

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Cottage Hospital
Centre ID:	ORG-0000534
Centre address:	Scarlet Street, Drogheda, Louth.
Telephone number:	041 98 01100
Email address:	geraldine.matthews@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maura Ward
Person in charge:	Geraldine Matthews
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	11

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
11 February 2014 10:00	11 February 2014 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 17: Residents clothing and personal property and possessions

Summary of findings from this inspection

The inspector met with residents, relatives and staff members, observed practices and reviewed documentation such as care plans, medical, accident records and policies and procedures.

The inspector assessed the progress in relation to the outstanding actions identified in the previous inspection report (8 actions) carried out on 18 April 2013. These related primarily to the premises which were being refurbished to accommodate residents requiring transitional care, medication and risk management and the quality of care to residents. In the main these were satisfactorily addressed and those which were not fully actioned have been restated in this report.

The centre is registered to accommodate 23 residents. At the time of initial registration the resident group were primarily those requiring long-term care. However, since then the centre mainly provides transitional care for those residents leaving the acute hospital sector. There are only two residents receiving long-term care.

Geraldine Matthews, the person in charge facilitated the inspection process and staff were aware of the management arrangements in place.

While the statement of purpose was comprehensive it did not accurately describe the facilities and services being provided at the time of the inspection. However, following the inspection management re-issued to the Authority an up-to-date

statement of purpose.

The views of residents, relatives, and staff members were positive regarding the quality of care provided to residents and the facilities and services. Residents had good access to nursing, medical and allied health care and the management of medication was satisfactory. However, residents had few opportunities to participate in meaningful activities, appropriate to their interests and capacities.

Although substantial progress had been made in relation to controlling and minimising risks and making the physical environment suitable for the individual and collective needs of residents, there were a number of areas highlighted for further improvement.

The Action Plan at the end of this report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While there was a written statement of purpose which consisted of a statement of the aims, objectives and ethos of the centre and contained much of the information in relation to the matters listed in Schedule 1 of the Regulations. It did not reflect the provision of facilities and services to residents at the time the inspection as the ground floor was not prepared for the admission of residents following a refurbishment programme. Management of the centre readily agreed to update the statement of purpose and forwarded a copy to the Authority.

Since the inspection the Authority has received an up-to-date statement of purpose outlining the facilities and services available to residents and has identified that the ground floor has been prepared for the admission of residents. It is anticipated that new residents will be accommodated on a phased basis from Tuesday 25 February 2014.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

On the day of the inspection two residents receiving long-term care were being accommodated on the first floor while the remaining residents were receiving transitional care.

The inspector examined the contracts for the long-term residents and these were being maintained in accordance with the Regulations. These had been agreed with the residents and or their family within one month of their admission to the centre and included details of the services provided and the fees charged.

Management of the centre had a discussion with the inspector regarding meeting the legislation in respect of agreeing a written contract for residents admitted for transitional care as these residents are only accommodated up to 30 days. In some instances some of these residents had a stay of no longer than one week.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

While some actions from the previous inspection report had been addressed to ensure the health and safety of residents, visitors and staff at the designated centre the inspector found that the risk management policy and procedure had not been fully implemented throughout the centre.

The following risks were addressed:

- Adequate lighting had been installed in bedrooms 7, 8 11 and 12.
- The electric wiring was covered near the ceiling on the corridor.
- A resident alarm call bell had been installed in the admissions/clinical room and there was a keypad security system on the door.

A step up to the fire exit door located in the dining room had been replaced with a ramp but the floor covering was raised in parts and the wooden rail surrounding the ramp was unsteady.

The concrete floor surface of the covered main rear external entrance had not been addressed and remained uneven in parts and therefore still not accessible for residents independently using a wheelchair. No security measures have been installed at this

external exit which remains openly accessible leading directly into the designated centre.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

A policy to manage all aspects of medication from ordering, prescribing, storing and administering was available. The clinical nurse manager described to the inspector the medication management process in respect of residents being admitted for transitional care and this was in accordance with good practice guidance. Prescription, administration sheets and up to date photographs of residents were available. The medical officer who was in the centre at the time of the inspection confirmed that residents' medication, health and well-being were reviewed on a regular basis. The inspector was informed and saw documentation confirming that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector saw that much effort had been put in to establish and maintain a system for reviewing the quality and safety of care provided to and the quality of life of residents in the centre which included gathering statistical information in relation to

certain areas. This included falls, residents experiencing pain and administration of the 'flu vaccination. However, as yet a report in respect of this information had not been devised and made available to residents and for inspection.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented.

The centre is registered to accommodate up to 23 residents requiring long-term (2 beds) and transitional (21) care. It caters primarily for persons over 65 years of age.

The transitional care model operating in the centre provides care primarily for residents coming out of hospital following a medical or surgical condition. The period of stay is up to a maximum of 30 days by which time it is anticipated the resident will be ready for discharge to their home or long-term care of their choice.

Each resident had a file containing care planning documentation. There was evidence of residents' and/or family or representative being involved in the care planning process. Risk assessments were carried out in relation to a number of aspects of care, for example falls, moving and handling, dependency, restraint and continence. Treatment plans and interventions were devised with regard to a number of health care issues, for example hygiene, mobility and nutrition and daily progress notes reflected the residents' condition in relation to these matters.

An examination of residents' medical and healthcare records showed that residents received the specialist services of general practitioners (GPs) and allied health professionals. The inspector met a medical officer in the centre who takes responsibility for the medical care of all new residents in consultation with the multidisciplinary team,

residents and family members. A doctor on call is available out-of-hours. Allied health professionals such as physio, occupational and speech and language therapists, and chiropodists are available by a referral system from the centre.

From observations on inspection and information received from residents (primarily those receiving transitional care) the inspector concluded that there were few opportunities for residents to participate in meaningful activities appropriate to their interests, preferences and capabilities during their recovery period.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

The centre is a two-storey building located in a building which also accommodates hospital services. The front entrance of the centre leads to a reception area for patients attending the GP practice and out-of-hours service. The corridor leading from this area to the centre accommodates offices, a staff dining room and facilities for physio and occupational therapists. Primarily the ground floor, Unit 1, accommodates residents requiring transitional care and residents assessed as requiring long-term care are cared for on the first floor, Unit 2. However, since the last inspection the number of long-term residents being accommodated in the centre has been reduced to two residents. There are two stairways, front and back, and a passenger lift.

With regard to Unit 1 the environmental shortfalls identified had been fully actioned with the exception of renewing the paintwork on the ceiling of the covered main rear external entrance and the provision of a safe external area for residents' use has not yet been provided. During this inspection the inspector noted that there were insufficient residents' emergency alarms situated by the shower in the sanitary facilities located on the ground floor.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

With regard to the residents who were being accommodated for long-term care, the inspector saw that there was adequate space for their personal possessions. However, those residents receiving transitional care had only a hospital style locker for their clothing and personal effects. All the residents had a locked facility in their bedrooms. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Cottage Hospital
Centre ID:	ORG-0000534
Date of inspection:	11/02/2014
Date of response:	12/03/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

A step up to the fire exit door located in the dining room had been replaced with a fixed ramp but the floor covering on the ramp was raised in parts and the wooden rail surrounding the ramp was unsteady.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

The ramp to the fire exit door in the dining has now been removed. We are now examining a more appropriate styled ramp that will meet with fire Regulations. In the meantime we are installing a temporary exit ramp in the dining room.

Proposed Timescale: 14/04/2015

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Theme: Safe Care and Support

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

The concrete floor surface of the covered main rear external entrance had not been addressed and remained uneven in parts and therefore still not accessible for residents independently using a wheelchair.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

The concrete surface of the covered main rear external entrance has now been risk assessed and entered on to the Risk Register as a main priority. An architect has now been asked to draw up a comprehensive plan for this area which will incorporate a wind shelter, automatic doors and an even wheelchair accessible surface. It has been given top priority by Local Health Office Manager and we are working closely with the Estates Department in drawing up the requirements for same.

Proposed Timescale: 02/06/2014

Theme: Safe Care and Support

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

No security measures have been installed at this external exit which remains openly accessible leading directly into the designated centre.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

As per plan above in relation to rear external entrance, we have employed through the office of Estates Management the services of an architect, who will undertake a survey of the area and install the most appropriate door system which is secure and yet accessible. We have proposed the introduction of a swipe card system linked to a bell system and audio visual cameras. Doors leading to other areas have had keypads installed, and these will be closed at various times to ensure unauthorised access throughout the building. A coded system with audio visual cameras will be placed at the entrance door to the designated centre on the ground and first floor.

Proposed Timescale: 02/06/2014

Outcome 10: Reviewing and improving the quality and safety of care

Theme: Effective Care and Support

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

A report had not been made in respect of reviewing and improving the quality and safety of care provided to and the quality of life of the residents.

Action Required:

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

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

Under Regulation 35(2) we will issue a quality report to the chief Inspector and to residents. The report has commenced. Data is currently being compiled and will be presented in a manner and format that is readily understood. The report will be forwarded to the Chief Inspector and will be made available to residents and/or their representatives.

Proposed Timescale: 31/03/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

Opportunities for residents to participate in activities appropriate to their interests and capacities were not provided.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

Each resident will be provided with activities appropriate to their interests and capacity. This will be assessed on an ongoing basis and will include all members of the multidisciplinary team.

Proposed Timescale: 12/03/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

The ceiling of the covered main rear external main entrance had not been painted.

Action Required:

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

As per Outcome 7 above this area including the painting of the ceiling to the rear main entrance will be undertaken.

Proposed Timescale: 02/06/2014

Theme: Effective Care and Support

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

A safe external area had not been developed for residents' use.

Action Required:

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

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

A plan for a safe external area has been proposed. We have entered onto the risk register, the need for the creation of a safe pedestrian pathway around the designated centre. Pedestrian crossing is being installed at the rear of the building. In order to reduce the amount and flow of traffic through the site we have applied for minor capital funding to erect a barrier system. We are currently examining a safe outdoor area and this will be discussed with the architect as per outcome 7 above.

Proposed Timescale: 31/07/2014

Theme: Effective Care and Support

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

The physical design of the premises did not meet the needs of each resident as there was no resident emergency alarm system located in close proximity to the showers in the sanitary facilities.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

We have undertaken to have costings for the installation of extra emergency alarms near to showers that are safe and accessible to residents under the Financial Regulations. We are currently awaiting quotations for the instalment of same.

Proposed Timescale: 01/05/2014

Outcome 17: Residents clothing and personal property and possessions

Theme: Person-centred care and support

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

Residents receiving transitional care did not have adequate space for their personal possessions.

Action Required:

Under Regulation 7 (3) you are required to: Provide adequate space for a reasonable number of each residents personal possessions and ensure that residents retain control over their personal possessions.

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

We will examine means of providing extra space for personal belongings of residents within transitional care.

Proposed Timescale: 12/03/2014