

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

Issued by the Chief Inspector

Name of designated centre:	Ennistymon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Dough, Ennistymon, Clare
Type of inspection:	Unannounced
Date of inspection:	04 February 2025
Centre ID:	OSV-0000608
Fieldwork ID:	MON-0046143

About the designated centre

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

Ennistymon Community Hospital is operated by the Health Service Executive (HSE). The building is situated in a rural setting close to the town of Ennistymon. The centre can accommodate 31 residents. The service provides 24-hour nursing care to both male and female residents. Long-term care, short stay and palliative care is provided, mainly to older adults. Bedroom accommodation is provided in single, twin and four bedded rooms. All bedrooms have en suite shower and toilet facilities. There is a variety of communal day spaces available to residents including day room, dining room, front conservatory, visitors room, oratory, historical area and memory lane village. Residents have access to an enclosed garden courtyard area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 4 February 2025	09:45hrs to 18:00hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

Overall, residents living in Ennistymon Community Hospital spoke positively about their experience of living in the centre. While residents complimented the care they receive and the staff that attend to them, they expressed some dissatisfaction with the quality of the social care provided to them.

This was an unannounced inspection, carried out over one day. On arrival to the centre, the inspector was greeted by the person in charge and clinical nurse manager (CNM). Following an introductory meeting, the inspector and person in charge completed a walk around the centre. There was a busy atmosphere in the centre during the morning of the inspection. The inspector spent time talking with residents seated in a communal area. Other residents were being assisted by staff in their bedrooms as they got ready for the day ahead. Residents who spoke with the inspector described the staff as "A1" and felt that staff knew their individual needs and routines.

On the morning of the inspection, a group of residents gathered in a day room to watch mass on television. After the lunchtime meal, residents returned to this room and watched a recording of a live music concert. The inspector observed that minimal engagement from staff occurred during these periods, with staff intermittently entering the room to carry out tasks, such as provide residents with drinks or assistance, before leaving again. Residents who spoke with the inspector about the social care felt that it was inconsistent. They said that they enjoyed participating in activities when they occur, such as yoga, but voiced that there are some days where there is little to engage them. One resident said "I go down to the dayroom sometimes but there's no one to talk to", while another said "I'm not sure what I'm doing for the rest of the day, there might be something going on". The inspector observed an activity being facilitated with a group of residents in the afternoon.

The centre's environment was visibly clean, bright, homely, warm and comfortable. Art created by residents was displayed in various areas throughout the centre. A number of communal rooms were available, including a day room, a dining room, a reminiscence area and a conservatory area at the entrance to the nursing home. A small chapel, containing stained glass windows, was also located in the building. Residents and visitors were seen spending time in some of these areas during the inspection. The reminiscence area, known as Memory Lane, was decorated with murals that represented the local town. It contained tactile ornaments and clothes for residents to interact with. A coffee shop was adjacent to this area. A parlour room and a visitors' room were not available for use on the day of the inspection as they were being used to store items such as a filing cabinet and mobilising equipment.

Residents' bedrooms were clean and personalised with items such as pictures, ornaments and furniture. Residents expressed satisfaction with the layout and

condition of their bedrooms, as well as the storage available to them in both the bedrooms and ensuite facilities.

The inspector observed the lunchtime meal for residents, where a choice of roast chicken or bacon was being served. Residents appeared to enjoy the food that was served to them and confirmed that they were happy with the choice of meals provided to them. One resident told the inspector: "The food is great. I get so much I can't finish the plate". Residents confirmed that they were provided with drinks and snacks throughout the day. While staff were available to provide assistance to residents during the meal, the inspector observed some residents having to wait for staff to assist them to return to the day room or to their bedrooms. During this time, these residents were unsupervised as staff attended to other tasks.

Visitors were observed attending the centre throughout the day of the inspection. Those who spoke with the inspector confirmed that they could meet with residents in their bedrooms or in a communal area.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the residents living in Ennistymon Community Hospital were supported to have a good quality of life, and their care needs were met to a good standard. The centre was designed and laid out in a manner that promoted residents' independence.

This was a one day unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspector also followed up on statutory notifications received by the Chief Inspector since the last inspection. The inspector found that the provider was not in full compliance with Regulation 16, Training and Development, Regulation 17, Premises and Regulation 23, Governance and Management.

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure in place, both within the provider entity and the designated centre. The person in charge worked full-time in the centre. They were supported in this role by a CNM as well as a team of nurses, multi-task attendants, catering, housekeeping, maintenance and administrative staff. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities.

The provider did not have the resources in place to ensure the effective delivery of care, in accordance with the centre's statement of purpose. For example, the centre's statement of purpose stated that 18 full-time nursing staff were required to meet the care needs of 31 residents. However, on the day of the inspection, only six full-time and one part-time nursing staff were employed by the registered provider. Agency staff were used to supplement the rosters on a daily basis.

While staffing levels were adequate to meet the assessed needs of residents on the day of the inspection, the allocation and supervision of staff impacted on the delivery of care to residents. For example, the allocation of staff resulted in residents having inconsistent opportunities to participate in activities, in accordance with their interests and capacities. A review of rosters indicated that a staff member was assigned to the provision of activities three days per week. A staff member was not assigned to the provision of activities on the remaining four days, including the day of the inspection. The arrangements for facilitating activities on these days were not clear. Consequently, residents were observed in a day room, throughout the morning of the inspection, watching television with little supervision or meaningful engagement from staff. While an activity occurred in the afternoon with a small group of residents, this did not ensure that residents in their bedrooms had sufficient opportunity to engage in activities that met their assessed needs.

There were systems in place to monitor the quality and safety of the service. There was evidence of ongoing audits in the centre being completed by the person in charge and CNM, to monitor, for example, the quality of care planning, waste management and restrictive practices. Areas of improvement identified were used to develop action plans. A system was in place to ensure that these actions were reviewed.

All staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse. Other training was made available to staff, such as wound management.

The inspector reviewed a sample of contracts for the provision of care and found that they met the requirements of the regulations. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts were signed by the resident or their representative.

A suite of written policies and procedures had been developed by the registered provider, which included those required by Schedule 5 of the regulations. These were reviewed every three years at a minimum. There was evidence that the policies and procedures had been made available for staff to review.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in nursing management and in the care of older persons. They were suitably qualified for the role and worked full-time in the centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the healthcare needs of the residents and the size and layout of the designated centre. Issues relating to the delivery of social care will be addressed under Regulation 16, Training and Staff Development

Judgment: Compliant

Regulation 16: Training and staff development

The allocation of staff did not ensure the effective delivery of care to residents. For example:

- The arrangements in place to allocate staff to the provision of activities was not consistent, which impacted on the quality of social care for residents
- Residents were not appropriately supervised by staff in communal areas.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a current insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure that the centre had the resources in place to ensure the effective delivery of care in accordance with the centre's statement of

purpose. The provider relied on the availability of agency staff to meet the staffing requirements of the centre on a daily basis.

The oversight and management of the allocation of staff to social care did not fully meet the needs of the residents. This was evidenced by a lack of opportunities for social engagement, as observed on the morning of the inspection, as well as feedback from residents regarding the inconsistency of social care available to them.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident, if applicable. All contracts had been signed by the resident and/or their representative.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the policies required by Schedule 5 of the regulations had been reviewed within the last three years and were made available to staff.

Judgment: Compliant

Quality and safety

Overall, residents' health care needs were maintained by a satisfactory standard of evidenced-based care and support. Residents reported feeling safe living in the centre. However, the provision of social care was inconsistent and did not meet the needs of the residents. Additionally, the centre did not have sufficient storage space available as some communal rooms were being used to store equipment and documentation, and therefore were not available for residents' use.

Care planning documentation was paper-based. Following admission, a range of clinical assessments were carried out using validated assessment tools. These were used to inform the development of care plans which addressed each resident's individual health and social care needs. The sample of care plans reviewed were

found to be person-centred and were reviewed regularly. Progress notes reflected each resident's current health status.

There was evidence of regular communication with each resident's general practitioner (GP) regarding their health care needs. Arrangements were in place to refer residents to health and social care professionals for further assessment and treatment, as needed.

Residents' communal and bedroom accommodation was located on the ground floor of the premises. On the day of the inspection, the overall environment was visibly clean and well-maintained. Staff were allocated to housekeeping duties on a daily basis. Staff were observed to use cleaning agents that were appropriate for health-care settings, as well as personal protective equipment (PPE) as needed.

Residents' rights were respected and residents were encouraged to make choices regarding their lives in the centre. Residents had opportunities to provide feedback to the management team regarding the quality of the service, through, for example, the completion of satisfaction surveys. Residents had access to local and national newspapers, television and radio. There were arrangements in place to ensure that residents were informed of, and were facilitated to access, advocacy services.

Residents' privacy and dignity was respected in their lived environment and by staff caring for them in the centre.

There were facilities for recreation available in the designated centre. A schedule of activities were in place, which included yoga, arts and crafts, mass and games. Some residents were facilitated to attend a day care service, which took place on the grounds of the designated centre and allowed them to meet people from the local communities. However, as stated in Capacity and Capability, while there were some opportunities for residents to participate in activities in accordance with their interest and capabilities, these were not consistently provided. On the day of the inspection, residents who spoke with the inspector described how inconsistent social care provision negatively affected the quality of their overall lived experience in the centre.

Visiting was found to be unrestricted, and residents could receive visitors in either their private accommodation or communal area, if they wished.

Regulation 11: Visits

The registered provider had flexible arrangements in place for residents to receive visitors. While the dedicated visitors' room was not accessible at the time of the inspection, other areas were available and were observed being utilised on the day of the inspection.

Judgment: Compliant

Regulation 17: Premises
While the premises was generally laid out to meet the needs of residents, the inspector found that there was insufficient storage space in the centre. This resulted in the visitors' room and a parlour room being cluttered with equipment, which prevented residents and visitors from being able to use them.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
The needs of residents were appropriately assessed and used to inform the development of care plans. There were arrangements in place to ensure that care plans were revised on a four monthly basis, or more frequently if required.
Judgment: Compliant
Regulation 6: Health care
Residents had access to appropriate medical and allied health care services to meet their assessed needs.
Judgment: Compliant
Regulation 9: Residents' rights
The provider did not have effective arrangements in place to provide residents with consistent opportunities to participate in activities in accordance with their interests and abilities.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ennistymon Community Hospital OSV-0000608

Inspection ID: MON-0046143

Date of inspection: 04/02/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Actions completed: A staff member has been allocated specifically to activities Monday to Friday, with planned activities for the week outlined in the activities calendar. The calendars are displayed at the front entrance, near the sitting room and in each resident's bedroom.</p> <p>One member of staff is to remain in the dining room until all residents have finished their meal and are accompanied by staff to their bedrooms or sitting room.</p> <p>After 18.00 there are four staff on duty and these staff members will be responsible for the regular monitoring of the residents in the sitting room depending on the residents' needs and requirements.</p> <p>Actions to be completed:</p> <p>A copy of the activity's schedule/calendar will also be displayed in the residents' dining room.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Actions Completed:</p> <p>There is a system in place by nurse management to monitor and manage staff resources in line with the needs of the residents. Monitoring is carried out on a daily basis.</p>	

Activities have been added to the regular off duty Monday to Friday providing thirty hours of planned activities.

Actions to be completed:

A bespoke recruitment campaign is underway for the recruitment of staff specifically for Ennistymon Community Hospital, this process should be concluded by 06/05/2025 to address current nursing vacancies.

In addition, a generic staff nurse recruitment campaign is underway for all of the Community Nursing Units in the Mid-West inclusive of Ennistymon Community Hospital.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Actions Completed:

All non-appropriate items have been removed from both the parlor and visitor's room. Both rooms are now available for their intended purposes.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Actions Completed:

A staff member has been allocated specifically to activities Monday to Friday, with planned activities for the week outlined in the activities calendar. The calendars are displayed at the front entrance, near the sitting room and in each resident's bedroom.

Actions to be completed:

A copy of the activity's schedule/calendar will also be displayed in the residents' dining room.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	06/05/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	24/03/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	06/05/2025
Regulation 9(2)(b)	The registered provider shall	Substantially Compliant	Yellow	24/03/2025

	provide for residents opportunities to participate in activities in accordance with their interests and capacities.			
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