take their meals. Issues in this regard had also been identified in feedback at the meals and mealtime meeting in September.
• The limited availability of effectively accessible communal space, particularly on Camellia unit, did not support meaningful personal choice, nor did it promote the privacy and dignity of residents in multi-occupancy rooms which were open to visitors throughout the day;
• Inspectors noted that the majority of residents on Camellia unit spent much of the first day of inspection in their rooms; 21 of 35 residents were either in their rooms or in bed at lunchtime; all five residents in one ward remained in bed throughout the day; 20 of the 35 residents on this unit were in or by their beds at 5pm.
• The provision of a private room for residents with needs in relation to end-of-life care
Inspectors noted that communication and interaction between staff and residents was familiar and positively engaging. Residents spoken with provided consistently positive feedback about staff and the care they received. Some residents commented on how they found the environment noisy and would like a room of their own and more storage space for their personal belongings. Staff and management collectively acknowledged that the environmental shortcomings identified during the inspection had an impact on the ability of the service to fully meet the needs of residents in relation to privacy and choice.

Aside from routine observations, as part of the overall inspection, a validated observational tool was used to monitor the extent and quality of interactions between staff and residents. The observation tool used was the Quality of Interaction Schedule, or ‘QUIS’ (Dean et al, 1993). This monitoring occurred during discrete 5 minute periods in 30 minute episodes. Three episodes were monitored in this way. All three episodes returned a positive result with notes that staff had engaged positively and meaningfully with residents on a regular basis. An episode of observation on Orchid unit took place during a period of music and song around tea-time that reflected positive and person-centred care and communication by staff. The inspector noted an inclusive approach by staff to ensure engagement by each of the residents in attendance and that residents were responsive to communications by staff. Two further episodes of observation in Bluebell and Camellia units returned positive recordings that indicated all residents, including those with dementia or a cognitive impairment, received care in a way that respected their personhood.

Judgment:
Non Compliant - Major

Outcome 04: Complaints procedures

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:
A site-specific complaints policy and procedure was in place and was kept under regular review. A summary of the complaints procedure was on display in the entrance area of the centre. This information was also summarised in the statement of purpose and as part of the information guide provided for residents. The policy cited relevant legislation and set out the procedure to follow in making a complaint, including how to make a verbal or written complaint, and the expected time frames for resolution. In keeping with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaints officer. The procedure also outlined an internal appeal process and identified the appeal officer. Contact information for the office of the Ombudsman was provided.
An inspector reviewed the record of complaints and concerns with the person in charge. Relevant information was available on the nature, circumstances, response and outcome of the complaints recorded. A review of the complaints system indicated that the processes around receiving and dealing with complaints were in keeping with the requirements of the regulations. The person in charge confirmed that, at the time of inspection, there were no complaints currently open and none that had been referred for review via the appeal process. Records indicated that any issues raised had been resolved. Further information on advocacy, and facilities to support residents with a cognitive impairment in raising a concern, is recorded against Outcome 3 on Rights, Dignity and Consultation.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
Service at this designated centre was provided by the Health Service Executive (HSE). Supervision in the centre was directed through a nominated person in charge who held accountability for the role and was qualified and experienced in keeping with regulatory requirements. At the time of inspection the person in charge was an assistant director of nursing, acting as director of nursing pending a substantive appointment to the position. The person in charge was supported by an assistant director of nursing and administrative staff. An organisational structure that identified the lines of authority and accountability was set out in the statement of purpose. Management systems were in place and included a nominated team of persons participating in management. Regular clinical governance meetings with clinical nurse managers took place on at least a monthly basis and minutes of these were available for reference. An appropriately qualified, registered nurse was on duty at all times. The qualifications of senior nursing staff and their levels of staffing ensured appropriate supervision at all times. Supervision was also implemented through monitoring and control procedures and the clinical nurse manager of each unit held responsibility for the progression of quality improvement plans. However, inspectors reviewed some of these plans with the person in charge and confirmed that responsibilities and time-frames for implementing actions were not clearly identified which did not support the implementation or review of improvements to ensure plans were being appropriately progressed. The inspectors spoke with staff and management who demonstrated an effective understanding of their statutory duties in relation to the general welfare and protection of residents. Relevant documentation such as policies, procedures and copies of standards, regulations and guidelines were available and accessible to staff.
The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements, the recruitment process and probation reviews. Records checked, in respect of documents to be held in relation to members of staff, were generally in keeping with requirements. The centre had in place a verification form confirming that related police vetting disclosure documentation was in place for employees. Confirmation of police vetting documentation for the sample of files reviewed was subsequently provided as per Schedule 2 of the Care and Welfare Regulations 2013. Documentation was in place that verified the current professional registration of all nursing staff. The person in charge confirmed that the centre did not engage volunteers at the time of inspection and understood the regulatory requirements in relation to the documentation that should be retained in respect of any volunteer appointments.

The inspectors reviewed the staff rota across all shifts in each unit and discussed staffing arrangements with management and staff. The person in charge confirmed that actual staffing levels did not always reflect the planned staffing arrangements and auxiliary arrangements included the continued use of agency staff to provide cover as necessary. At the time of inspection, overall staffing levels were adequate to meet the needs of residents given the layout and design of the centre. A clinical nurse manager (CNM) was appointed to each unit and in instances where the CNM was not on duty a staff nurse was nominated for this responsibility. However, as outlined in other outcomes, on Bluebell and Camellia units many residents spent much of their day on their ward or in bed, particularly in the early evening. In this respect the deployment of staff throughout the day required review in order to ensure that staff resources were consistently available and appropriate to the needs of residents and could support residents in how they might choose to spend their time in the course of the day.

The inspectors reviewed the training matrix and identified that training was regularly delivered in mandatory areas such as fire-safety, safeguarding and manual handling. However, the matrix indicated that a number of staff were overdue refresher training in manual handling and inspectors confirmed these circumstances with the person in charge. Additional training was provided for staff that was relevant to the care of residents with dementia or a cognitive impairment, including person-centred care for people with dementia. The inspectors met a number of multi-task assistants (MTA’s) during the inspection and those spoken with were found to be knowledgeable about their areas of responsibility. Some were long-standing members of staff who were very familiar with residents and understood their personalities, backgrounds and individual preferences. Throughout a shift MTA’s might variously undertake cleaning, resident care or catering duties, switching roles as circumstances and staffing levels changed over shifts. The roles of MTA’s were not clearly documented and arrangements for ensuring the necessary competence for the duties of care being undertaken were unclear. The person in charge confirmed that a training programme was ongoing to ensure that all staff with responsibilities for providing care were appropriately trained. However, the inspectors reviewed the available training records with the person in charge and confirmed that not all MTA staff had received training appropriate to the care duties they provided.

Judgment:
Outcome 06: Safe and Suitable Premises

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:
The design and layout of the centre was diverse and the environment in some areas, such as the dementia unit, greatly supported the relative autonomy and independence of residents. However, as identified on previous inspections, the design and layout of some areas of the premises did not conform to the matters listed in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Some of these issues impacted on the privacy and dignity of residents and these areas are outlined in more detail at Outcome 3 of this report. Additional areas of impact related to health and safety and the management of infection control, these are addressed under Outcome 7. 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. However, at the time of inspection works in this regard had not commenced.

Accommodation throughout the centre was provided in single, twin and multi-occupancy rooms. The multi-occupancy rooms could accommodate between three and five residents. All units provided residential care for both male and female residents. At the time of inspection there were 73 registered residents in the centre, with an overall registered capacity of 78. Accommodation for up to 45 of these residents, was in rooms of between three and five occupants. Many of these multi-bedded rooms afforded limited personal space, privacy or storage for personal belongings. The original building had been constructed in the mid 1800’s. Extensive refurbishment and construction had taken place in recent years providing additional facilities and space. The dementia specific unit, Orchid, was modern and purpose built in 2014 to meet the needs of residents with a cognitive impairment. However, in some of the more dated communal areas and multi-occupancy wards, the premises retained an institutional appearance that detracted from efforts to create a homely and personalised environment.

Many areas of the centre were bright and benefitted from natural light and ease of access. Entry through a large foyer led into the reception area, through which there was access to Camellia unit. From the reception area, a long central corridor led to Bluebell unit, through which there was access beyond to Orchid unit. Administration offices, the canteen, a spacious chapel and a dining area for Bluebell, were all located off this central corridor. Residents and their visitors could access a private space near reception that was also suitable to accommodate visiting relatives at end of life; however regular use of this space to provide privacy for visitors to residents on the wards was not
meaningfully practical. There was an activities room near the reception desk called the ‘Parlour’. It was laid out and decorated as a homely living space, with a small stove and central table. Residents could gather here for group activities and, on the first morning of inspection, several residents were seen enjoying an art activity in this room. Approximately 15 to 20 residents could be comfortably seated in this area at any one time, depending on assistive seating requirements. Since the last inspection the service had been provided with a transport resource through fundraising by a local support group. As a result residents who were able could go on arranged outings, with accompanying staff, to local facilities and were seen to do so in the course of the inspection.

Orchid was a purpose built unit that was designed to support the needs of residents with dementia or a cognitive impairment. This unit provided accommodation for 12 residents in total, comprising 8 single and two twin bedrooms, all with en-suite facilities. Entrance to the unit was keypad controlled. There was a homely kitchen/living room area where residents could sit during the day and participate in activities, or have their meals at the dining tables provided. The unit was designed to promote mobility and support orientation with a corridor forming a central oval around which residents could mobilise. This design was safe with hand-rails that guided residents around the unit and back to the communal area. Resident accommodation was located off one side of the oval and a long glass window extended along the length of the other side, with seating that overlooked the central garden. The garden had been risk assessed and provided safe access with a paved path, planted shrubs and a bird feeder in the middle of the space for ease of viewing. There was good use of natural light and light-wells at regular intervals throughout the unit reduced glare and maximised daylight. Consideration had been given to colour co-ordination and contrast. All flooring was level with no trip hazards at access points. Residents were seen to wander freely through the unit. Residents’ rooms were highly personalised and individualised memorabilia boxes were provided that had been put together in consultation with family members around the interests and life history of individual residents. Residents could receive visitors in their room and there was also a separate sitting room at one end of the unit where residents could meet visitors in private. The unit provided a well equipped sensory room with tactile objects and equipment for atmospheric sound and lighting. However, this area was being used for general storage and was not practically accessible as a resource for use by residents. Orchid also provided a small prayer area with colourful stained glass windows though again access to this area was restricted as, at the time of inspection, the space was being used for the storage of impact mats.

Bluebell unit provided accommodation for 24 residents. Ten residents were accommodated in three multi-occupancy wards for up to four residents. The remaining 14 residents were accommodated in two single and six twin-bedded rooms, all with en-suite facilities. Residents on Bluebell could access a spacious dining area with high ceilings, where a number of residents were seen to have their lunch and tea in the course of the inspection. The dining space also provided a small kitchen facility to support activities of baking, for example. There was a central sitting room that was laid out and furnished like a living room with ornaments and a TV. Several residents were also seen to take their meals in this room. There was no designated private visiting space available on this unit. Personalisation of individual spaces was limited in the multi-occupancy rooms on Bluebell. Most rooms had a clock and TV or radio, and were
provided with the necessary items of furniture such as a chair, wardrobe and bedside locker. Some wards provided more than one TV. There was an overhead hoist in each room. However, a number of wardrobes were very narrow and did not provide adequate storage space for sufficient personal clothing. Some wardrobes were bulging and could not be properly closed. Bedside lockers in place did not always have a functional locking mechanism. In some instances items such as cushions and impact mats were stored in spaces between a wardrobe and the wall. Storage generally was inadequate with commodes and assistive equipment sometimes kept next to residents’ beds in wards, or in bathroom areas. Additionally, the orientation supports for residents with a cognitive impairment were limited on this unit. Where signage was in place it was usually placed quite high and did not fully meet the needs of residents in identifying dining areas, toilets or communal sitting areas, for example.

Camellia unit provided accommodation for up to 37 residents. Entrance to this unit was through electronically controlled doors that opened onto a main corridor. On entering the unit there was a small sitting area to one side, with a two-seater couch, table, TV and lamp. However, this space was seen to be used for the storage of supplies, and a standing hoist, at the time of inspection. Communal space on Camellia was provided in a bright, open plan space that was adjacent to the nurses’ station. This area was the only space available for communal sitting or dining on this unit. It was directly accessible from the main corridor with no door or screen to provide privacy for the dining experience. There was individual seating here for approximately ten residents; the unit had capacity to accommodate 37 residents. Action that had been identified on the previous inspection in relation to the presentation of this space had been addressed. The area was clean and had been redecorated. The space was laid out like a living room with a TV and a large fish tank. There were also two dining tables where a number of residents were seen to take their meals during lunch and teatime. Along the central corridor of this unit were seven five-bedded wards, six of which had an en-suite facility. There were also two single rooms, one with an en-suite facility. There was limited personalisation of individual spaces in the multi-occupancy rooms of this unit. Most rooms had a clock and TV or radio and were provided with the required items of furniture such as a chair, wardrobe and bedside locker. However, again some of the standard wardrobes were very narrow and storage space for personal clothing was inadequate. Some bedside storage lockers were not lockable. General storage facilities were limited and inspectors saw that equipment such as hoists, commodes and supplies were stored variously in corridors, communal areas and bathrooms. Signage and orientation prompts for communal areas, toilet facilities and the dining area were limited and required further development in order to better support the needs of residents who might have a cognitive impairment.

Call-bells were visible and easy to reach in all rooms. There was adequate heating and lighting throughout the centre. Catering facilities were appropriate to meet the needs of all residents. Meals were prepared centrally and service was supported by kitchenette facilities on each unit to ensure that meals, drinks and snacks could be provided in keeping with the needs of residents. As outlined above, residents in Orchid unit had direct access to a secure and safe garden area. However, residents in both Bluebell and Camellia units did not have meaningful access to a secure outside space and the only facility available for their use was the courtyard area accessible through the rehabilitation wing on the other side of the premises. Each unit was equipped with
adequate sluice facilities as required. Laundry facilities that met the needs of the service were provided on-site. There were toilets, showers and bathroom facilities adequate to the number of residents on each unit.

**Judgment:**
Non Compliant - Major

### Outcome 07: Health and Safety and Risk 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:**
Only areas identified for action in the course of this inspection, as part of follow-up on issues identified on previous inspection, were assessed in relation to this outcome.

While policies and procedures were in place for the prevention and control of healthcare acquired infections, constraints in relation to the design and layout of the premises presented continuing issues in the effective management of infection control. For example, the use of multi-occupancy rooms with shared en-suite bathroom facilities for up to five residents in both Bluebell and Camellia units did not support the effective management of infections. The person in charge confirmed that there was often limited or no suitable single accommodation to provide isolation facilities for residents being admitted with a healthcare related infection. Additionally, arrangements in relation to allocation of cleaning resources were not in keeping with infection control best practice. There were no dedicated cleaning staff on any of the wards. Multi-task attendants might variously undertake cleaning, resident care or catering duties, switching roles as circumstances and staffing levels changed over shifts. Inspectors noted that where infection control signage was in place, the related practice was not always observed in relation to conditional access or use of personal protective equipment, for example.

**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:**

Mairead Harrington  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider's response to inspection report

<table>
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<th>Centre name:</th>
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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: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received current refresher training in safeguarding against abuse.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
“The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.”

Proposed Timescale: 30/06/2018

Outcome 03: 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:
In multi-occupancy wards, telephone facilities could not be used in private;

2. Action Required:
Under Regulation 09(3)(c) you are required to: Ensure that each resident may communicate freely.

Please state the actions you have taken or are planning to take:
• Mobile hand sets are available for all residents who wish to make a telephone call in private and a space has been identified to facilitate such requests on all units, medical condition permitting.

Proposed Timescale: 31/12/2017

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Many residents on Camellia unit were in their rooms, either in or by their bed, for much of the day due to the limited availability of effectively accessible communal space;
There was limited appropriate dining space on Camellia unit and many residents had no choice but to take their meals in or by their bed.

3. 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:
“The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.”
Proposed Timescale: 31/12/2019

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Multi-occupancy rooms had one, and sometimes two TV’s, to facilitate residents being able to view effectively. However, residents in these rooms were still impacted by the sense of disturbance they created or experienced, and were restricted in being able to exercise personal choice around what they chose to watch or volume levels. The provision of a private room for residents with needs in relation to end-of-life care could not always be accommodated.

4. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
• Individual head phones have been purchased to allow residents exercise personal choice around what they want to watch on TV / volume control.
• Residents are facilitated to watch TV in communal space as required.
• The use of single rooms are prioritised at all times and made available at end of life, based on the wishes of the resident and their family.

Proposed Timescale: 31/03/2018

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The day-to-day experience for residents in multi-occupancy rooms remained compromised in relation to the appropriate provision of privacy for the conduct of personal activities.

5. 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:
“The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.”
Proposed Timescale: 31/12/2019

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The limited availability of private visiting space on Camellia and Bluebell units did not support meaningful personal choice, nor did it promote the privacy and dignity of residents in multi-occupancy rooms which were open to visitors throughout the day.

6. Action Required:
Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident’s room, if required.

Please state the actions you have taken or are planning to take:
• Staff and residents have been advised that residents who wish to meet their visitors in private have access to the Parlour, the Servery, and the Tower View Café, medical condition permitting.

Proposed Timescale: 31/12/2017

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some of the standard wardrobes in Camellia and Bluebell were very narrow and inspectors saw that residents’ clothing were occasionally stored on chairs, in plastic bags and hanging on wardrobe doors. In some instances personal toiletries and incontinence pads were stored on top of individual wardrobes in multi-occupancy wards;

7. 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:
• An audit has been completed on all wardrobes in Camellia and Bluebell units, prioritising the purchase of larger wardrobes for residents who have the greatest requirement.
• Storage units will be purchased for toiletries and other personal effects.
• Residents now have sufficient wardrobe space in Bluebell Unit.
• Four chests of drawers have been purchased for Camellia Unit.
• Due to the downsizing of the multi-occupancy rooms, larger wardrobes will be facilitated.
Proposed Timescale: 10/01/2018

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The activation programme to support communication and social interaction for access by residents in Bluebell or Camellia who had a cognitive impairment, and often additionally mobility issues, was not consistently recorded and often did not reflect information on frequency of attendance or level of participation by the individual resident.

8. 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:
• An Activity Board has been purchased for each unit, outlining the daily schedule.
• Individual activity templates have been given to each unit to record residents daily activities and indicating their level of engagement in the activity.
• Individualised activity care plans will be continued.

Proposed Timescale: 28/02/2018

Outcome 05: Suitable Staffing

Theme:
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The roles of multi-task attendants were not clearly defined and a number had not received relevant training or education specific to the provision of resident care.

9. 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:
“The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.”
### Outcome 06: 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:

#### Proposed Timescale: 31/03/2018

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

In some instances staff were overdue mandatory training on manual handling and fire safety.

**10. 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:

“The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.”

#### Proposed Timescale: 30/04/2018

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The responsibilities and time-frames for implementing actions on quality improvement plans were not clearly identified.

**11. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:

- DoN, ADoN and CNM2’s will provide training and monitor staff in the development of Quality Improvement Plans (QIP’s), ensuring follow-through and closure.
- QIPs re held on each unit by the CNM2 and discussed at the daily “Safety Pause” and weekly ward meetings, and where necessary at the CNM / DoN meetings.

#### Proposed Timescale: 31/03/2018

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requirement in the following respect:
The premises did not provide accommodation and facilities for all residents that was appropriate to their needs in accordance with the statement of purpose prepared under Regulation 3. The statement of purpose referenced a condition of registration that required 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. However, at the time of inspection works in this regard had not commenced.

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:
“The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.”

Proposed Timescale: 31/12/2019

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The registered provider had failed to provide premises that conformed to the matters set out in Schedule 6 of the regulations, having regard to the needs of the residents of the designated centre, in that:

Storage facilities were inadequate and supplies and equipment such as hoists were variously stored in areas for communal use such as the sensory room and the prayer room on Orchid unit, and the designated visiting space on Camellia unit;

Impact mats were stored in spaces between the wall and wardrobes on some wards

A number of standard wardrobes were very narrow and did not provide adequate storage space for personal clothing;

Some bedside lockers did not have functional locking mechanisms;

Residents on Camellia and Bluebell units did not have practical access to outside space;

Orientation supports for residents with a cognitive impairment were limited and where signage was in place it was usually placed quite high and did not fully meet the needs of residents in identifying dining areas, toilets or communal sitting areas, for example.

13. 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:**
“The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.”

**Proposed Timescale:** 31/12/2019

### Outcome 07: Health and Safety and Risk Management

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The effective management of infection control was not supported by:

- the continued use of multi-occupancy rooms for up to five residents,
- the lack of isolation facilities,
- the lack of dedicated cleaning staff and the practice of multi-task attendants switching roles between care, cleaning and catering duties in the course of their shift,
- failure to observe requirements where infection control signage was in effect.

**14. 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:
“The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.”

**Proposed Timescale:** 31/12/2019

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Training was overdue for a number of staff in relation to fire safety.

**15. 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:**

“The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.”

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