

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Clonakilty Community Hospital
Centre ID:	OSV-0000559
Centre address:	Clonakilty, Cork.
Telephone number:	023 88 33 205
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Caroline Connelly
Support inspector(s):	Susan Cliffe
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	103
Number of vacancies on the date of inspection:	19

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations. Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care. 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 September 2019 11:30	24 September 2019 18:45
24 September 2019 11:30	24 September 2019 17:30
25 September 2019 08:30	25 September 2019 17:10

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

Outcome	Provider's self-assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Non-Compliant - Moderate	Non-Compliant - Major
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non-Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Non-Compliant - Moderate	Non-Compliant - Major
Outcome 08: Governance and Management		Non-Compliant - Major

Summary of findings from this inspection

This inspection report sets out the findings of an inspection of Clonakilty Community Hospital which was carried out to review representation received from the Health Service Executive (HSE) in response to a notice of proposal to renew the registration of the designated centre. Poor compliance with key regulations to ensure the rights and dignity of residents are upheld and inadequate provider responses to three inspections completed since January 2018 precipitated the addition of restrictive conditions to the registration renewal of the centre. These conditions required the HSE to reduce the number of beds in some areas in order to provide adequate dining and day space for residents in two units and to protect the privacy and dignity of residents. The centre's dementia specific Saoirse Unit can accommodate 14 residents

with dementia; at the time of the inspection there were 13 residents living there. There were an additional 29 residents in other units of the centre with a formal diagnosis of dementia; a total of 42 residents with dementia out of the 103 residents in the centre at the time of the inspection. The inspectors observed that many of the residents required a high level of assistance and monitoring due to the complexity of their individual needs but also observed that some residents functioned at reasonable levels of independence. On this inspection inspectors saw that there had been some improvements since the previous inspection, including:

- improved oversight of the centre by senior HSE managers with regular visits by a general manager to the centre and associated involvement in operation of the centre.
- improvements in the décor and furnishing of the centre
- the provision of an additional day room for residents use
- refurbishment of a long stay unit and subsequent conversion to a transitional care unit

• residents' overall healthcare needs were well met and they had very good access to appropriate medical and allied healthcare services. However substantial improvements were still required to ensure a good quality of life of residents living in the centre and to eliminate institutional practices. Inspectors saw that some residents still spent the majority of the day including meal times sitting by their beds with limited interaction with others or meaningful activities. Residents had limited space to store their personal belongings and limited ability to personalise their living space. Dining rooms in two units were too small to accommodate the number of residents on those units with some residents unable to sit at a dining table. Use of the new day room was limited to occasional activities and visiting and inspectors saw that once activities were finished residents were moved back to their bedsides and were not given the choice to remain in the day room. This inspection found unit specific cultures with varying levels of person centred care prevailed in the centre. For example,

- On the Criona unit and An Graig units, the majority of residents were seen to attend activities. However, there was a practice of returning residents to their bedrooms immediately following dining or activities which was not always the residents choice and was not person centred. There was also not enough dining or day space in An Graig to accommodate all residents living there so some residents were seen to take their meals in their bedroom.
- In the Docus unit, due to limited dining space a larger number of residents were seen to have their meals in their bedrooms on a bed table sitting by their bed. This was particularly true of those residents living in the two wards furthest away from the dining room. The dining experience for residents that did attend the dining room also required review to ensure that each meal offered residents the opportunity to avail of a quality social experience. On this unit institutional practices were particularly apparent with resident choice limited as to where residents wished to spend the day and residents were taken back to their bedside to receive their medication and to be supervised by staff.
- The dementia specific unit was found to be homely, with adequate communal space and safe enclosed gardens. However, the majority of residents were accommodated in two large multi-occupancy rooms which despite the best efforts of the dedicated staff on that unit were not conducive to good dementia care. The inspectors found that reduced staffing from 17.30 in the evenings, limited resident's

choice of attendance at activities and choice of times of going to bed. The allocation of staff and timing of shifts did not ensure a person centred approach and did not support quality of life for residents living in the centre. The inspectors found that some of the improvements required following the previous inspection in December 2018 had been implemented as had some of the actions described in the representation submitted in response to the notice of proposed decision. However many had not and as a result compliance with those regulations which underpin the quality of life of residents has not been achieved. The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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: Health and Social Care Needs

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:

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 103 residents in the centre on the days of this inspection; 42 residents had a formal diagnosis of dementia. There was evidence of timely access to health care services facilitated for all residents. Four different General Practitioner (GP) practices acted as medical officers provided medical services to the centre and an on call medical service was available out of hours. A sample of medical records reviewed demonstrated that residents were reviewed on a regular basis. Specialist medical services were also available when required. Nurses had received training in venepuncture and regularly took blood in the centre. A physiotherapist was present in the centre and referral could be made by nurses or medical officer as required. The inspector also saw that residents had access to podiatry, dental, optical, dietetic and speech & language services as required. Residents in the centre also had access to the specialist mental health of later life services and to psychology services.. Treatment plans were put in place, which were followed through by the staff in the centre. Follow-up to consultations were completed as required. Residents and relative's expressed satisfaction with the medical care provided. Residents had access to consultant palliative care and the hospice services. Staff had completed professional development regarding end of life care, palliative care and specialist syringe-driver. Detailed end of life care plans had been commenced. The lack of single room accommodation for end of life is outlined under premises and residents rights. On day two of the inspection an inspector focused on the experience of residents with dementia in the centre and tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, medication and end of life care in relation to other residents. The inspector saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. A system of assessments and care planning was viewed by the inspector and care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. These tools were used to assess each resident's risk of deterioration, for example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Pain charts in use reflected appropriate pain management procedures. The

inspector saw "my day my way " information that had been completed for residents which included detailed information on residents likes, dislikes, hobbies and interests. There was evidence that residents and their families where appropriate, were involved in the care planning process. This included end of life care plans which reflected the wishes of residents with dementia.. Very comprehensive person centred care plans were seen to be in place for residents who exhibited responsive behaviours. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding resident's up to date needs and the best distraction tools and methods to use. Overall, care plans particularly on the dementia unit were found to be comprehensive and person centred. Good wound care management was seen in the centre and there was evidence that wound care was evidence based. Inspectors saw that attention was given to promoting continence and assessments were completed to ensure correct use of continence products. Inspectors observed that residents appeared to be well cared for, which was further reflected in residents' comments that their physical daily health care needs were well met. There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents.. There was evidence on the medication prescription sheets of regular review of medications by the GP and pharmacist. Medication administration was observed during the two days of the inspection and the inspectors found that the nursing staff adhered to professional guidance issued by An Bord Altranais agus Cnáimhseachais. The person in charge said there was ongoing monitoring of medication errors in the centre and medication management was the subject of audit. There was a policy in place for end-of-life care and this was in date. Spiritual needs were facilitated with mass held regularly in the chapel in the centre. The minister for other denominations visited the centre weekly. There was a policy in place for food and nutrition that included a recognised food and nutrition risk assessment, monitoring and documentation of nutritional status. Staff had completed training in modified consistency food preparation. Residents' weights were documented on a monthly basis or more often if their clinical condition warranted; dietary intake was recorded when necessary and residents were prescribed supplements when their condition necessitated. Information was relayed by the nurse to kitchen staff on admission of a new resident and following review by the dietician or speech and language therapist with an update of the current status of the residents pertinent to their nutrition. There was a colour coded menu system which identified resident's requirements for specialist diets or modified consistency diets this was completed with residents on the day before. Residents had choice at each mealtime via the menu system and residents spoken with gave positive feedback regarding the quality of their food. Residents had access to fresh water and other fluids throughout the day. Frequent drinks rounds were seen during the inspection. Residents dining experience is discussed under Outcome 3 residents rights.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

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

Findings:

There were measures in place to ensure residents were safeguarded and protected from abuse. The policy on elder abuse was up to date and referenced the most recent Health Service Executive policy 'Safeguarding Vulnerable Persons at Risk of Abuse'. Residents with whom inspectors spoke said that they felt safe in the centre. Staff training records indicated that all staff had annual training on the prevention, detection and response to abuse. This training was provided in-house by one of the ADON's and day to day examples were used. Staff spoken with confirmed to inspectors that they had received this training and were aware of what to do if they suspected or were informed of an allegation of abuse. All allegations of abuse were documented in the centre and notified to HIQA as required. Arrangements were in place for a full investigation and management of any allegations of abuse to residents and the safeguarding team were involved in all allegations. Inspectors were satisfied that there were robust systems in place to manage residents finances and pension agent agreements were in place for residents via the HSE arrangements in Tullamore. On the previous inspection some improvements were required in the verification of hairdressing charges and any other charges to ensure protection of the resident's finances. The inspector saw on this inspection that hairdressing and chiropody charges were verified by the senior nurse on the unit, prior to being charged to the residents account. This system was found to be sufficiently robust to protect both the resident and the staff members. Inspectors found that the person in charge and staff team was proactively working to promote a restraint-free environment. A number of low level beds had been purchased for residents since the last inspection and was on-going. This action enabled staff to reduce the numbers of bedrails used that restricted residents' mobility in and out of bed. At the time of the inspection there were eight residents out of 103 using bedrails as a form of restraint which is a continued reduction in bedrail usage. All residents with any form of restrictive procedure in place were regularly assessed to ensure need for same and that the restrictive intervention used did not compromise their safety. Regular checking procedures were evidenced on residents with bedrails in use. There was documented evidence that alternatives had been tried prior to the use of restraint, as required by the centre's policy. A policy and procedure was in place in relation to the management of behaviour that is challenging. Inspectors observed that staff used a positive and compassionate approach with residents who were known to experience responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was a policy in place to inform staff on management of responsive behaviours. Inspectors observed that residents who experienced responsive behaviours were assessed, had behaviour support care plans developed and where possible the behaviours were prevented by proactive interventions by staff. Care plans viewed by inspectors demonstrated that a person-centred approach was taken by staff to identify and alleviate any underlying causes for residents' responsive behaviours. Effective de-escalation strategies were documented and staff could describe the person-centred de-escalation techniques they would use to manage individual resident's responsive behaviours. There was evidence of the involvement and regular review of residents by

the psychiatrist and psychologist where necessary.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

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:

The findings of this inspection are that significant improvements are required to enhance the quality of life of residents living in Clonakilty Community Hospital. The prevailing culture of the designated centre was one reflective of a hospital rather than a home. Appropriate arrangements were not in place to ensure that the rights of residents were respected in relation to privacy, dignity and their ability to exercise personal choice.

Examples included:

- Residents were limited in their choice of sitting area during the day due to a lack of communal space available.
- Residents were restricted in choice due to some work practices of staff. One resident was observed to get up from the dining table and request to sit in a comfortable chair in the room, only to be instructed by staff that she would take her to return to her bedroom. The inspector questioned this practice to be told that the homemaker staff would be going on their break so there would be no staff to supervise the day room/dining room therefore the residents had to return to their bedrooms so staff there could supervise them. The inspector observed a nurse requesting residents to return to their bedrooms so medication could be administered there and not given wherever the resident was. These are not person centred practices.
- There was also not enough dining or day space in An Graig and in Docus unit to accommodate all residents living there so some residents were seen to take their meals in their bedroom.
- The dining experience for a number of residents was not a social experience for many residents
- Residents did not always have the choice to attend activities. The inspector saw a lively music session facilitated by an external musician taking place in the evening in the new lounge on the corridor. The inspector saw that this was enjoyed very much by the seven residents from the Cionna Unit who attended the session (there were over 100 residents' living in the centre on th day of the inspection). At 18.30 on the same evening the majority of residents in An Docus and An Graig units were in bed or sitting beside their beds.
- The majority of residents could not receive visitors in private and the rights of other residents to privacy were not respected when visiting took place in the multi-occupancy

rooms.

- The use of multi-occupancy rooms for up to seven residents did not support the receipt of personal care and communication in a manner that protected privacy and dignity. Privacy screens provided visual protection but did not adequately protect the privacy of residents in relation to the conduct of personal activities and communication.
- A number of residents told inspectors that the noise level in the multi-occupancy bedrooms could be disturbing and upsetting especially if a fellow resident was disturbed and shouting. One resident had complained that sharing a five bedded room with one en-suite bathroom was difficult. Residents in a six bedded room had taken over the bed spaces of vacant beds to store some of their personal items as they did not have enough space by their own beds. The occupancy of the centre has consistently been well below capacity but the extra bed space was not made available to the residents and the bed spaces realigned to meet the needs of the residents.
- Residents were limited in their choice of bedroom due to a lack of private accommodation available notwithstanding the continuing non-compliance, some areas of good practice were seen, for example:
 - There had been more of an emphasis and importance placed on activities and on social aspects of care since the previous inspections, however the range and availability of meaningful activities in accordance with peoples' interests and capacities was inadequate.
 - Inspectors observed that some staff understood their role and responsibilities regarding normal socialisation and engaging with residents, nonetheless, further work was required to highlight the profile of activities as part of the role and responsibility of all staff.
 - Residents were consulted through the residents committee and through feedback questionnaires. The residents' committee meetings were held on each unit and many residents attended these meetings. The meetings in the dementia specific unit were attended by relatives who acted as advocates for the residents there.
 - Advocacy services were available through SAGE advocacy and contact details were displayed throughout the centre. On balance the inspectors concluded that staff work practices and the lack of appropriate staff allocations led to institutional practices and lack of choice for residents to exercise personal autonomy and full choice about where they spent their day and evening. In addition the HSE as the registered provider
 - has failed to carry out a comprehensive review of occupancy levels to inform the profile and number of residents who could appropriately be accommodated in the centre
 - has failed to make sufficient alterations to the premises by the removal of beds to provide adequate private and communal space for residents.

Judgment:

Non-Compliant - Major

Outcome 04: Complaints procedures

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 policy and procedure in place for the management of complaints. This identified the person in charge as the complaints officer. The HSE complaints procedure 'Your Service, Your Say' was displayed. The complaints process was displayed around the centre and comments and complaint cards were also available. The person in charge informed inspectors that she monitored the complaints of all residents and relatives and these were discussed at staff meetings. Residents, spoken to, stated that they could raise any issue or concern, with the person in charge or staff. The complaints log was reviewed and complaints were recorded in line with the regulations, including the outcome of whether the complainant was satisfied with the outcome. The person in charge monitored complaints and endeavoured to resolve issues as soon as they arose. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

Judgment:

Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

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

Findings:

The centre had appropriate policies on recruitment; training and vetting of staff that described the screening and induction of new employees and also referenced job description, requirements and probation reviews. A system of staff appraisals/performance coaching had been commenced since the previous inspection and comprehensive induction programmes and checklists were completed. There had been ongoing successful recruitment of staff since the previous inspection and there had been no requirement for the use of agency staff in the centre. Increases in staffing numbers were seen in a number of the units and the extension of the homemaker role to all units had proved successful. Inspectors observed warm and appropriate interactions between staff and residents and they observed staff chatting easily with residents. Residents and relatives spoke very positively of staff and indicated that staff was caring, responsive to their needs and treated them with respect and dignity. However the inspectors found that the whole area of staffing allocation and timing of shifts required review to ensure more choice and a more person centred approach for residents. During the inspection the number and skill mix of the staff appeared sufficient to meet the assessed needs of residents during the day. However inspectors noted that

work practices and staff allocations required immediate review particularly in relation to the provision of person centred care to residents on a number of units. The inspectors saw and were told by a number of staff that residents had to return to their bed space after their lunch in a number of units as the homemaker staff member was going on their lunch break and there was nobody allocated to supervise the day room. These issues are discussed further in Outcome 3 Residents rights. The inspectors also noted that staffing levels reduced in the evening with a lot of staff going off duty at 17.30. The inspectors saw and it was confirmed by staff that a large number of residents were assisted to bed or to their bedrooms before the staffing levels reduced, again this did not facilitate choice. Staffing levels in the evening required review to ensure residents are facilitated to have choice and to attend the activities accompanied by staff if they wish to. On the previous inspection there had been staff allocated to evening or twilight shift on a number of evenings per week. The ADON told the inspector these shifts were generally no longer in place. Staffing levels, skill mix and work practices on the dementia unit were found to be appropriate to the number of residents residing there. There was evidence of very individual person centred care being provided to all residents, who were up and about and engaged in their own music session in the evening. Inspectors viewed the staff training and education records. An overall training matrix was in place and individual records were maintained. Mandatory training was in place and training records confirmed that the majority of staff had received up to date training in fire safety, safe moving and handling, safeguarding vulnerable persons and training in responsive behaviours. However, there were a few staff overdue refresher training in moving and handling and fire training, dates for these training were booked and prioritised. A number of staff needed to attend training in responsive behaviours and dates for that training was also scheduled. Other training provided included, care planning, dementia specific training, infection control, end of life, syringe driver training, care planning, dysphagia and medication management. A lot of training was provided on site by external and internal trainers. Training facilities were available in house which including fully equipped conference and training rooms. The inspectors saw that other training courses had been booked and were scheduled for the coming months. Staff confirmed that they were facilitated and encouraged to attend training and through their staff appraisals were able to highlight their training needs. Inspectors reviewed a sample of staff files which included all the information required under Schedule 2 of the Regulations. Registration details with An Bord Altranais for 2019 for nursing staff were seen by inspectors. The person in charge confirmed Garda vetting was in place for all staff and no staff commenced employment until this was in place.

Judgment:

Non-Compliant - Moderate

Outcome 06: Safe and Suitable Premises

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:

The centre provides accommodation for older people in four separate units: Saoirse, the dementia specific unit, comprises of two single rooms with en suite assisted showers, toilets and hand basins and two large multi-occupancy rooms accommodating six and seven residents respectively. There is a homely dining/day room and a second homely sitting room, further communal space was provided in an open area set out like a street which included comfortable seating and a dining table. This unit currently accommodates up to 14 residents. An Graig has one single bedroom and four multi-occupancy bedrooms with five beds each with full en-suite facilities. There is one kitchen/dining room and one small quiet room used for sitting and dining. This unit currently accommodates up to 21 residents. Dochas has six multi-occupancy rooms with five beds each with full en-suite facilities, there is also a single room used for end of life care. There is one communal room used for dining. This unit currently accommodates up to 31 residents. A new day room had been added to the main corridor to provide day room accommodation for residents on Docus but at the time of the inspection this was not being fully utilised. Crionna has nine multi-occupancy rooms two six bedded, 1 x five bedded and six four bedded and one single room all with full en-suite facilities. There is a dining room, a sitting room plus dining room and a quiet room for residents use. This unit currently accommodates up to 42 residents. Transitional Care Unit, Consists of multi-occupancy rooms one six bedded, two four bedded and two two bedded rooms. There is a day room and a dining room in this unit. This unit accommodates up to 14 residents for short stay only. Overall, the premises was not fit for purpose for the number of residents living there. The layout, multi-occupancy bedrooms, lack of separate dining and communal living space, limited quite space, all contributed to a premises that could not enable a holistic person-centred approach to living and being cared for with respect and dignity. Issues identified on previous inspections with regards to the limitations of the premises that remained outstanding on this inspection included:

- Inadequate communal space in Dochas and An Ghraig; most residents in these units continued to be seated near their beds for large parts of the day.
- multi-occupancy bedrooms; some could not accommodate a bed-side chair or wardrobe alongside residents' beds particularly in the seven bedded room in Saoirse unit and a five bedded room in Crionna unit which were found to be not suited to accommodate that number of residents. The two six bedded rooms and some of the four bedded rooms in Crionna were not suitable to accommodate the number of residents in these rooms if they were at full occupancy. These rooms are not suitable to ensure that residents rights to privacy and dignity were upheld.
- Some multi-occupancy bedrooms and single rooms could only be accessed via other multi-occupancy bedrooms
- Lack of private space for residents to meet their visitors in private if they wished
- Lack of private rooms to accommodate residents, especially at end-of-life care
- Although there was some dementia specific pictorial signage seen further dementia-specific signage to orientate residents would be recommended to orient residents to the building and their environment.
- While some additional storage space was created since the last inspection, storage space remained inadequate for the amount of specialised wheelchairs and other equipment used. There were some improvements in the centre since the previous

inspection in that numerous parts of the centre had been repainted; new paintings were seen throughout the centre including a corridor that displayed resident's art work. A new day room was created along one of the main corridors, curtains and upholstery were colour co-ordinated and made the room warm and homely. Improvements were seen in some bedrooms which were more colour-coordinated, larger wardrobes had been provided to ensure some residents could retain control over their personal clothing and belongings. Chairs tables and lamps had been placed in various corridors of the centre offering residents different areas to sit and visit. In Crionna unit work was underway during the inspection on the conversion of an old kitchen on that unit to a single full en-suite palliative care room. There were also plans to convert a shop and office to a sitting room..The person in charge gave assurances to the inspectors that the planning permission had been granted by Cork County Council for an extension to the premises. This new build would include twenty single en-suite bedrooms and numerous areas of communal space including an extension of the current communal space for An Ghraig and Docus units. On reviewing these current plans inspectors raised concerns that following this programme of works the majority of residents living in Clonakility Community Hospital would continue to be accommodated in rooms with four residents with associated difficulties in upholding the rights of residents and ensuring regulatory compliance.

Judgment:

Non Compliant - Major

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

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

Findings:

The centre was operated by the Health Service Executive (HSE) who was the registered provider. The centre had applied for renewal of their registration which expired on the 24 June 2018. Poor findings and inadequate provider responses to the three inspections completed since January 2018 precipitated the Chief Inspector to issue a notice of proposal to register the centre with a number of restrictive conditions. Following the inspection in January 2018 representatives of the HSE attended meetings in the office of the chief inspector as the first steps in an escalation process and there had been ongoing interactions with the office of the chief inspector since then. In response to the notice of proposal the HSE had submitted representation to the Chief Inspector and the inspectors conducted this inspection to review the actions proposed. The findings from this inspection demonstrated that the Health Service Executive (HSE) had failed to fully address the deficits identified on the previous inspections. The representation received would also not address the issues particularly in relation to compliance with those

regulations which underpin the quality of life of residents. These included:

- a failure to take all necessary action to improve the privacy and dignity of residents
- a comprehensive review of occupancy levels was not carried out to inform the profile and number of residents who could appropriately be accommodated in the centre
- findings of repeated regulatory non-compliance over three inspections
- long-term residents continued to be accommodated in situations which adversely impacted their daily quality of life, daily activities and their privacy and dignity
- the centre has operated at a reduced capacity in the number of residents accommodated in the centre over a prolonged period of time.

The registered provider had failed to consider that the space created by the reduced number of residents was utilised to enhance the quality of life and privacy and dignity of the remaining residents. There had been some improvements in the overall governance and management of the centre since the previous inspection with the increased involvement of the general manager who is the registered provider representative (RPR). The RPR was a regular visitor to the centre and was known to staff and a number of residents. Regular management meetings were taking place. The person in charge was enthusiastic and demonstrated good leadership and management skills. Some improvements in the premises were evident with the introduction of a new day room and work had commenced on a new palliative care room. The inspectors found that person in charge and assistant directors of nursing had progressed improvements as far as they could, however, further progress will require the support of HSE senior management. The inspectors were informed planning permission was in place for an extension to include twenty single en-suite bed rooms and additional communal space. However there is no definitive date for commencement or completion of this extension. The interim governance and management arrangements in place did not empower local managers with the necessary authority to effect the substantive cultural change required in the centre. The permanent appointment of the person-in-charge had not progressed in line with previous commitments by the HSE. The permanent appointment of a person-in-charge, the senior nursing position in the designated centre is essential to effect the changes required to achieve and sustain compliance. Lines of authority and accountability that specified roles, and detailed responsibilities for all areas of service provision also needed to be outlined. This requires further development particularly in the supervision and promotion of person centred work practices on a number of units.

Judgment:
Non-Compliant - Major

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:

Caroline Connelly
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:	Clonakilty Community Hospital
Centre ID:	OSV-0000559
Date of inspection:	24/09/2019
Date of response:	26/11/2019

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 03: 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:

Inspectors identified a number of areas where residents' rights continued to be not upheld.

- The right to privacy and dignity: the use of multi-occupancy rooms for up to seven residents did not support the receipt of personal care and communication in a manner that protected privacy and dignity. Privacy screens provided visual protection but did not adequately protect the privacy of residents in relation to the conduct of personal activities and communication. These screens provided little or no protection from the

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

noise and odours that a resident might experience in multi-occupancy accommodation.

- Residents were limited in their choice of bedroom due to a lack of private accommodation available.
- Residents did not always receive visitors in private and the rights of other residents to privacy were not respected when visiting took place in the multi-occupancy rooms.
- The HSE has failed to carry out a comprehensive review of occupancy levels to inform the profile and number of residents who could appropriately be accommodated in the centre

1. 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 inspector has reviewed the provider compliance plan. This actions proposed to address the regulatory non-compliance does not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

- New privacy screens currently on trial, feedback will be sought from residents and staff in relation to the location of the screens and that work is to be completed by 30th June 2020.
- A new recreational zone is to be created in front of house, including the existing Café and two sitting rooms. One existing sitting room is to be converted into a dining area for the residents. The existing staff changing room is to be converted into a new family area where they can make tea and coffee and socialise with family or friends in private. The existing sitting room is to be redecorated following consultation with residents and their art work which is created during their activities will be displayed in the sitting room. The existing Café will have a tea/coffee station for family and friends use to encourage them to use this space late into the evening. The housekeepers' room between the dining room and the existing wheelchair accessible bathroom will be converted into an assisted bathroom so that it is conveniently located in the recreation zone. The existing Wander Guard system will be extended beyond this recreational zone to facilitate the use of the space by all residents from Dochas and An Ghraig.
- The Management team including the Clinical development coordinator and the general manager will re-audit resident activities with a view to facilitating resident's choice of activity and timing of activities leading to a resident lead activity programme for the Centre. The existing staff roster will be reviewed to provide a specific care team to the recreational zone ensuring that residents have their care needs met at all times by familiar friendly faces.
- The angular edged frames behind the bed will be removed in the multi-occupancy rooms providing additional personal space for the residents in these rooms. The Occupational Therapist will review the multi-occupancy rooms to maximise resident's personal space. These works will be completed by 30th June 2020.
- Planning permission has been obtained for the new 20 single room extension – all ensuite, tender process currently underway. Work will commence in January 2020 and to be completed before 31st December 2021.
- Residents to be encouraged to use the new sitting room area for receiving visitors.

- New palliative care single room in Crionna to be completed by 31st December 2019.
- Occupancy is now reviewed monthly by the Management team to ensure the appropriateness of the accommodation for the residents going forward.

Proposed Timescale: 31/12/2021

Theme:

Person-centred care and support

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

Residents were limited in their choice of sitting area during the day due to a lack of communal space available.

- Residents were restricted in choice due to some work practices of staff.
- As there was not enough dining space on all units, residents on those units did not always have choice in dining areas and the dining experience for a number of residents required review.

2. 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 inspector has reviewed the provider compliance plan. This actions proposed to address the regulatory non-compliance does not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

- Staff work practices and rosters are being reviewed and has already resulted in a change in morning break times to facilitate residents' choice. Further review of rosters will continue and additional training is planned for Quarter 1 2020 which will entail the introduction of QUIS into all units to capture person centred moments and to incorporate them into team talks/safety pause in the evening to enable learning. The change in rosters has addressed supervision at meal times, timing of the morning medication round is also being reviewed with a view to changing the time of the medication round.
- Nurse Management are to attend a local private establishment to observe person centred care to encourage them to adopt alternative approaches to their management and leadership style in person centred care.
- Senior staff to complete the person centred dementia training on an on-going basis to provide a more person centred focus in care. One Nurse Manager has completed this to date and the second is to commence on the 26th November 2019.
- A new recreational zone is to be created in front of house, including the existing Café and two sitting rooms. One existing sitting room is to be converted into a dining area for the residents. The existing staff changing room is to be converted into a new family area where they can make tea and coffee and socialise with family or friends in private. The existing sitting room is to be redecorated following consultation with residents and their art work which is created during their activities will be displayed in the sitting

room. The existing Café will have a tea/coffee station for family and friends use to encourage them to use this space late into the evening. The housekeepers' room between the dining room and the existing wheelchair accessible bathroom will be converted into an assisted bathroom so that it is conveniently located in the recreation zone. The existing Wander Guard system will be extended beyond this recreational zone to facilitate the use of the space by all residents from Dochas and An Ghraig.

- Meetings with staff now include feedback on resident choice.

Proposed Timescale: 31/03/2020

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Inspectors noted that work practices and staff allocations required immediate review particularly in relation to the provision of person centred care to residents on some units. The inspectors also noted that staffing levels reduced substantially in the evening with a lot of staff going off duty at 17.30. The inspectors saw and it was confirmed by staff that a lot of residents were assisted to bed or to their bedrooms before the staffing levels reduced, again this did not facilitate residents choice.

3. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

- Staff work practices and rosters are being reviewed and has already resulted in a change in morning break times to facilitate residents' choice. Further review of rosters will continue and additional training is planned for Quarter 1 2020 which will entail the introduction of QUIS into all units to capture person centred moments and to incorporate them into team talks/safety pause in the evening to enable learning. The change in rosters has addressed supervision at meal times, timing of the morning medication round is also being reviewed with a view to changing the time of the medication round.
- We will re-audit resident activities with a view to facilitating resident's choice of activity and timing of activities leading to a resident lead activity programme for the Centre. The existing staff roster will be reviewed to provide a specific care team to the recreational zone ensuring that residents have their care needs met at all times by familiar friendly faces.
- Where additional support staff requirements are identified in the evenings, after 5.30om, to facilitate evening activities the roster will be reviewed to reflect these requirements.
- Nurse management roles on site have progressed to job offer stage.
- Staff training has already been provided on fire and safeguarding. Training on person

centred care is to be provided in Quarter 1 2020 to emphasise resident choice and person centeredness.

- There will be on-going engagement in the centre with the multi-disciplinary team to ensure a resident centred approach to all ADL's, social activities and to provide a holistic approach to resident care in the centre.

Proposed Timescale: 29/02/2020

Theme:

Workforce

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

Some mandatory training was out of date for a small number of staff.

4. 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:

- Staff training has already been provided on fire and safeguarding. Training on person centred care is to be provided in Quarter 1 2020 to emphasise resident choice and person centeredness.
- Mandatory training will be updated to reflect the requirements and all deficits addressed by end of February 2020.

Proposed Timescale: 29/02/2020

Outcome 06: 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:

Issues previously identified on numerous inspections with regards to the limitations of the premises that remained outstanding on this inspection included:

- inadequate communal space in Dochas and An Ghraig; most residents in these units continued to be seated near their beds for large parts of the day.
- multi-occupancy bedrooms; some could not accommodate a bed-side chair or wardrobe alongside residents' beds particularly in the seven bedded room in Saoirse unit and a five bedded room in Crionna unit which were found to be not suited to accommodate that number of residents. The two six bedded rooms and some of the four bedded rooms in Crionna were not suitable to accommodate the number of residents in these rooms if they were at full occupancy. These rooms are not suitable to ensure residents privacy and dignity was met.
- some multi-occupancy bedrooms and single rooms could only be accessed via other multi-occupancy bedrooms
- lack of private space for residents to meet their visitors in private if they wished

- lack of private rooms to accommodate residents, especially at end-of-life care. There were a small number of additional issues identified on this inspection
- Although there was some dementia specific pictorial signage seen further dementia-specific signage to orientate residents would be recommended to orient residents to the building and their environment.
- While some additional storage space was created since the last inspection, storage space remained inadequate for the amount of specialised wheelchairs and other equipment used.

5. 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 inspector has reviewed the provider compliance plan. This actions proposed to address the regulatory non-compliance does not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

- A new recreational zone is to be created in front of house, including the existing Café and two sitting rooms. One existing sitting room is to be converted into a dining area for the residents. The existing staff changing room is to be converted into a new family area where they can make tea and coffee and socialise with family or friends in private. The existing sitting room is to be redecorated following consultation with residents and their art work which is created during their activities will be displayed in the sitting room. The existing Café will have a tea/coffee station for family and friends use to encourage them to use this space late into the evening. The housekeepers' room between the dining room and the existing wheelchair accessible bathroom will be converted into an assisted bathroom so that it is conveniently located in the recreation zone. The existing Wander Guard system will be extended beyond this recreational zone to facilitate the use of the space by all residents from Dochas and An Ghraig.
- Planning permission has been obtained for the new 20 single room extension – all ensuite, tender process currently underway. Work will commence in January 2020 and to be completed before 31st December 2021. Part of the new extension will provide additional living space into Dochas and An Ghraig.
- Aspergillosis report prepared and submitted to the engineer as part of the tender process for the overall hospital extension.
- Additional single room for palliative care purposes in Crionna currently being constructed – due for completion in December 2019.
- New resident kitchen area being installed in Crionna to create a more homely environment- due for completion December 2019.
- Five bedded unit in Crionna unit will be re configured and reduced to 4 beds by December 2019.
- Additional quiet sitting room to be provided in Crionna – due for completion by December 2019.
- Additional Dementia Specific signage to be provided – due for completion January 2020
- A review of the hospital storage is underway and wardrobes used for linen etc. to be

removed from the multi-occupancy areas to allow more resident space. Equipment not in use will be removed from the Unit.

- The angular edged frames behind the bed will be removed in the multi-occupancy rooms providing additional personal space for the residents in these rooms. The Occupational Therapist will review the multi-occupancy rooms to maximise resident's personal space. These works will be completed by 30th June 2020.
- Resident consultation in relation to their personal storage space is on-going and units are being procured to facilitate residents' choice as they finalise their decisions.

Proposed Timescale: 30/06/2020

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

As identified on the previous inspections and remaining non-compliant. Interim governance and management arrangements in place did not empower local managers with the necessary authority to effect the substantive cultural change required in the centre. Specifically the permanent appointment of a director of nursing, the senior nursing position in the designated centre is essential to effect the changes required to achieve and sustain compliance. Lines of authority and accountability required to be fully outlined, that specified roles, and detailed responsibilities for all areas of service provision. This requires further development particularly in the supervision and promotion of person centred work practices on a number of units.

6. Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The inspector has reviewed the provider compliance plan. This actions proposed to address the regulatory non-compliance does not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

- Nurse management roles on site have progressed to job offer stage including PIC.
- Currently Permanent CNM1 posts advertised for care of the older adult setting- interviews to take place in January 2020.

Proposed Timescale: 31/05/2020

Theme:

Governance, Leadership and Management

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

The findings from this inspection demonstrated that the Health Service Executive (HSE)

had failed to fully address the deficits identified on the previous inspections and to make sufficient resources available to address the following issues

- a failure to take all necessary action to improve the privacy and dignity of residents
- a comprehensive review of occupancy levels was not carried out to inform the profile and number of residents who could appropriately be accommodated in the centre
- findings of repeated regulatory non-compliance over three inspections
- long-term residents continued to be accommodated in situations which adversely impacted their daily quality of life, daily activities and their privacy and dignity
- the centre has operated at a reduced capacity in the number of residents accommodated in the centre over a prolonged period of time. The registered provider had failed to consider that the space created by the reduced number of residents was utilised to enhance the quality of life and privacy and dignity of the remaining residents.

7. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

The inspector has reviewed the provider compliance plan. This actions proposed to address the regulatory non-compliance does not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

- Clonakilty Community Hospital strives to create a home from home for our residents. Privacy and dignity of residents remains a top priority and our residents, their families and friends are encouraged to make the unit their home. The new social spaces and the changing staffing model will provide the appropriate supports to ensure that everybody prioritises the dignity, privacy and welfare of our residents.
- Occupancy is now reviewed monthly by the Management team to ensure the appropriateness of the accommodation for the residents going forward.
- On-going engagement with the HSE Management Team and the Deputy Chief Inspector and her team in HIQA in relation to the Saoirse Unit, following engagement between the parties Management plan to continue to operate the unit as a 14 bedded unit pending the development starting January 2020. The additional living space for An Dochas and An Ghraig will be provided in the new recreational unit in the front of the building.
- Planning permission has been obtained for the new 20 single room extension – all ensuite, tender process currently underway. Work will commence in January 2020 and to be completed before 31st December 2021. Part of the new extension will provide additional living space into Dochas and An Ghraig.
- The opening of the transitional care unit in 2019 has transferred some of the short stay beds out of the main hospital and the Management Team continue to work with our residents and families to ensure the existing units occupancy and resident's satisfaction are maximised at all times.
- The on-going upgrades in the unit in relation to communal social spaces have had an impact on occupancy levels and the Management Team now review the occupancy monthly with a view to maximising appropriateness for all residents.

Proposed Timescale: 31/03/2020