

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Gabriel's Community Hospital
Centre ID:	OSV-0000600
Centre address:	Colla Road, Schull, Cork.
Telephone number:	028 28120
Email address:	patrick.ryan1@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patrick Ryan
Lead inspector:	John Greaney
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with 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 Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
03 June 2015 09:30	03 June 2015 18:30
04 June 2015 08:30	14 June 2015 14:30

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

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

Summary of findings from this inspection

St. Gabriel's Community Hospital is located on the outskirts of Schull village on well maintained grounds with views over Schull harbour. It is a two-storey building that was first constructed in the mid-twentieth century. A refurbishment programme commenced in 2012 resulting in the construction of a new single-storey wing consisting of 17 single bedrooms and two twin bedrooms, all of which were en suite with shower, toilet and wash-hand basin. All resident' accommodation was on the

ground floor of the new wing.

During this inspection, which was a renewal of registration inspection, the inspector met with a number of residents, relatives and staff members. The inspector observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files.

Overall the findings of this inspection indicated that residents received care to a good standard. The provider and person in charge were knowledgeable of their obligations under the relevant standards and regulations, and demonstrated a commitment to providing a high standard of care to residents. Nursing and care staff were knowledgeable of residents' needs and provided a high standard of care. There was good access to GP services, including out-of-hours, and residents were referred for review by allied health/specialist services when indicated.

A number of completed questionnaires were received from residents and relatives and the overall feedback indicated satisfaction with the care provided. This was supported by positive feedback given to the inspector by residents and relatives on the days of the inspection.

Even though care was provided to a good standard, some improvements were required, some improvements were required, including:

- statement of purpose
- annual review of quality and safety
- records management
- policies and procedures
- fire safety training and records
- care planning
- staff training

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of 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.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that accurately described the service provided in the centre. Some improvements, however, were required as the statement of purpose did not include all of the information required by the regulations. However, the statement of purpose did not include:

- the information set out in the Certificate of Registration
- arrangements for the management of the centre where the person in charge was in charge of more than one centre or absent from the centre.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were adequate resources to support the effective delivery of care. There was a clearly defined management structure that identified accountability and reporting

structures. The person in charge was also the person in charge of another designated centre approximately 24 kilometres away. The person in charge reported to the general manager and was supported in her role by a clinical nurse manager.

There was a programme of audits to evaluate the quality and safety of care and to assess its effectiveness in meeting residents' needs. There were audits of waste management, restraint, privacy and dignity, hand hygiene practices and care plans. However, some improvements were required as there was not always an action plan to identify responsibilities and timelines for required improvements identified through the audit process. Additional improvements required included the expansion of the range of audits to include high risk areas such as medication management in the audit process.

There was evidence of consultation with residents through residents meetings and evidence of action in response to issues raised. There was no annual review of the quality and safety of care delivered to residents as required by the regulations.

Judgment:
Non Compliant - Major

Outcome 03: Information for residents

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

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a resident's guide available to residents. Each resident had a written contract of care that included details of the services to be provided and the fees to be charged.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

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

Theme:
Governance, Leadership and Management

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

Findings:

There was a person in charge of the designated centre who was suitably qualified and experienced in the area of health and social care. The person in charge was registered nurse, worked full time and was also the person in charge of another designated centre approximately 24 kilometres away. The person in charge was engaged in the governance, operational management and administration of the centre.

Based on interactions with the person in charge over the two days of the inspection and the findings of this inspection, the inspector was satisfied that she demonstrated sufficient clinical knowledge, knowledge of the legislation and knowledge of her statutory responsibilities.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed records including a sample of personnel records, a sample of residents' medical and nursing records, the directory of residents, residents' financial records, and operating policies and procedures. Overall, the inspector was satisfied that there was substantial compliance with the Regulations in relation to records management and any issues identified for improvement will be addressed in the relevant outcome of this report.

A record was maintained of all visitors to the centre. The Directory of Residents contained all the items specified in Schedule 3 of the Regulations and an insurance certificate was submitted as part of the registration process indicating that the centre was adequately insured against accidents or injury to residents, staff or visitors.

A record of training was maintained identifying what staff had attended training such as recognising and responding to abuse, fire safety and manual handling. However, the inspector was not satisfied that the record was accurate as the record indicated that at

least two members of staff had attended training on specific dates but other records indicated that training scheduled on that date had been cancelled.

All of the operating policies and procedures listed in Schedule 5 of the regulations were available, and most were regularly reviewed and staff members spoken with demonstrated adequate knowledge of the policies and procedures. However, as discussed under Outcome 7, safeguarding and safety, the policy on recognising and responding to abuse required review. Additionally, the admissions policy did not provide adequate detail on the profile of residents to be admitted to the centre.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was no period when the person in charge was absent from the centre for a period of 28 days or more. The person in charge was supported in her role by a clinical nurse manager who took charge of the centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy in place on responding to allegations of elder abuse. Training records indicated that most, but not all, staff had received up-to-date training on recognising

and responding to allegations of abuse. Staff members spoken with by the inspector were knowledgeable of what constituted abuse and what to do in the event of an allegation of abuse.

Residents spoken with by the inspector stated that they felt safe in the centre and would be comfortable approaching the person in charge or any member of staff in relation to any concerns they may have.

The inspector viewed a sample of records of residents' financial transactions and was satisfied that there were adequate procedures in place to safeguard residents' finances.

There was a policy in place for managing challenging behaviour. Staff members spoken with by the inspector were knowledgeable of how to respond to behaviour that is challenging, however, not all staff had attended training.

There was a policy and procedure in place for the use of restraint. The only restraint in use in the centre was in the form of bedrails. Based on a sample of records viewed there was a risk assessment carried out for the use of restraint for each resident with bedrails in place, however, it was not always completed correctly. Records were available of safety checks when bedrails were in place.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was an up-to-date safety statement. There was a risk management policy and associated risk register; however, the policy did not address the measures in place to control the risk of self harm as required by the regulations. There was an emergency plan in place for responding to major incidents and disruption to essential services such as power failure.

The centre appeared to be clean throughout and was in a good state of repair. There were procedures in place for the prevention and control of infection including hand gel dispensers located at suitable intervals throughout the centre, gloves and aprons were available and were used appropriately by staff and hand washing facilities were suitably located throughout the centre. There was, however, no wash hand basin in the housekeeping room where cleaning equipment and supplies were stored. Housekeeping staff spoken with by the inspector identified adequate processes for cleaning to minimise

the chance of cross contamination.

Reasonable measures were in place to prevent accidents, include safe floor covering and hand rails on corridors and grab rails in toilets and bathrooms. However, training records indicated that not all members of staff had received up to date training in manual handling. This action is addressed under Outcome 18, Staffing.

Suitable fire equipment was provided and located throughout the centre. The procedure to be followed in the event of a fire was on prominent display. There were records available of daily checks to verify that the fire alarm was working and that all emergency exits were unobstructed. Emergency exits were seen to be unobstructed on the days of the inspection. Fire safety equipment was serviced annually, most recently in May 2015. Records indicated the fire alarm and emergency lighting was most recently serviced in February 2015, however, the service interval for the fire alarm was not quarterly as recommended. A record of all visitors to the centre was maintained.

Training records indicated that not all members of staff had received up-to-date training in fire safety. The most recent fire drill was held in May 2015, however they were not held six-monthly as required. Staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. There were appropriate procedures in place for the return of unused and out-of-date drugs to the pharmacy.

Medication administration practices observed by the inspector were in compliance with relevant professional guidance. A sample of prescription and administration records viewed by the inspector contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily.

However, there was no audit of medication management practices. This action is addressed under Outcome 2, Governance and Management.

Judgment: Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

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

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents had access to the services of a general practitioner (GP) of their choice and there was evidence of regular review. Records indicated that residents were referred for assessment by allied health/specialist services where appropriate and there was evidence of review. These services included speech and language therapy, dietetics, physiotherapy, chiropody and dental.

Residents received a comprehensive nursing assessment on admission and at regular intervals thereafter. Evidence-based assessment tools were used for issues such as dependency levels, risk of developing a pressure sore, risk of falling and risk of malnutrition. Care plans were developed based on these assessments however, some improvements were required. For example, care plans were not always developed for

residents identified as at high risk of falling or for residents identified at risk of malnutrition. Additionally, some care plans did not provide adequate detail of the care to be provided, such as, for example, the care to be provided for a resident with a colostomy (surgical opening in the bowel).

As will be discussed under Outcome 15, residents assessed as at risk of malnutrition were not always weighed at the required frequency.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

St. Gabriel's Community Hospital was a two-storey building that was first constructed in the mid-twentieth century. A refurbishment programme commenced in 2012 resulting in the construction of a new single-storey wing consisting of 17 single bedrooms and two twin bedrooms, all of which were en suite with shower, toilet and wash-hand basin. All resident accommodation was on the ground floor of the new wing and the ground floor of the old building was used for physiotherapy/occupational therapy, clinical room, hairdressers, kitchen and store rooms. The second floor was used for offices and staff facilities.

The centre was bright, clean, spacious and well maintained. The overall décor was of a high standard with appropriate flooring, lighting, colour schemes and a call bell system to promote independence and wellbeing. Communal space comprised a dining room, a sitting room and a conservatory/sun room with a view over Schull harbour. Residents had access to secure outdoor space

There was appropriate assistive equipment available such as electric beds, overhead hoists, pressure relieving mattresses and cushions, and specialised chairs to meet the needs of high dependency residents. Records were available of the preventive maintenance of equipment such as beds, chairs, wheelchairs and weighing scales however, records of preventive maintenance of hoists were not available in the centre on the days of inspection.

Each resident had a bedside locker and wardrobe with adequate space to store personal belongings, including lockable storage for personal possessions. In addition to en suite facilities there was a shower room with an assisted shower and a room reserved as a bathroom, however, a bath had not yet been fitted.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a policy and procedure in place for the management of complaints that identified the complaints officer and the independent appeals process. The policy, however, did not identify the person responsible for ensuring that all complaints are appropriately responded to and that adequate records were maintained. There was a notice on prominent display detailing how to make a complaint and how to appeal if not satisfied with the outcome of the complaints process.

The inspector reviewed the complaints log that contained details of complaints, details of investigations and whether or not complainants were satisfied with the outcome of the complaints process. However, while this information was recorded for most complaints, this was not the case for all complaints. For example, on reviewing one complaint the inspector was not satisfied that there was adequate information recorded detailing the investigation into the complaint. However, the person in charge informed the inspector of additional actions taken as a result of the complaint that were not recorded.

Judgment:
Substantially Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were written operational policies and protocols in place for end-of-life care. Residents had the option of a single room at end-of-life should they wish to have one. There was a single room that was designated for palliative care and there were adequate facilities for relatives/friends to remain overnight, however, the room was not yet fully equipped, for example, there were no tea/coffee making facilities.

Based on the record of a recently deceased resident reviewed by the inspector, residents received good care as they approached end-of-life. There was evidence of discussion with the resident/relative around end-of-life preferences. Residents were regularly reviewed by their GP and more frequently as they approached end-of-life. There was good access to palliative care and there was evidence of referral and review. Religious and cultural preferences were facilitated

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy in place for the monitoring and recording of nutritional status. Records indicated that residents received a nutritional assessment on admission using a recognised screening tool and at regular intervals thereafter. Improvements, however, were required. For example, the record of one resident identified as at risk of malnutrition indicated that weights should be recorded monthly, however, weights were recorded three-monthly. This action is addressed under Outcome 11, health and social care needs.

There was good access to allied health/specialist services, such as speech and language therapy and dietetics and there was evidence of appropriate referral and review.

As will be discussed in more detail under Outcome 16, improvements were required in relation to the times that meals were served to ensure that mealtimes were based on residents expressed preferences. Snacks were available between meals and at night time.

Residents had a choice of food at meal times, including residents prescribed a modified diet. Food appeared to be nutritious and was available in sufficient quantities. Mealtimes appeared to be social occasions and residents were seen to interact with each other and with staff. Residents requiring assistance with their meals were assisted in a dignified and respectful manner.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were consulted in relation to how the centre was planned and run through residents' forums that were facilitated by an external organisation and were held approximately every three months. Residents did not have access to independent advocacy services.

Improvements were required in relation to the times that meals were served. For example, breakfast routinely commenced at 07:30hrs each day, lunch was served at 12:00hrs and tea was served at 16:00hrs. There was no evidence to suggest that mealtimes were based on the expressed preferences of residents but were structured around staff routines.

The inspector observed staff knocking on the doors of residents' bedrooms before entering and residents confirmed that this was usual practice. Bedrooms were personalised with residents' personal possessions. There were adequate facilities available for residents to meet with visitors in private. Staff confirmed that residents were facilitated to vote in local and national elections.

Staff members spoken with were knowledgeable of the communication needs of individual residents and this was reflected in care plans. Residents had access to a varied programme of activities that included group and one-to-one activities.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents confirmed that they were supported to personalise their rooms. Bedrooms were comfortable and many were personalised with residents' own furniture, pictures and photographs. There was adequate storage space for clothes and personal possessions, including lockable storage.

All bed linen and residents' personal clothing was sent out to an external laundry. The system in place for managing residents' clothing was effective. Residents stated that they were happy with the way their clothing and personal belongings were managed in the centre and generally there were no problems with clothing going missing.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Based on a review of the roster and observations of the inspector over the course of the inspection there were adequate numbers of staff and skill mix to meet the needs of residents.

There was an ongoing programme of training to support staff provide contemporary evidence-based care. Based on records seen by the inspector most, but not all, staff had received up-to-date training on fire safety, prevention and detection of abuse and manual handling. Other training completed by members of staff included end of life care, hand hygiene, palliative care and dysphagia (difficulty swallowing).

Current registration was available for all nursing staff. However, a review of personnel records indicated that not all of the requirements of Schedule 2 were met. For example, of the sample of four files reviewed a vetting disclosure in accordance with the National Vetting Bureau was not available for one staff member and there were gaps in the employment history for another member of staff. This action is addressed under Outcome 5, documentation to be kept at a designated centre.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

John Greaney
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:	St Gabriel's Community Hospital
Centre ID:	OSV-0000600
Date of inspection:	03/06/2015
Date of response:	14/09/2015

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not include :

- the information set out in the Certificate of Registration
- arrangements for the management of the centre where the person in charge was in charge of more than one centre or absent from the centre.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

Statement of purpose now states: the information set out in the Certificate of Registration, & that the A/Don is in charge of two centres and details the arrangements for PIC in her absence

Proposed Timescale: 24/06/2015

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Some improvements were required in the audit process as:

- there was not always an action plan to identify responsibilities and timelines for required improvements identified through the audit process
- the range of audits could be expanded to include high risk areas such as medication management.

2. Action Required:

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

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

Action plans for audits to be completed.

Medication management audit completed.

Proposed Timescale: 31/08/2015

Theme:

Governance, Leadership and Management

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

There was no annual review of the quality and safety of care.

3. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
An annual review will be completed by the end of Oct, (A/DON in post since Dec 14)

Proposed Timescale: 31/10/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

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

The policy on recognising and responding to abuse required review to be in compliance with recently release HSE policy.

4. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Most recent HSE policy on elder abuse now in place.

Proposed Timescale: 22/07/2015

Theme:
Governance, Leadership and Management

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

The training matrix used for monitoring attendance at training was not accurate.

5. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The training matrix will be updated to reflect staff training accurately.

Proposed Timescale: 30/09/2015

Theme:
Governance, Leadership and Management

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

A review of personnel records indicated that not all of the requirements of Schedule 2 were met. For example, of the sample of four files reviewed a vetting disclosure in accordance with the National Vetting Bureau was not available for one staff member and there were gaps in the employment history for another member of staff.

6. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Garda vetting form resubmitted, comprehensive CV to be submitted

Proposed Timescale: 31/07/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Not all staff had received up-to-date training in responding to behaviour that is challenging.

7. Action Required:

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

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

Challenging behaviour course will be organised

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

There was a risk assessment carried out for the use of restraint for each resident with bedrails in place, however, it was not always completed correctly.

8. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a

designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

This will be addressed at staff meeting, i.e. individualising the use and checking of bed rails.

Proposed Timescale: 19/08/2015

Theme:

Safe care and support

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

Not all members of staff had received up-to-date training in recognising and responding to abuse.

9. Action Required:

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

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

All staff who have not received training or require a refresher will complete same.

Proposed Timescale: 16/07/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

There was no wash hand basin in the housekeeping room where cleaning equipment and supplies were stored.

10. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

A hand wash basin has been installed.

Proposed Timescale: 28/07/2015

Theme:

Safe care and support

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

Training records indicated that not all members of staff had received up-to-date training in fire safety.

The most recent fire drill was held in May 2015, however they were not held six-monthly as required.

11. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Fire training carried out on 10/7/15

Next evacuation drill will be held in November 2015.

Proposed Timescale: 30/11/2015

Theme:

Safe care and support

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

Records indicated the fire alarm was not serviced quarterly.

12. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

Fire alarm service records have been obtained from company responsible indicating quarterly service history.

Proposed Timescale: 22/07/2015

Outcome 11: Health and Social Care Needs**Theme:**

Effective care and support

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

Care plans were not always developed for all issues identified on assessment such as for residents at high risk of falling or for residents identified at risk of malnutrition.

Some care plans did not provide adequate detail of the care to be provided, such as, for example, the care to be provided for a resident with a colostomy (surgical opening in the bowel).

13. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Staff nurses have been instructed to develop more comprehensive care plans, this will be reinforced at regular intervals (handovers/staff meetings) & overseen by the CNM2

Proposed Timescale: 10/08/2015

Theme:

Effective care and support

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

Residents assessed as at risk of malnutrition were not always weighed at the required frequency.

14. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All residents routinely weighed every 3 months, those at risk of malnutrition or found to be losing weight will be weighed at least once a month or more frequently if required, in conjunction with dietician instructions

Proposed Timescale: 22/07/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Records of preventive maintenance of hoists were not available in the centre on the days of inspection.

15. 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:

Maintenance records for hoists available, records show servicing July 2014 & February 2015

Proposed Timescale: 22/07/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complaints policy did not identify the person responsible for ensuring that all complaints are appropriately responded to and that adequate records are maintained.

16. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

Complaints policy states names of both the A/DON & CNM2 as responsible persons, and that records are maintained.

Proposed Timescale: 22/07/2015

Theme:

Person-centred care and support

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

The complaints log did not always detail adequate information in relation to any investigation carried out on foot of a complaint.

17. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

The complaint in question has been updated to reflect the chronological sequence of events which took place to resolve the incident. All complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied will be carried out going forward.

Proposed Timescale: 21/07/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Breakfast routinely commenced at 07:30hrs each day, lunch was served at 12:00hrs and tea was served at 16:00hrs. There was no evidence to suggest that mealtimes were based on the expressed preferences of residents but were structured around staff routines.

18. 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:

A survey of residents was carried out to ascertain at what time they would like their meals, all but one of our current residents wanted to maintain the existing meal times, the one resident who wished to eat later, this has since been accommodated.

Proposed Timescale: 17/06/2015

Theme:

Person-centred care and support

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

Residents did not have access to independent advocacy services

19. Action Required:

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

I have liaised with the advocate in the other community hospital of which I am PIC, regarding obtaining the services of an advocate, local press advertisements have been placed but there has been no response to date. Contact has been made with an advocacy service to help address this issue.

Proposed Timescale: 31/10/2015

Outcome 18: Suitable Staffing

Theme:
Workforce

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

Training records indicated that not all members of staff had received up to date training in manual handling, fire safety or recognising and responding to allegations of abuse.

20. 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:

All outstanding training deficits will be addressed

Proposed Timescale: 31/10/2015