



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Connolly Hospital (Silver Birch)
Name of provider:	Health Service Executive
Address of centre:	Silverbirch, Connolly Hospital, Blanchardstown, Dublin 15
Type of inspection:	Announced
Date of inspection:	21 March 2018
Centre ID:	OSV-0000528
Fieldwork ID:	MON-0020912

About the designated centre

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

The designated centre is situated on the grounds of an acute hospital on the outskirts of Dublin city. The centre is made up of two units, Woodlands Unit has 20 female beds and Silverbirch Unit has 20 beds open to both female and male residents. The designated centre is intended to meet the needs of residents' who require highly dependent nursing care. The ethos of care is based on choice and participation, shared decision making by residents, families and carers in a homely setting. Resources are managed effectively to ensure residents' care needs are met in a holistic manner.

The following information outlines some additional data on this centre.

Current registration end date:	30/06/2018
Number of residents on the date of inspection:	20

How we inspect

To prepare for this inspection the inspector or 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
21 March 2018	09:00hrs to 16:30hrs	Sheila McKeivitt	Support

Views of people who use the service

Residents who communicated with the inspector stated they were happy with the services they receive. They felt safe and secure living in the centre, some referring to it as their home. They confirmed there were enough staff on duty at all times to meet their needs.

Residents expressed a high level of satisfaction with the staff that cared for them. They said staff were kind and respectful and treated them in a courteous and dignified manner.

Their independence and social wellbeing was promoted. There was a schedule of activities available to them which they had the choice to attend or not. They spoke positively about the standard of care they received and of the food served. They had a say in their daily care routines and had regular resident meetings.

Capacity and capability

The provider representative and person in charge ensured that the residents received a high standard of care through the process and systems they had in place to oversee the care and service. Some required improvements were noted in the area of documentation which would further enhance this oversight.

Staff were familiar with the clearly defined management structure which was reflected in the statement of purpose. The person in charge was supported by the provider representative and clinical nurse managers on both units. The clinical nurse managers demonstrated a good knowledge of residents, most of whom had lived in the centre for a number of years. Residents had access to the statement of purpose displayed on both units. It required review to ensure it accurately reflected the facilities available to residents in the centre.

Staffing numbers and skill mix was appropriate to meet resident needs. Residents were protected by good recruitment and vetting disclosure procedures. Staff were provided with mandatory training and some had completed training on caring for residents with dementia enabling them to provide evidence based care to residents with dementia. Volunteers were actively involved in the centre, most facilitating the provision of activities to residents such as dog therapy. Residents confirmed that they enjoyed the schedule of activities provided for them.

Residents held meetings on a regular basis, some were facilitated by advocates others by the activities personnel. Their feedback was sought and minutes of these

meetings with relevant feedback from management were available to residents.

Regulation 14: Persons in charge

The person in charge (PIC) is a registered nurse, she is employed full-time and has been in this post since July 2016. She completed a post graduate certificate course for senior managers in February 2018.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill mix were adequate to meet residents' needs. There was at least one registered nurse on duty on each of the two units at all times.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the required information.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review, it confirmed insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

The management team in place had systems in place to review practices on a regular basis. They had completed an annual review, it was available for review.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care agreed with the provider. Of a sample of contracts reviewed some required review to ensure that the terms of residency specified whether the resident was to be accommodated in a single, twin, triple or quadruple bedroom.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required review. It did not contain all the information outlined in schedule one. For example, it did not clearly reflect the number of toilets and bathrooms in both units.

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers had garda vetted and their roles and responsibilities clearly outlined in their file.

Judgment: Compliant

Quality and safety

Residents in the centre were well cared for, and the quality of care provided was to a high standard. The premises was in a poor state of repair. There was no evidence of any investment in the premises since the last registration renewal inspection and the inspector was informed that there was no definite plan for the future of the centre. The Health Service Executive had plans to built a new centre on the site of Connolly hospital in 2021 opening in 2023 however, this would be managed by CH09 and not Connolly hospital staff (the current staff managing the centre).

The inspector was informed there had been no new admission since summer 2017

and the current occupancy of 20 was the status for some period of time. Therefore, the provider was considering closing one of the two units and amalgamating all residents to one unit. The proposal had been brought to residents and relatives but no decisions had been taken to date.

The layout of both units reflects a hospital environment. There was one long compartmentalised corridor with bedrooms off one side and facilities off the other. The multioccupancy bedrooms provide adequate space behind each screen for a electric bed, bedside locker, double door wardrobe chair and bedside table. Space around this furniture is quite limited. Residents privacy is maintained by a curtain therefore the level of privacy provided is low. Residents in the four bedded rooms have access to a sink and a television which they share with three other residents. The number and condition of the available shower and toilets was not adequate to meet the needs of 40 residents as outlined in The National Standards for Residential Care Settings for Older People in Ireland (2016). This was not currently having an negative impact on residents as only 20 of the 40 beds were occupied.

Residents' health and social care needs were met. Residents had fast and efficient access to all member of the allied health care team. There was a dedicated social activities team providing activities of interest to the current residents. Residents appeared to be actively participating in a variety of activities including dog therapy, sonas (an evidence-based, therapeutic activity for people who have dementia) and bingo in different areas of the centre during the course of the inspection. Positive changes made ensured staff involved in the provision of activities were replaced during leave to ensure there was no lapse in the service.

Care being delivered was based on the residents person centred care plan. It was evident from a sample reviewed that residents were involved in their care plan reviews and were updated where required. Residents end of life preferences were now being recorded these included religious and cultural wishes of the resident. Families were able to remain with loved ones in the centre and there was a room available to accommodate them. There was a single end of life bedroom available to residents living in four bedded rooms on each of the two units.

Residents were protected and safeguarded by robust procedures being followed and training of staff being kept up to date. The rights of residents were respected but the environment limited the amount of privacy and choice residents had. For example, as their was access to one television for four residents they could not always choose the programmes they wanted to watch.

Regulation 12: Personal possessions

Residents had space to store their belongings and clothing, including lockable storage. Clothing could be laundered on site and there was an effective inventory and labeling system in place.

Judgment: Compliant

Regulation 13: End of life

Clinical nurse managers had knowledge of residents and families wishes at the end of life. A sample of residents files reviewed showed that overall their end of life care preferences were recorded, although some could provide more detailed information. Facilities were provided on both units for family members to stay with their loved one. There was a single bedroom on each unit for residents in multioccupancy bedrooms to move to.

Judgment: Substantially compliant

Regulation 17: Premises

The premises were clean. The facilities were not well maintained and did not provide adequate facilities to meet the needs of forty residents.

One of the two units did not have an adequate number of shower/ bathrooms to meet the needs of twenty residents.

Both units did not have enough assisted toilets to meet the needs of residents.

Both units contained a number of four bedded bedrooms.

Tiles were missing from the wall of one assisted shower room.

A pump room door on one unit corridor was not locked.

Televisions were not secured on tables.

Extension leads were used throughout the centre due to a lack of accessible plug points.

The fire ramp outside one fire door on Woodlands was not in a good state of repair.

There was a leaking gutter at the front door of Woodlands Unit, although reported to maintenance this had not been repaired.

The paint was peeling off the walls below wash hand basins on the corridors of both units.

Some cleaning rooms did not contain all the required facilities such as wash hand

basins.

Storage for equipment was not adequate, for example commodes were stored in sluice rooms making access difficult.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were provided with a choose of nutritious meals at each mealtime. Meals were served to residents in a dining room. They appeared wholesome and nutritious, a sample of residents observed, received meals and drinks in accordance with their care plan. An appropriate number staff were available to assist residents at mealtime.

Judgment: Compliant

Regulation 20: Information for residents

There was a range of documents including a residents guide, statement of purpose, minutes of resident meetings, advocates contact details available to residents in both units. Residents had their own notice board on the main corridor in each unit.

Judgment: Compliant

Regulation 27: Infection control

Practices observed to prevent the spread of infection were good. There were hand wash and dry facilities and hand sanitizers along the main corridor in each unit and there was a wash hand basin in each of the bedrooms.

Judgment: Compliant

Regulation 28: Fire precautions

Staff had attended training in fire safety and had participated in practice drills in evacuating residents. Staff who worked during the day and night had been involved in these drills. Fire fighting equipment, escape routes, the fire alarm system and

emergency lighting was reviewed and tested on a regular basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had assessments completed on admission. These were reviewed every four months. Care plans were completed in consultation with residents and their families. There was a care plan in place for every need identified, they were person centred, reflected the care being provided and were reviewed on a four monthly basis.

Judgment: Compliant

Regulation 6: Health care

Residents healthcare needs were met. There was good access to allied healthcare services and residents needs were assessed by a consultant lead multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to ensure residents were protected from abuse and were safe in the centre. The systems for managing residents' finances were robust and as per policy. Staff had received appropriate training and those spoken with reflected a detailed knowledge on how to protect residents'.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' had the right to exercise choice and their feedback was sought at resident meetings on how the service was delivered. Residents' civil and religious rights were respected and residents were cared for and spoken to in a respectful and dignified manner. They could communicate freely and had access to daily newspapers and their own radio. Residents in the four bedded room had shared

access to one television. Residents were encouraged to personalise their bedroom, residents in single bedroom could do this, but those in four bedded rooms had little space to enable them to do so. They each had access to a notice board by their bed to display their personal pictures.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Connolly Hospital (Silver Birch & Woodland Units) OSV-0000528

Inspection ID: MON-0020912

Date of inspection: 21/03/2018

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contracts of Care to be reviewed and agreed with Families following the Amalgamation of residents to Silver Birch.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of purpose to be revised following amalgamation of Units to Silver Birch.</p> <p>This is to include the number of toilets and number of residents per room.</p>	
Regulation 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life:</p>	

A single room allocated for End of Life Care in Silver Birch Unit.

Review Care Plans with regard to residents wishes for End of Life Care.

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Regulation 17: Premises

Not Compliant

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

New build for 2021.

Amalgamating residents to Silver Birch Unit presently, with more access to toilets, bathroom and assisted toilets to meet the needs of 19 residents.

New Garden being developed.

Painting of corridor with Dementia Friendly Colours

Apply for new License to accommodate 19 residents to be submitted.

As discussed at previous meeting, CNU update is required from HSE Estates as the Registered Provider.

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Regulation 9: Residents' rights

Substantially Compliant

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

Extra personal space will be addressed in the new build.

Personal Picture Boards will continue to be provided.

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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 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned, are provided.	Substantially Compliant	Yellow	15.06.2018
Regulation 17(1)	The registered provider shall 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.	Not Compliant	Orange	20/06/2018.

Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	20.06.2018
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30.06.2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	20/06/2018.
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise	Substantially Compliant	Yellow	New Build 2021 30.06.2018

	choice in so far as such exercise does not interfere with the rights of other residents.			
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