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

Issued by the Chief Inspector

Name of designated centre:	Cahercalla Community Hospital & Hospice
Name of provider:	Cahercalla Community Hospital Company Limited By Guarantee
Address of centre:	Cahercalla Road, Ennis, Clare
Type of inspection:	Unannounced
Date of inspection:	26 May 2022
Centre ID:	OSV-0000444
Fieldwork ID:	MON-0036964

About the designated centre

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

Cahercalla Community Hospital and Hospice is located on the outskirts of the town of Ennis. It provides care to long-term, respite, and convalescence residents and also has five designated hospice beds. The centre was originally opened as a hospital in 1951, and while there had been significant extensions and renovations since then, the overall the design and layout of the premises was largely reflective of a hospital from this period. The original building consists of a three storey units, Ground floor, St. Joseph's and Sacred Heart. An unused clinical unit beside the ground floor unit has recently been refurbished. This new unit consists of three twin rooms, two single rooms, a large day room and a large dining room. The centre also has a two storey building with two units, Garden wing ground floor and Garden wing first floor. The centre is registered to accommodate 112 residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	103

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 26 May 2022	09:30hrs to 18:00hrs	Una Fitzgerald	Lead
Thursday 26 May 2022	09:30hrs to 18:00hrs	Oliver O'Halloran	Support

What residents told us and what inspectors observed

Residents living in this centre told inspectors that they were happy with the service provided. Inspectors spent time observing staff and resident interactions in communal areas and found that there was an easy going, relaxed atmosphere. Residents told the inspectors that they were happy with the length of time it took to have their call bell answered when seeking assistance. When asked about the staff one resident commented that the staff were the "big tick" for the centre.

The centre had been through a challenging and difficult time with an outbreak of COVID-19 in the centre. Residents were looking forward to returning to life and daily routines of pre-pandemic times. A small number of residents told inspectors that while they understood the need and rationale for staff to wear face masks, they were looking forward to a time when staff would no longer be required to wear face masks. Residents told inspectors that they felt face masks can be a barrier to sitting and having a chat.

Throughout the day, residents were observed partaking and enjoying a number of individual and small group activities. The staff coordinating the activities was seen to encourage participation and stimulate conversation. The observation and interaction between residents and staff was positive, engaging and patient. Residents told the inspectors that the activities were important to them and they enjoyed the company of each other. However, the feedback in relation to the provision and availability of activities was mixed. Multiple residents told inspectors that they were not satisfied with the amount of activities on offer in the centre. When asked about how they spend the day, a small number of residents stated that they were "bored". Inspectors looked at the activities schedule in place. Activities are held daily, but only in one or, at most, two units per day. This meant that on multiple days residents had to be brought to another unit to attend an activity. Due to the physically small size of communal rooms, the number of residents that could attend at any time was limited.

Multiple residents told inspectors that reading the daily newspaper was an activity that they enjoyed. On one unit, inspectors observed that at 12.30, the only newspapers available for the residents were from the previous days. At 13.40 (in a different unit), residents told the inspectors that there was " nothing to do". The TV was on high volume in the background but no resident was observed to be watching it. When inspectors asked if the paper had yet to be delivered, staff responded that they had not yet had time to collect the paper from the main reception. At 13.50, when inspectors asked if any of the residents would be attending the 2pm scheduled activity in another unit, staff did not know.

Resident meetings, survey and consultation on the operating of the centre did occur. The last resident survey completed in May 2022 evidenced high levels of satisfaction with the overall care at 88% as good or excellent. The survey also found that residents had felt safe through the COVID-19 outbreak that had occurred in the

centre. Residents felt that the outbreak had been well managed.

This centre is spread out across a large campus. The management had recently reconfigured the centre and had three new service divisions which are spread out across five separate units. On a tour of the premises, inspectors observed that, in the main, the premises was clean. The communal sitting and dining rooms were observed to be clean and free of clutter. Following the last inspection, the management had purchased multiple new items of resident equipment. In addition, a new system of cleaning was introduced, providing evidence that cleaning had occurred. Despite the positive findings, the kitchenettes in three of the units were found to be in a poor state. For example, cutlery and delph that were stored away and ready for use were visibly unclean.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. Overall, the inspectors found a high level of compliance with the regulations reviewed.

Capacity and capability

Inspectors found that the management and governance of the centre was well organised and resourced, and that the management team were committed to quality improvement in the centre. Inspectors found a satisfactory level of compliance with the regulations reviewed. The person in charge worked full-time in the centre and was supported by an assistant director of nursing and a team of clinical nurse managers. The lines of authority and accountability were understood by all staff. Significant efforts have been made with the recruitment of staffing in this centre and while inspectors acknowledge that there were sufficient staff, inspectors found that the provider had not ensured that staff have appropriate training to ensure compliance with Regulation 16: Training and staff development.

Cahercalla Community Hospital and Hospice Limited by Guarantee is the registered provider of the centre. This was an unannounced risk inspection completed by inspectors of social services to;

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).
- review the actions taken by the provider to address the non-compliance found on the last inspection in January 2022.
- follow up on an application to renew the registration of the centre.

During this inspection, inspectors found that the registered provider had taken action to improve the governance and management of the centre and improvements were found in the quality and safety of the care provided to residents. The

management structure had been strengthened by additional clinical support for the person in charge. This included an assistant director of nursing who supported the person in charge in a supervisory capacity and three clinical nurse managers. Mowlam Healthcare provide additional senior management support to the person in charge. There was evidence of governance meetings taking place between the board of directors and senior levels of management to provide effective governance and oversight of the service.

On the day of inspection, there were 103 residents living in the centre. The centre has had significant staffing challenges in the past. However, despite these ongoing challenges, inspectors found that the staffing level on the day of inspection was appropriate for the size and layout of the centre. A review of the rosters evidenced that there was a satisfactory skill-mix of staff nurses and healthcare assistants to meet the assessed needs of the current residents. Inspectors reviewed the staffing rosters and found that over a period of 24 days, the staffing numbers on duty had been maintained with staff replaced when they phoned in as unable to attend. The centre utilises the support of agency staff. The agency staff are regularised which meant that the care needs of the residents were known to the staff.

The provider had a mandatory training requirement in place for all staff. A reivew of the staff training record found that there were significant gaps in the training requirements for staff. The person in charge confirmed that training sessions to bridge the gaps were booked. The inspectors also reviewed a sample of staff files. All nurse registration documentation was available. Vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021, were in place. An induction programme was in place and documented in the three files reviewed. The person in charge had commenced a schedule of annual appraisals for all staff.

An auditing schedule was in place. Audits had been completed in a number of key areas including infection control, falls prevention management and medication management. Audits completed were analysed and were used to drive and sustain quality improvements. Inspectors reviewed the catering audit that was completed in March 2022. Inspectors acknowledge that the management was in progress of addressing the issues identified.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of the residents. There were sufficient healthcare staff on duty supporting the nursing staff in the direct provision of care. In addition, there was a clinical nurse manager on day duty seven days a week to provide leadership and supervise care.

Judgment: Compliant

Regulation 16: Training and staff development

Training records made available on the day of inspection evidenced gaps in the training provided for mandatory training. For example;

- fire records showed that there were 52 staff names whereby the dates were out of date since April 2022. Fire training was scheduled for June 2022 to bridge the gaps. Staff responses to questions specific to the system in place for fire safety were inconsistent.
- 23 staff names had no date attached to the training records on safeguarding and safety
- 24 staff names had no date attached to the training records on Manual handling

On the day of inspection, the management team informed the inspectors that the staff training record was not an accurate reflection and submitted an updated training record. In addition, training sessions to bridge the gaps were booked.

Judgment: Substantially compliant

Regulation 21: Records

Records were stored securely and readily accessible. A review of a sample of personnel records indicated that the requirements of Schedule 2 of the regulations were met.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found the centre was delivering a high standard of care to the residents. There was a clearly-defined management structure that identified the lines of authority and responsibility. The management team that interacted with the

inspectors throughout the day were organised and familiar with the systems in place that monitor the care. Care audits had been completed. The centre was found to be sufficiently resourced.

The 2021 annual review of the service had been completed.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector's reviewed the complaints log. Records available contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result. There was an independent appeals process in place. Residents reported feeling comfortable with speaking to any staff member if they had a concern.

Judgment: Compliant

Quality and safety

Overall, residents in Cahercalla Community Hospital and Hospice Care reported that they felt supported and encouraged to enjoy a good quality of life. Residents indicated that they felt safe living in the centre and knew the majority of staff. While inspectors found improvements in the overall cleanliness of the building and new systems to manage the cleaning schedule, further action was required to reach full compliance with Regulation 27: Infection control, Regulation 28: Fire precautions and Regulation 9: Residents' Rights.

A review of residents care records evidenced that residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. Care plans were sufficiently detailed to guide the staff in the provision of person-centred care to residents. Care plan reviews were carried out at intervals not exceeding four months and residents and their relatives were involved in the review process.

Staff who engaged with the inspectors, with the exception of fire related questions, had good knowledge of the systems in place that monitor the service. Information requested was made available in a timely manner and in the main presented in an easily understood format. Daily progress notes were recorded on each resident.

The person in charge was actively promoting a restraint free environment. There

was a small number of bed rails in use in the centre. Residents had access to a large enclosed courtyard area. The doors were open and access was unrestricted.

Residents' medical needs were met through timely access to their general practitioner (GP) and, where necessary, onward referral to allied health and social care professionals for further expertise and assessment.

The centre had recently experienced an outbreak of COVID-19 that had affected a number of residents and staff. Inspectors acknowledged that measures to contain the spread of the virus had been implemented. A COVID-19 outbreak reflection had been completed that outlined what measures had worked well and areas for improvement. The provider had taken action to improve infection prevention and control (IPC) measures in the centre since the previous inspection. This included a new sign off sheet to record and evidence that cleaning of resident equipment had occurred. Despite these new measures, inspectors found that parts of the building were not clean and therefore, continued to impact on effective infection prevention and control measures.

The fire precautions in the centre were kept under review. There was evidence that the fire alarm system, fire fighting equipment and emergency lighting were serviced and maintained in line with regulatory requirements. Fire drills had been completed. There was sufficient details in fire drill records. Inspectors found that staff did not demonstrate a good knowledge of fire safety procedures and were unfamiliar with the residents' personal emergency evacuation plan system in use. This posed a risk to residents if evacuation was required in the event of an emergency.

Resident's rights were promoted in the centre. Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were openly welcomed in the centre. Inspectors spoke with a small number of visitors and all were complimentary of the care provided to their relatives.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements under regulation 27. For example;

- In one sluice room, inspectors observed that the surfaces were unclean with

layers of dirt visible.

- Equipment that was stored away as ready for use with the next resident were visibly unclean.
- Inspectors observed a small number of individual resident's seating that was ripped and torn and in need of cleaning.
- three of the five kitchenettes in use were in a poor state of repair. Cutlery, teacups, teapots and the interior of microwave ovens were visibly unclean.
- Food transportation trollies were visibly dirty.
- Inspectors observed that the flooring adjacent to hand hygiene sinks in two units were not intact and so not amenable to cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The arrangements in place to ensure the staff training in fire safety, and containment of fire in the event of an emergency was not adequate. For example;

- A number of fire doors, when released, did not close correctly. This compromised the doors ability to contain smoke in the event of a fire.
- One fire door had a significant gap between the under surface of the door and the floor. This gap compromised the doors ability to contain smoke in the event of a fire.
- One fire door was observed to be wedged open. This prevented the door from closing in the event of fire alarm activation. This door was observed to be wedged open on the last inspection.
- Staff responses on actions to take in the event of the fire alarm being triggered were inconsistent.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed resident's assessment and care planning documentation. A comprehensive assessment of the residents need was completed on admission. These assessments informed the care plans developed to meet each resident's assessed needs. Care plans were reviewed as residents needs changed and at intervals not exceeding four months.

Judgment: Compliant

Regulation 6: Health care

Residents has timely access to their General Practitioner, and were facilitated by the centre to attend specialist out-patient appointments. In addition, inspectors found that residents had referral pathways and access to allied health professionals. Inspectors found that the advice of allied health and social care professionals was acted upon and integrated into the residents plan of care to ensure best outcomes for residents.

Judgment: Compliant

Regulation 9: Residents' rights

The provider failed to ensure that residents rights were upheld in line with the requirements under Regulation 9. For example;

- Inspectors observed that in multiple twin rooms, residents could not access their wardrobe space, without intruding in the neighbouring residents private space.
- The provision of activities in the centre was limited. This meant that there were limitations on the number of residents that had the opportunity to participate in activities in accordance with their interests and capacities. On the day of inspection there was one staff member allocated to provide activities for 103 residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cahercalla Community Hospital & Hospice OSV-0000444

Inspection ID: MON-0036964

Date of inspection: 26/05/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
• A review of all staff training will be undertaken and completed by 31/07/2022. Following this review, management will develop a targeted staff training and development plan which will address any updated training needs with further staff training scheduled as required. The PIC will ensure that all mandatory training programmes are completed by staff within the required review/refresher dates. The training programmes have been scheduled and the PIC will facilitate staff to attend as required.
• The PIC will ensure that staff have a thorough understanding of how to apply theoretical learning to practice, especially in relation to Fire Safety and Safeguarding/Protection.
• Fire safety will be discussed each day during the Safety Pause on each ward and this will assist staff in understanding how to respond in the event of a fire or other emergency.
• The PIC will ensure that fire drills, simulating night-time conditions, are conducted regularly, using a scenario-based model; staff will be required to reflect on their individual and group response and actions after the drills, which will assist them in understanding how to apply the principles of fire safety to a real-life emergency/evacuation situation. The scenario will be evaluated to determine what went well and identify quality improvements for future safety drills.
• Fire Safety and evacuation procedures will be discussed at all weekly and monthly management and departmental meetings.
• The PIC will ensure the training matrix is updated and that it accurately reflects training undertaken and scheduled renewal/refresher dates.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The PIC will ensure that daily cleaning schedules are maintained, including the cleaning of all sluice rooms, in line with Infection Prevention & Control (IPC) recommendations and guidelines.
• The General Services Manager will ensure that all kitchenettes, including fixtures, fittings and equipment therein, will be maintained in a clean and hygienic condition at all times; compliance with the schedule and standard of cleaning will be monitored by the PIC
• We will ensure that all equipment is maintained in a hygienic and clean condition, and that the required cleaning and decontamination schedules are maintained. Spot checks will be conducted, and compliance will be regularly monitored by the PIC as part of the daily rounds.
• All equipment and furniture will be monitored to ensure that they are maintained in a good state of repair, or items will be disposed of and replaced with new items as required.
• Cleaning schedules and findings from hygiene audits will be discussed at all Safety Pauses, Infection Prevention & Control and monthly management team meetings. Corrective actions will be identified as part of the overall quality improvement programme. These will be followed up by the designated Infection Prevention & Control Lead Nurse and the General Services Manager. Compliance will be reviewed by the PIC at regular intervals.
• The Assistant Director of Nursing (ADON) and Clinical Nurse Managers (CNMs) will supervise IPC practises to ensure that staff are vigilant and provide a high standard of infection control.
• The Facilities Manager will conduct an inspection of the flooring in the hospital and identify areas that require repair or replacement, especially those areas that are not amenable to cleaning. A programme of repair/replacement will be developed following this inspection.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The Facilities Manager will complete a full review of fire doors and will arrange for gaps to be repaired. All door release mechanisms will be checked to ensure that they are in perfect working order.
• The management team will conduct regular checks to ensure that doors are not wedged open. The PIC will conduct a risk assessment to determine which doors require an automatic door release mechanism (Door guard). The PIC will liaise with Fire safety trainer to ensure that this matter is highlighted and discussed as part of fire safety training sessions.

• Door closure and fire safety doors will be checked as part of regular fire safety checks and will be discussed as part of Health & Safety Committee meetings and monthly management team meetings.
• Compliance with door closing practices will be spot checked by the ADON and CNMS.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The PIC and Facilities Manager will conduct a review of all multi-occupancy rooms within the hospital. This review will ensure that regulations regarding individual resident living space are met. The review will consider the individual rights of each resident in a shared room, including placement of residents' individual furniture and fixtures, ensuring that they are placed within close proximity to them; that both occupants of each twin room can exit or enter the room without adversely impacting on the other occupant's space or privacy; and that privacy screening arrangements are appropriate to maintain full privacy and dignity of each occupant.
• The PIC will complete a review of activities within the hospital to ensure that all residents have the opportunity to attend activities in accordance with their preferences and that there is a schedule of varied, interesting and meaningful activities available on each unit.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures,	Substantially Compliant	Yellow	31/07/2022

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/08/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/10/2022