

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kanturk Community Hospital
Centre ID:	OSV-0000572
Centre address:	Kanturk, Cork.
Telephone number:	029 500 24
Email address:	joanH.collins@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 January 2018 10:00	18 January 2018 17:15
19 January 2018 10:00	19 January 2018 16:15

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

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

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection at Kanturk Community Hospital, Kanturk, Co. Cork. The centre was operated by the Health Service Executive (HSE). Care was directed through the person in charge, with accountability to a nominated representative of the HSE. The purpose of the inspection was to monitor compliance with regulations and standards following an application by the service provider to renew registration. Documentation to support

the renewal application had been submitted in keeping with requirements. Current registration is due to expire on the 27 June 2018. At the time of inspection 30 of the 40 places registered at the centre were accommodating residents for long-term care. The service also provided care for ten residents on convalescent or respite care, and this allocation also included the provision of a palliative care place. At the time of inspection there were 36 residents in the centre and four available vacancies.

As part of the inspection process the inspector met with the person in charge, the person participating in management and also the representative of the provider. Since the last inspection the centre had appointed a new person in charge who had commenced the role in August 2017. The person in charge confirmed that the centre was well supported by the services of both medical and allied healthcare professionals. These included access to occupational and physiotherapy, as well as regular attendance by a speech and language therapist. Resources in relation to palliative care were available. There was access to community mental health services and referrals could be made to a consultant psychiatrist and gerontologist. Residents had regular access to a general practitioner (GP) and the services of a pharmacist were available. Management systems to support arrangements for supervision were in place. Staff had received appropriate clinical and professional training, however a number of staff had not received refresher training in the areas of safeguarding and fire-safety as required by the regulations. The inspector spoke with members of staff across the service and observed their practice in delivering care and undertaking their daily duties. The inspector also engaged with residents and visitors, seeking feedback on their experience of the service. 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. Residents and relatives spoken with expressed a very positive level of satisfaction with the care provided.

As part of the process the inspector assessed the physical environment and reviewed governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records. The inspection also involved an assessment of health and safety provisions and a review of care planning processes and resources.

The findings of the inspection are described under 18 Outcome statements. These Outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The last inspection of this centre took place on 16 June 2016. That inspection had identified a significant level of non-compliance, particularly in relation to the physical environment and facilities for residents. A copy of that report is available at www.hiqa.ie. The current inspection assessed levels of compliance with regulatory requirements as well as progress on the actions that had been proposed in response to the findings of the previous inspection. Some actions had been progressed in relation to previous findings and work had taken place around improving quality monitoring systems. An annual quality review had been completed. Other areas for

improvement had not been fully addressed. Many residents were still accommodated in multi-occupancy rooms with 30 of the 40 residents often in wards of between six and nine residents. Space between residents' beds was restricted in some of these wards making it difficult to provide effective personal care safely or without disruption to others. Circumstances remained whereby access to some rooms was only available through the accommodation space of other residents. These circumstances did not support appropriate arrangements for residents to receive care with appropriate privacy and dignity. Layout and access to bathroom facilities did not fully meet the needs of residents and appropriate storage for equipment was inadequate.

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, the person in charge confirmed that works in this regard had not commenced. At the time of inspection some refurbishment was being undertaken in a small communal sitting room and the person in charge explained that this was to create a quiet room for residents and visitors. This inspection also identified areas for improvement in relation to documentation and the notification of information, as well as gaps in required training for staff, these issues are further detailed in the relevant outcomes of the report. An action plan in response to the issues identified is set out at the end of the report.

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: Statement of Purpose

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A written statement of purpose was in place that described the aims, objectives and ethos of care and included a summary of the facilities and services available at the centre. It contained all the information required by Schedule 1 of the regulations and the person in charge confirmed that the document was kept under regular review to ensure information was current and relevant to the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Some action had been taken to address the areas for improvement identified on the previous inspection. An annual quality review had been completed that appropriately referenced the relevant standards and included a summary improvement plan for the coming year.

Service at the centre was provided by the Health Service Executive (HSE), an organisation with responsibility for the provision of service across a number of centres nationally. The organisational structure provided tiered managerial oversight on a local, regional and national basis. The system of governance for the centre was in keeping with that of other centres in the organisation. A nominated person with responsibility for representing the HSE was in place.

Care was directed through the person in charge who was supported by a team of staff, including a clinical nurse manager and administrators. The organisational structure was set out in the statement of purposed and included the necessary deputising arrangements for absences by the person in charge.

The management team understood their responsibilities in relation to the regulatory requirements and had been proactive in addressing a number of actions required from previous inspections, such as monitoring systems in relation to risks and the use of restraint and the development of an annual quality review. Systems to assess the quality of service had been improved and a regular schedule of audits was in place that included routine monitoring of pressure ulcers, falls, the experience of residents in the centre and health and safety. There were communication processes in place to support service at the centre that included regional meetings for persons in charge on a monthly basis to share information and learning. An organisation wide system for incident recording and reporting was in place. Alerts were issued and meetings took place to ensure that staff were kept appropriately informed of related learning issues.

However, action on required improvements and areas of risk that were identified through monitoring systems were not consistent. The provider had previously given assurances that the premises would be renovated to ensure compliance with the standards and the regulations, and to ensure that it met the privacy and dignity needs of the residents. The time frame for completion of this action, as recorded in a related condition of registration of the centre, is December 2018. However, management confirmed that while there had been an initial assessment around plans for the renovation of the centre, no specific proposals had been agreed to date. The management team had not implemented action to improve the quality of service in response to a risk that had been repeatedly identified around the use of privacy screens in multi-occupancy wards, as identified at Outcome 8. The inspector reviewed monitoring systems with both the person in charge and the person participating in management who were able to explain the audit processes and how areas for improvement were identified. However, processes did not effectively identify circumstances and events that required notification in keeping with regulatory requirements, as recorded in the relevant outcomes of the report. In these respects the management systems in place could not ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

A colour-printed booklet with information for residents and their families about service at the centre was available. The booklet included information on resources at the centre, as well as information on how to make a complaint and arrangements for general security and fire safety.

Each resident had a written contract, signed and dated, that included details of the overall fees to be paid and summarised the services to be provided and any additional charge that might be incurred. However, the contract of care required amendment to fully reflect the requirements of Statutory Instrument No. 293 in relation to the type of accommodation to be provided for a resident on admission.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Since the previous inspection the centre had appointed a new person in charge. The person in charge was a registered nurse and held appropriate authority and accountability for the role. The person in charge operated on a full-time basis and had relevant experience in clinical care. The person in charge was in attendance throughout the inspection and demonstrated a responsive approach to regulatory requirements and an effective understanding of the statutory duties and responsibilities associated with the role. Appropriate deputising arrangements, by a suitably qualified member of staff, were in place.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Up-to-date, site-specific policies in keeping with Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place. These policies were regularly reviewed and the dates of review were recorded. Copies of the relevant standards and regulations were maintained and available as required. Staff spoken with understood where to find relevant policies and copies were seen to be referenced by staff at nurses' stations.

The inspector found that documentation generally was well maintained. Records were in good order and easily retrievable for monitoring purposes. However, information governance systems in relation to resident records were not robust and resident care plans were stored in unrestricted areas at various nursing stations throughout the building.

Records checked against Schedule 2, in respect of documents to be held for members of staff, were generally maintained in keeping with requirements. Employee files contained verification by the HSE Garda Vetting Liaison Officer that the required Garda vetting was in place. Full vetting disclosures were made available by the provider in respect of all of the records requested by the inspector.

Other records required to be maintained by a centre, as per Schedule 4 of the regulations, such as a complaints' log, records of notifications and a fire-safety register, were in place. A system for recording visitors attending the centre was provided. Maintenance records for equipment such as hoists and fire-fighting equipment were in place.

A Directory of Residents was maintained that reflected the requirements of Regulation 19, including relevant contact details for the resident's general practitioner (GP) and

relatives.

The inspector reviewed records of residents' care plans and noted that they were complete and contained the information as set out in Schedule 3, including relevant assessments, medical records and regular nursing notes.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Management understood the statutory requirement to inform the Chief Inspector of any proposed absence of the person in charge for a continuous period of 28 days or more. Arrangements were in place for a suitably qualified and experienced person participating in management to undertake the role in the event of such circumstances occurring.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Appropriate action had been taken since the previous inspection to improve practice in

relation to assessing and reviewing the use of restraints. In keeping with statutory requirements, the use of restraint was recorded and monitored. Where restraints such as wandering alarms were in use, appropriate risk assessments had been undertaken and completed consents were maintained on care plans. Training on the management of responsive behaviours (how people with dementia or other conditions communicate or express their physical discomfort, or discomfort with their social or physical environment) had last been provided in November 2016. However, as identified on the previous inspection, this training was still outstanding for a number of staff.

The matrix indicated that training on elder abuse had last been provided in March 2017. Training records indicated that a number of staff were overdue refresher training and the person in charge also confirmed that several new members of staff had yet to receive this training. Training gaps in relation to safeguarding had been identified on the previous inspection also. Systems to protect residents included secure access to the centre and an attendance register for visitors. The centre adopted organisational policies and procedures in relation to the recruitment of staff that ensured appropriate vetting and reference checking took place for all new staff.

Organisational policies and protocols in relation to the management of residents' finances and belongings were in place. The inspector confirmed that documentation, as required, was in place to authorise any pension agent arrangements. The inspector reviewed processes with the person in charge who confirmed that the centre did not manage any finances in cash for residents. Procedures in place at the centre to manage resident finances were in keeping with standard practice for designated centres across the organisation. Transactions were recorded and safeguarding measures in relation to double signing of records were in place. Systems of oversight included an external audit process. Where possible, residents managed their own finances, either independently or with the support of family.

Systems were in place at the centre to support the safety and protection of residents. These included provisions in relation to the general security of the premises, as well as policies and procedures that reflected national policy and statutory requirements around safeguarding residents. The inspector reviewed safeguarding practice with members of staff who understood how to recognise and respond to instances of abuse. Staff were able to identify the designated officer with responsibility for the receipt of any safeguarding reports. Systems were in place to record reports and a review of documentation confirmed that appropriate protocols had been invoked to screen an allegation that was not substantiated. However, this information had not been notified as required. Action in this regard is recorded against Outcome 10 on Notifications.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

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

Theme:

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Since the last inspection some measures had been implemented to address areas identified for improvement. These included the regular monitoring of electronic doors to ensure effective functioning in response to alarm tags.

A revised health and safety statement was in place dated 1 January 2018. There was a risk management policy that set out the arrangements for identifying and assessing risks. The inspector reviewed the risk register that appropriately referenced environmental and individual risks, and included measures in place to control and mitigate these risks. Measures to prevent accidents throughout the premises included grab-rails in toilets and hand-rails along corridors, and call-bells were fitted in all rooms where required.

An organisation-wide system of incident recording and reporting was in place with data referred for analysis and review on a quarterly basis. The person in charge confirmed that learning from this process was communicated via alerts and in meetings. The inspector reviewed processes around risk management and noted that two incidents involving falling privacy screens in multi-occupancy rooms had been recorded and reported. The inspector confirmed with the person in charge that, while the information indicated that there had been no adverse consequence for any resident in these instances, the lack of space between beds in multi-occupancy rooms created a potential hazard in relation to the safe and effective use of assistive equipment, such as privacy screens or hoists. At the time of inspection responsive action in relation to this risk had not been taken, action in this regard is recorded against Outcome 2 on Governance. The inspector also identified recorded incidents in relation to an absconsion and a hospital transfer that had not been returned as notifications in keeping with requirements; action in this regard is recorded against Outcome 10 on Notifications.

Appropriate plans were in place for responding to emergencies and evacuation plans were displayed for reference. Personal emergency evacuation plans were in place that highlighted individual information such as the mobility status of the resident. A fire safety register was in place where records of daily, weekly and monthly checks were entered to ensure effective fire-safety precautions. Regular checks of fire-prevention and fire-response equipment took place. Emergency exits were clearly marked and unobstructed. Certification was in place for testing fire alarms and emergency lighting. Certification was also in place to demonstrate that fire equipment was regularly maintained and serviced. Fire drills took place as part of structured training, most recently on 16 January 2018. However, not all staff had received current fire-safety training. This had also been a finding on the previous inspection.

Actions identified on previous inspection in relation to issues around infection control had been partly addressed and storage racks had been fitted in sluice areas. Several

staff members had been trained as hand-hygiene assessors and regular audits took place. Staff spoken with understood infection control practices and staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff. A nominated member of staff was responsible for monitoring compliance with infection prevention and control procedures in keeping with the relevant standard. Access to sluice rooms was restricted; however, on some of these doors the mechanism was not consistently working. Hazardous substances were otherwise securely stored. However, as identified on previous inspection, linen skips and equipment continued to be stored inappropriately in bathrooms.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Policies and procedures in relation to the ordering, prescribing, storing and administration of medicines were available and accessible to staff. The inspector reviewed these arrangements with a member of nursing staff who was able to explain the processes in place for the management of all medicines. Appropriate practice in relation to the storage and monitoring of controlled drugs was demonstrated. Stocks were seen to be securely stored and documentation clearly recorded checks in relation to both stock control and administration. These records were routinely counter-signed by another member of nursing staff at the start and end of each shift.

Medication management audits were in place and the clinical nurse manager was responsible for oversight of the audit schedule. The use of antibiotics was monitored. The inspector reviewed documentation around the prescribing and administration of medicines and noted that all records were maintained in keeping with requirements. Prescription sheets contained the necessary biographical information, including a photograph of the resident. A sample of prescription records was reviewed and, where PRN medicine (a medicine taken only as the need arises) was prescribed, relevant maximum daily dosages had been indicated by the prescriber. At the time of the inspection no residents were responsible for administering their own medicines.

The person in charge confirmed that relevant training was available to nursing staff and records indicated that these staff undertook updated training on a regular basis. The inspector reviewed practice with members of nursing staff who demonstrated an

effective understanding of the requirements in relation to the safe administration of medicines, ensuring that medicines are administered correctly in keeping with the directions on the prescription.

Where medicines were refrigerated the temperature of storage was recorded and monitored and these records were available for reference. A system was in place to record and monitor medicine related incidents and any learning from this process, along with audit outcomes, were reviewed by the clinical nurse manager. The person in charge confirmed that appropriate arrangements were in place in relation to pharmacy services and the pharmacist was in attendance on the day of inspection.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed documentation around the recording and management of incidents and accidents and discussed practice in relation to submitting notifications with the person in charge. While incidents were being recorded, reported and reviewed within the organisation, some incidents that also required notification under the regulations had not been returned. These circumstances are referenced in the relevant outcomes of the report. Processes around notifications were otherwise in keeping with requirements and quarterly returns were being submitted in accordance with the regulations.

Judgment:

Non Compliant - Major

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed resources around healthcare provision with the person in charge who confirmed that the centre had good access to relevant services. Several medical practitioners regularly attended the centre and residents had the option of retaining the services of their general practitioner where possible. The centre had regular access to allied healthcare services such as physiotherapy, speech and language therapy and occupational therapy.

Current and site-specific policies and procedures were in place in relation to the care and welfare of residents. The inspector reviewed a number of care plans that were well laid out and easy to follow with entries clearly recorded. The inspector reviewed care planning practice with members of nursing staff who demonstrated a comprehensive understanding of assessment, review and care planning processes. Following admission all residents were routinely assessed using standardised assessment tools. Care plans were developed in line with these admission assessments and included relevant information about the residents' health, medication and communication needs. Care plans were maintained in hard copy format and contained documented records of consent and consultation as appropriate. Relatives who met the inspector during the course of the inspection confirmed that they were kept informed of their relative's care. Care plans also included a record of vital signs, daily nursing notes and the property record. Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible. Arrangements were in place to provide residents with regular access to eye care and dental checks. The service was well supported by community health services including psychiatry and palliative care. The services of a consultant geriatrician were accessible on referral as necessary.

Care plans reviewed had relevant information and guidance on care in relation to activities of daily living such as mobility, cognition, communication and nutrition, for example. Where particular needs were identified the circumstances were recorded and a plan of care was clearly set out. Specific and relevant information was in place around particular needs on catheter care, wound management and the use of a percutaneous endoscopic gastrostomy (PEG), for example. Mobility plans were in place that identified the needs of the resident and described the necessary supports to provide appropriate and safe care. There was evidence that these plans of care were regularly reviewed in keeping with statutory requirements, or as assessed needs indicated. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the needs and personal circumstances around individual residents.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

As identified on previous inspections, the design and layout of many 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 in the related Outcomes 16 and 17. Additional areas of impact related to health and safety and these are addressed under Outcome 8. 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.

The centre was a single-storey building, set on extended grounds on the outskirts of Kanturk. Parking facilities were available on site. There were areas outside where residents could take a walk and there was also a secure, paved area with seating and shade that residents could safely access. Entrance to the centre was via steps at the front and a railed ramp provided wheelchair access. Administration offices were located on the left of the entrance to the centre. A nurses' station was located to the right and provided access beyond to a bedroom designated for palliative care.

Overall the centre was quite bright with good natural light, and communal areas such as the conservatory and day room were nicely decorated and well maintained. These areas were well laid out with homely and comfortable furnishings for group gatherings. Communal facilities comprised a sitting room that served as a dining room at meal times, through which there was a conservatory where residents could also take their meals if they wished. There were several tables with seating where residents could engage in games or gather to read papers and share news. These areas were spacious and colourfully decorated. Residents took part in activities in these communal areas in the course of the inspection. There was no separate designated dining facility. Residents had access to a large chapel that was well maintained with decorative stained-glass windows and a small water feature at the entrance. There was also a small sacristy adjacent to the chapel. At the time of inspection a small sitting room was being refurbished to create a quiet space for residents and a place where they could receive visitors in private, if they wished.

Accommodation for up to 34 residents was provided in multi-occupancy rooms as follows:

Edel Quinn unit – four beds.

St Mary's unit – six beds.

St Theresa's unit – seven beds.

St Patrick's unit – eight beds.

St Oliver's unit – nine beds.

All these units had overhead hoists as did three of the six single rooms available. Three single rooms could only be accessed through the six-bedded unit and two single rooms were located through the seven-bedded unit. Access to the nine-bedded unit was through the eight-bedded unit. Each of the large units had a nurses' station in a corner with desk space and filing storage.

Most single 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. However, on the larger units, many residents did not have access to any storage other than a small bedside unit, and even then a number of these could not be locked to secure belongings. Where residents on wards were provided with a wardrobe, it was very narrow and did not provide adequate capacity for personal clothing.

In most of the multi-occupancy rooms the space between the beds was narrow and did not always provide enough room for a chair to be provided.

Bathroom facilities were not adequate to meet the needs of residents living in the centre. One of the assisted bathrooms was insufficient in size to manoeuvre assistive equipment, such as a hoist, and would therefore be unsuitable for use by a number of residents. Some toilets and bathrooms were also used inappropriately for storage.

Sanitary facilities comprised:

- one toilet located proximal to St. Mary's unit and three of the single rooms, which accommodated a total of nine residents;
- one toilet located proximal to St. Theresa's unit and two of the single rooms, which accommodated a total of nine residents;
- one toilet located proximal to St. Oliver's unit which accommodated nine residents;
- two toilets located proximal to St. Patrick's unit which accommodated eight residents;
- one toilet located on the main corridor which was designated for use by residents of Edel Quin unit and for visitors;
- one staff toilet;
- there were three showers and two baths.

Lighting and ventilation was appropriate to the size and layout of the centre. However, there was evidence that stand-alone heaters were in use in some rooms where window insulation was poor. There was a lack of adequate storage space generally, with equipment and items such as hoists and wheelchairs stored variously on units, in bathrooms, in the chapel and in communal areas of the centre. Sluice facilities were in

place and action had been taken since the previous inspection to install drainage racks. Call-bells were visible and accessible in all areas as required.

The kitchen was spacious and had recently been reconfigured to create segregated cleaning and food preparation areas. Catering equipment and facilities were appropriate to the size and occupancy of the centre. The laundry facility was located in an out-building adjacent to the centre and was also appropriately equipped to deliver an effective laundry service.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a complaints policy in place and management confirmed that it was kept under regular review. A summary of the complaints procedure was displayed in the entrance area for ease of reference. Information about the complaints process was also included in the guide for residents and the statement of purpose. In keeping with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaint officer, and also outlined the internal appeal process and the nominated individual with oversight of the complaint process. The procedure outlined the management of both verbal and written complaints and the related timeframes for action. Contact information for the office of the Ombudsman was provided.

The inspector reviewed the log of complaints and compliments and noted that complaints were recorded and acknowledged and that information was included on how the issue was addressed and resolved with the complainant. The review indicated that the processes around receiving and dealing with complaints were in keeping with the requirements of the regulations. At the time of inspection there were no open complaints and none had been referred to the appeal process.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The policy on end of life care provided relevant guidance on meeting the needs of residents in relation to physical, emotional, social, psychological and spiritual care. The person in charge confirmed that training for staff was ongoing in how to meet the needs of residents and that all staff had attended training on 'What matters to me'. Leaflets and information on bereavement and advanced care planning were available for staff and relatives. A number of staff had also undertaken training in advance care planning to inform discussion. The inspector reviewed the end-of-life care arrangements in place. Visitors and relatives spoken with by the inspector remarked on the good care and empathetic understanding demonstrated by staff and management. The person in charge confirmed that the centre maintained a single room for palliative care that was usually available for use by residents as required. Designated overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable and provided with access to a facility for making refreshments. The centre was well supported by community resources in relation to spiritual care and memorial services took place at the chapel on site. Access to palliative care services was available when necessary in the centre.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Previous inspections had identified shortcomings in relation to the options residents had for meals and mealtimes. The inspector reviewed consultation arrangements with staff

and management as to how information about residents' preferences was obtained. Resident feedback surveys had been completed where most residents had returned a good level of satisfaction in relation to the times, choice and quality of meals provided. Catering staff confirmed that if a resident changed their mind about their preference that alternatives could be made available at the time of service.

The inspector saw that residents were provided with freshly prepared meals that were appropriately nutritious and well presented. The inspector saw that efforts were made to accommodate requests for personal preferences. Residents spoken with were satisfied with the choice and quality of food provided. Feedback in some of the resident surveys reviewed indicated that meals were sometimes cold. In response both the person in charge and chef confirmed that insulated trolleys had been ordered to address this issue.

The kitchen area was well laid out to meet the needs of the service. Appropriate communication systems were in place between catering and healthcare staff around the dietary needs of residents that included regular updates on changes in residents' needs and new admissions. A whiteboard was used to ensure updates were recorded and easily referenced by staff with responsibility for preparing meals. Information was included on personal preferences and individual requirements, for example if a specific texture or consistency was required. The inspector saw that assistive utensils for drinks and serving dishes were used as appropriate to support residents whose meals required a modified consistency.

The inspector saw that residents took their meals variously either in the communal day area, the conservatory, by their bed on the ward, or some residents who had their own room took their meals there. Residents requiring assistance with their meal were seen to be appropriately supported by a member of staff. Staff spoken with confirmed that they had received relevant training in relation to the preparation of meals and had access to information from a dietitian or speech and language therapist if required. A snacks and drinks trolley went around to residents routinely during the day and there were water dispensers in the communal day area.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

As described at Outcome 11, the health and wellbeing of residents were appropriately met in relation to regular review and access to clinical care and allied healthcare resources. Constraints remained in relation to the impact of premises on the provision of care. The use of multi-occupancy rooms for up to nine residents did not support the receipt of personal care and communication in a manner that promoted or protected privacy and dignity.

Some actions had been taken to address issues identified on previous inspections. Records reviewed by the inspector indicated that resident consultation and feedback had been sought that included records of resident meetings and satisfaction surveys. These meetings were usually facilitated by representatives of a community support group and records of the issues discussed were available for reference. There was some evidence that management were responsive to issues raised and where residents had complained of noise and disturbance in multi-occupancy rooms at night the person in charge confirmed that pagers has been introduced for night staff to reduce disruptive noise.

The centre provided access to an independent advocacy service and relevant contact details were available and on display in the reception area. The inspector met and spoke with a number of relatives and visitors who spoke positively about their experience of care at the centre, and who also confirmed that they had regular contact and communication with staff and were kept informed of changing circumstances and were consulted around decision making.

The inspector reviewed circumstances and resources in relation to the provision of meaningful activation and recreation for all residents. Visitors were seen to attend the centre regularly throughout the day and visit with residents either in the communal day room, in residents' rooms or on the wards. At the time of inspection there was no designated private visiting space and the inspector noted that feedback in one of the resident questionnaires identified the lack of private visiting space as an issue.

The centre provided entertainment for residents at the weekend with singers and musicians attending to perform on most Sundays. A programme of activities included attendance by a number of community services on a regular basis that included religious services. The person in charge explained that a nominated member of staff usually had responsibility for arranging the schedule of activities and that this person had received relevant training that included Sonas training. Transition year students were also involved in the activity programme at times during the year. The inspector noted that feedback in resident meetings requested more activities such as bingo. Feedback indicated that residents did have some options in relation to their daily routine. A small number of residents went out to local day services. Others were seen to congregate in the sitting room and conservatory area, reading the papers or partaking in activities that took place and receiving visitors. The inspector met several residents in private rooms who said they preferred to stay in their rooms much of the day and who also usually chose to take their meals there. There were no restrictions on visitors generally

attending the centre. Residents were seen to have a degree of choice around how they spent their day and staff confirmed that several residents would stay up quite late in the evening watching TV in the sitting room. However, many residents were seen to remain in or by their bed for much of the day, often in multi-occupancy rooms where they had no privacy at times when other residents might be receiving visitors.

In the course of the inspection activities were provided by a local community group in the communal areas of the centre. The inspector spoke with the activity organisers who explained the variety of activities provided to suit the different needs of residents. A written record of resident attendance and participation at these activities was also maintained. The centre provided a focus on pastoral care with services taking place in the chapel on site and the inspector received feedback from residents and relatives on the value of this resource. The centre could also broadcast services via individual TV screens for the benefit of residents who were unable to attend a service.

Residents were supported to engage in civic responsibilities, such as voting, and had regular access to community newspapers. Group reviews and discussion of local news were part of the activity programme. Multi-occupancy rooms usually had two TV's to facilitate residents being able to view the screen effectively. However, residents in multi-occupancy rooms were restricted in being able to exercise personal choice around what they chose to watch or volume levels as this could disrupt and impact on other residents.

Most single rooms were nicely personalised with personal belongings and residents in these rooms were seen to be afforded choice around their personal preferences. However, the layout and occupancy levels in most of the accommodation on the large wards was institutional in presentation. Three single rooms could only be accessed through the six-bedded unit and two single rooms were only accessible through the seven-bedded unit. Access to the nine-bedded unit was through the eight-bedded unit. Each of the large wards had a nurses' station in a corner with desk space and filing storage.

The inspector saw that residents who could engaged in communal activities in the sitting room and conservatory. The day-to-day experience of residents in continuing care at the centre remained compromised in relation to the appropriate provision of privacy for the conduct of personal activities in relation to their personal accommodation.

For example:

- Many residents on multi-occupancy units did not have any wardrobe and facilities for personal storage were very limited;
- Privacy screens in use did not provide adequate protection for the receipt of personal care;
- In multi-occupancy rooms, telephone facilities could not be used in private;
- Many residents could only access their accommodation through the accommodation of other residents, which was both disruptive and compromised privacy for all residents in the unit;
- Facilities to receive visitors in private were not available at the time of inspection.

Residents were seen to receive visitors variously in communal areas and next to their beds in multi-occupancy rooms. This practice did not promote the privacy and dignity of

residents in multi-occupancy rooms which were open to visitors at all times;

- Visitors could often only be with their relative or friend by going through the accommodation of other residents;
- The provision of a private room for residents with needs in relation to end-of-life care could not always be accommodated;
- For residents in multi-occupancy rooms who did not wish to congregate with others there was no place for them to be alone - they had little choice but to remain by their bed which was often a thoroughfare for visitors and staff to other areas of the centre;

Residents and relatives spoken with by the inspector provided positive feedback in relation to the care and attention they received from staff. The inspector noted that staff and residents were familiar with each other and that engagement around the activities was a regular occurrence. The inspector noted that positive personal attention and consideration was typical of the approach by all staff throughout the inspection.

Judgment:

Non Compliant - Major

***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

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Previous inspection findings had identified inadequate facilities for the storage of residents' personal belongings. There had been no significant improvement in this regard. Many residents in multi-occupancy rooms did not have their own wardrobe, the few provided were narrow and could hold very little. Effort had been made to create hanging space for residents' clothes in a storage cupboard but this was limited in capacity and located away from the service user.

A policy on the management of residents' personal property and possessions was in place and a record of personal possessions and belongings for residents was maintained and regularly updated.

The laundry facility was spacious and well equipped and was located in a building adjacent to the centre. Systems were in place to ensure that residents' personal clothing could be cleaned and safely returned.

While residents in single rooms could personalise their space to varying degrees, the extent to which residents in multi-occupancy rooms could personalise their immediate living space was very limited. In most instances only the small area behind the bed of the resident could be personalised with photographs or memorabilia. In these circumstances the benefit was limited as these personal effects could not be seen by the resident for much of the time.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Supervision in the centre was directed through the person in charge. A clinical nurse manager was a person participating in management with appropriate experience and qualifications to deputise for the person in charge when necessary. 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 such as audit and review. Copies of the standards and regulations were accessible by staff. Staff spoken with were aware of their statutory duties in relation to the general welfare and protection of residents.

As recorded for action in the related outcomes of the report, training for a number of staff was overdue in mandatory areas, such as fire-safety and safeguarding. Additional training was accessible to staff that was relevant to the care of residents. Cardio-pulmonary training had last been provided in July 2017. The person in charge confirmed that all staff had attended infection control training in October 2016 and regular training was provided in relation to manual handling. Nursing staff undertook on-line training modules in relation to medication management as necessary.

The inspector discussed staffing arrangements with the person in charge and reviewed the staffing levels in place over a 24 hour period. Staffing arrangements as set out in

the roster were in keeping with the size and layout of the centre and the inspector confirmed that these staffing levels were consistent with those actually worked. The inspector met a number of multi-task attendants during the inspection, many of whom were long-standing members of staff who knew residents well and demonstrated a conscientious approach to their duties of care. However, the role of multi-task attendants was unclear. Throughout a shift they might variously undertake household duties, such as cleaning, or provide direct care to residents, switching roles as circumstances and staffing levels changed over shifts. Management confirmed that many multi-task attendants had not received specific training or education in relation to the provision of resident care. The roles of multi-task attendants were not clearly documented and arrangements for ensuring the necessary competence for the duties of care being undertaken were unclear.

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. Current Bórd Altranais registration was in place for nursing staff. Original security vetting forms were in place for the sample of volunteer records reviewed and the person in charge was aware of the regulatory requirements in relation to documentation for volunteers.

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Kanturk Community Hospital
Centre ID:	OSV-0000572
Date of inspection:	18/01/2018 and 19/01/2018
Date of response:	09/03/2018

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: Governance and Management

Theme:

Governance, Leadership and Management

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

The management systems in place could not ensure that the service provided was safe, appropriate, consistent and effectively monitored.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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:

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The contract of care required amendment to fully reflect the requirements of Statutory Instrument No. 293 in relation to the type of accommodation to be provided for a resident on admission.

2. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

1. The contracts of care are being revised to ensure that they fully reflect the terms on which the resident shall reside in the centre, to include the type of bedroom available, and the number of residents in that bedroom. S.I. No 239 regulation 24- 5.1 has been included, to include the name of the ward and number of residents in that ward.
2. To date 24 contracts have been revised. All contracts shall be completed by 30th April 2018.
3. New contracts have been devised for any new admission, whereby the bedroom will form part of the discussion, and agreement prior to admission.

Proposed Timescale: 30/04/2018

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Information governance systems in relation to resident records were not robust and resident care plans were stored in unrestricted areas at various nursing stations throughout the building.

3. Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph

(1) in such manner as to be safe and accessible.

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

Resident care plans will be stored securely in locked trolleys, stored on the ward.

Proposed Timescale: 16/04/2018

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Not all staff had received relevant training in the management of responsive behaviours.

4. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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:

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 training in elder abuse.

5. Action Required:

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

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:

Outcome 08: 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:

Infection control measures required improvement in that:

- Mechanisms to restrict access to sluice rooms were not consistently working.
- Linen skips and equipment continued to be stored inappropriately in bathrooms.

6. 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:

Door locking mechanism to Sluice room repaired.

Equipment not required on a daily basis will be stored externally.

Proposed Timescale: Immediate

Proposed Timescale: 09/03/2018

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 fire-safety training - this was a repeat finding.

7. 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:

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Some incidents that required notification under the regulations had not been returned.

8. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

Incidents that require notification will be forwarded to Hiqa within the required 3 day notification period.

Proposed Timescale: Immediate

Proposed Timescale: 09/03/2018

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The premises did not provide accommodation and facilities for all residents that was appropriate to their needs in accordance with the statement of purpose as prepared under Regulation 3. A condition of registration referenced in the statement of purpose required that reconfiguration of the physical environment be completed by December 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.

9. 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:

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:

Bedrooms provided accommodation for residents in numbers that exceeded statutory limits - 30 of the 40 beds were in large multi-occupancy rooms of six, seven, eight and nine beds;

In most of the multi-occupancy rooms the space between the beds was narrow and did not always allow enough space for a chair to be provided;

Storage facilities were inadequate and equipment such as hoists and wheelchairs were stored variously in bathrooms, in the chapel and in communal areas of the centre;

The layout and location of bathroom facilities were not adequately accessible by all residents - one toilet was positioned such that assistive equipment could not be used;

Some residents on multi-occupancy units were not provided with a wardrobe;

Many bedside lockers did not have functional locking mechanisms;

There was no designated dining space and communal sitting areas also served as a dining area.

10. 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:

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Resident choice was restricted in that:

- Residents in multi-occupancy rooms were restricted in being able to exercise personal choice around what they chose to watch on TV, or volume levels, as this could disrupt and impact on other residents;

- Residents in multi-occupancy rooms who did not wish to congregate with others had

no place to be alone - they had little choice but to remain by their bed which was often a thoroughfare for visitors and staff to other areas of the centre;

- Three single rooms could only be accessed through the six-bedded unit and two single rooms were only accessible through the seven-bedded unit. Access to the nine-bedded unit was through the eight-bedded unit. Each of the large wards had a nurses' station in a corner with desk space and filing storage. The presentation of this accommodation was institutional in layout and design and restricted personal choice.

11. 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:

"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:

Theme:

Person-centred care and support

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

- The use of multi-occupancy rooms for up to nine residents did not support the receipt of personal care and communication in a manner that promoted or protected privacy and dignity;
- Privacy screens in use did not provide adequate protection for the receipt of personal care.

12. 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:

Theme:

Person-centred care and support

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

- Residents were seen to receive visitors variously in communal areas and next to their beds in multi-occupancy rooms. This practice did not promote the privacy for

communication of residents in multi-occupancy rooms which were open to visitors at all times;

- In multi-occupancy rooms, telephone facilities could not be used in private.

13. 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:

"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:

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Many residents in multi-occupancy rooms did not have their own wardrobe, the few provided were very narrow and could hold very little. As a consequence residents' garments were often hung and stored separately in another part of the centre, limiting the extent to which residents could retain control over their belongings.

14. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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:

Theme:

Person-centred care and support

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

The extent to which residents in multi-occupancy rooms could personalise their immediate living space was very limited. In most instances only the small area behind the bed of the resident could be personalised with photographs or memorabilia. In these circumstances the benefit was limited as these personal effects could not be seen by the resident for much of the time.

15. 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:

"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:

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Multi-task attendants undertook household duties and also provided care to residents, switching roles as circumstances and staffing levels changed over shifts. Management confirmed that many multi-task attendants had not received specific training or education in relation to the provision of resident care. The roles of multi-task attendants were not clearly documented and arrangements for ensuring the necessary competence for the duties of care being undertaken were unclear.

16. 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: