



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

Name of designated centre:	Connolly Hospital (Silver Birch)
Name of provider:	Health Service Executive
Address of centre:	Silverbirch, Connolly Hospital, Blanchardstown, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	12 September 2018
Centre ID:	OSV-0000528
Fieldwork ID:	MON-0024910

## About the designated centre

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

The centre aims to provide the highest level of holistic resident centred care in a homely environment enabling residents to enjoy an excellent quality of life, to feel supported and valued within a care environment that promotes their health and wellbeing. It is situated on the grounds of Connolly Hospital in Blanchardstown which is on the outskirts of Dublin city. The centre named Silver Birch has 19 beds open to both female and male residents. It is intended to meet the needs of residents who require highly dependent nursing care. The ethos of care is based on choice and participation, shared decision making by residents, families and carers in a homely setting.

**The following information outlines some additional data on this centre.**

Current registration end date:	30/06/2018
Number of residents on the date of inspection:	19

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
12 September 2018	08:30hrs to 11:00hrs	Sheila McKeivitt	Lead
12 September 2018	08:30hrs to 11:00hrs	Susan Cliffe	Support

## Capacity and capability

The purpose of this inspection was to determine if the registered provider had implemented the updated compliance plan submitted to HIQA on the 20 August 2018. This inspection found that the registered provider had implemented the compliance plan. However, further improvements were required to ensure that the service provided met the needs of the residents living there particularly in terms of the arrangements for personal accommodation and storage of equipment.

The registered provider had a proactive approach to ensuring that the designated centre was fit for purpose. The residents living in two separate units had been amalgamated into one. Woodlands Unit was now closed. 19 residents were now living in Silver Birch Unit. It was now closed to admissions. Inspectors were told the plan is to reduce the maximum number of residents to 18 which would free up a single bedroom to provide end-of-life care to residents living in multi-occupancy bedrooms.

The changes had enabled the delivery of a safer service and higher quality of life to the 19 residents living long term in the centre, although inspectors observed that further changes to Silver Birch Unit were required to maximise the positive impact for residents.

Improvements made to Silver Birch included the reduction in the number of residents living in multi-occupancy bedrooms, refurbishment and decoration of corridors and bedroom doors, development of an enclosed landscaped garden and improved access to meaningful recreation and activities.

In conclusion the findings of this inspection were that some further improvements were required on the part of the registered provider to ensure the available space was maximised to meet the needs of the 19 residents living there.

## Regulation 24: Contract for the provision of services

Contracts of care were in place for the majority of residents. Those unsigned were going through a ward of court process.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose updated in August 2018 required further updating to ensure it reflected the revised premises, and matched the plans and revised application form submitted.

Judgment: Substantially compliant

## Quality and safety

The quality of the premises had improved for residents. Residents had access to an adequate amount of communal space. This included a large bright dining room with an adjoining large bright sitting room. Residents were observed using the sitting room when participating in activities. Both rooms contained appropriate furniture to meet the needs of 19 residents. Doors from each bedroom lead directly onto a veranda that overlooked the newly landscaped garden. The veranda contained furniture for residents use and residents flower boxes were on display.

Residents were facilitated to mobilise along the wide corridor which had hand-rails in place on either side. Radiators were covered to ensure residents safety and non-slip level flooring was in place.

Residents had access to two assisted showers and an assisted bath. There were two assisted toilets and two non-assisted toilets located close to private and communal spaces for them to use.

Three residents now lived in each of the five multi-occupancy bedrooms. However, the screening in these rooms had not been re-configured since five residents lived in them. Therefore, the amount of private space made available to each of the three residents living in these rooms had not been increased.

The floor space in single bedrooms was not being maximised for residents use. For example, televisions sitting on tables could be mounted to the wall and furniture could be re-arranged to ensure an increase in available floor space for residents to use.

Storage space provided for equipment used by residents was not adequate. Equipment was being stored in some communal bathrooms and multi-occupancy bedrooms. This had a negative impact on residents as it was occupying space that could be made available for their use. Also, it was preventing some residents from independently accessing the communal bathrooms.

Inspectors observed that one of the two fire exit pathways available to residents was beginning to become overgrown with grass.

### Regulation 13: End of life

The end-of-life care room was currently occupied by a resident but would be made available for use by residents in multi-occupancy rooms, once one bed became vacant.

Judgment: Compliant

### Regulation 17: Premises

A condition of registration referenced in the statement of purpose required that reconfiguration of the physical environment be completed by December 2021. This was based on a commitment given by the provider to the Chief Inspector. Inspectors were informed that a new centre had been approved to design stage and would be delivered by quarter four, 2022.

The following improvements were required to the nineteen-bedded Silver Birch Unit which remain in operation:

- Provision of storage space for equipment
- Maintenance of fire escape external pathway

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The amount of private bed space made available to each resident in multi-occupancy rooms had not increased.

The space available for residents use in single bedrooms had not been fully maximised.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Connolly Hospital (Silver Birch) OSV-0000528

Inspection ID: MON-0024910

Date of inspection: 12/09/2018

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan Provider Representative's response:

Regulation Heading	Judgment
Regulation 3: Statement of purpose	Substantially Compliant
<p><b>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</b></p> <p>The Statement of Purpose Document for Silver Birch has been amended            The Floor Plans have been amended and attached as Appendix 1            The Floor Plans have individual room numbers inserted            The Floor Plans now contain metric measurements            The Floor Plans reflect room functions in Silver Birch  </p>	
Regulation 17: Premises	Substantially Compliant
<p><b>Outline how you are going to come into compliance with Regulation 17: Premises:</b></p> <p>Room 10 (Staff Room) will be converted to storage for large sized Resident equipment  <span style="float: right;">Completion by: Quarter 2, 2019</span></p> <p>Room 13 (Nurses Office) will be converted to staff room  <span style="float: right;">Completion by: Quarter 2, 2019</span></p> <p>The Garden has been maintained and a monthly maintenance program has been introduced and supervised  <span style="float: right;">Completed</span></p> <p>The Fire Escape external pathway has been cleared and is included in the garden maintenance program  <span style="float: right;">Completed</span></p>	
Regulation 9: Residents' rights	Substantially Compliant

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

Silver Birch will have bed occupancy no greater than 18 Residents (currently 19)  
Completion by:  
2019

Single Room 6, has had Television mounted on the wall which provides more personal space  
Completed

Single Room 7, has had Television mounted on the wall which provides more personal space  
Completed

Single Room 8, has had Television mounted on the wall which provides more personal space  
Completed

Single Room 9, has had Television mounted on the wall which provides more personal space  
Completed

Patient Room 1 will have replacement curtain rails to define personal space reflective of room occupancy  
Completion by:  
Quarter 1, 2019

Patient Room 2 will have replacement curtain rails to define personal space reflective of room occupancy  
Completion by:  
Quarter 1, 2019

Patient Room 3 will have replacement curtain rails to define personal space reflective of room occupancy  
Completion by:  
Quarter 1, 2019

Patient Room 4 will have replacement curtain rails to define personal space reflective of room occupancy  
Completion by:  
Quarter 1, 2019

Patient Room 5 will have replacement curtain rails to define personal space reflective of room occupancy  
Completion by:  
Quarter 1, 2019

Room 1 (Patient Room) will have built in storage for Resident small/medium sized equipment	Completion by: Quarter 1, 2019
Room 10 (Staff Room) will be converted to storage for large sized Resident equipment	Completion by: Quarter 2, 2019
Room 1 (Patient Room) Large Television and table will be installed and Electricity points installed	Completion by: Quarter 1, 2019
Room 4 (Patient Room) Large Television and table will be installed and Electricity points installed	Completion by: Quarter 1, 2019

## 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 17(1)	he registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31 <sup>st</sup> March 2019

Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31 <sup>st</sup> March 2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10 <sup>th</sup> October 2018
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30 <sup>th</sup> June 2019