



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Community Hospital of the Assumption
Name of provider:	Health Service Executive
Address of centre:	Thurles, Tipperary
Type of inspection:	Announced
Date of inspection:	19 November 2019
Centre ID:	OSV-0000662
Fieldwork ID:	MON-0023155

About the designated centre

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

The Community Hospital of the Assumption is a modern facility located on the outskirts of Thurles town. The centre is operated by the Health Service Executive (HSE) and is registered to accommodate a maximum of 60 residents. The service provides continuing care for people over 18 years of age across a range of abilities from low to maximum needs. The service also has facilities to provide respite, palliative and rehabilitative care. Care planning processes are in accordance with assessments using an appropriate range of validated assessment tools and in consultation with residents. The service provides on-site pharmacy services and a medical officer is in regular attendance. Regular arrangements are in place to provide residents with an activation programme and a number of communal areas are provided throughout the centre for use by residents and visitors. Residents are provided with relevant information about the service that includes advice on health and safety, how to make a complaint and access to advocacy services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
19 November 2019	09:45hrs to 17:30hrs	Leanne Crowe	Lead
19 November 2019	09:45hrs to 17:30hrs	Mary O'Donnell	Support
18 November 2019	17:00hrs to 20:00hrs	Mary O'Donnell	Support

Views of people who use the service

Inspectors met with residents and visitors on both days of inspection. They also reviewed 11 questionnaires which residents and relatives had completed prior to the inspection. Residents presented as content and engaged with life in the centre. Residents whom inspectors encountered were all well groomed. Residents told inspectors they were happy and very well cared for in the centre. Some residents who could not express their own opinions were represented by family members.

The staff were highly complimented by residents and family members. The sentiments expressed by a resident captured the views of all who spoke with inspectors, when they said 'You only have to ask once and it's done. They go out of their way for you'. Residents liked the fact that staff spent time with them and they had an opportunity to get to know each other. Many of the staff were local and they knew the residents well and shared common interests. Staff of all grades seemed to know the residents and were seen stopping for a chat when the opportunity arose. Residents admitted for rehabilitation praised the physiotherapists highly. A visitor described how their father had blossomed in the short period since he had been transferred from an acute hospital for rehabilitation. Some residents who moved from rehabilitation to long-term care were disappointed that they could no longer access physiotherapy. Some residents identified ailments or conditions which they felt could be improved if they had physiotherapy.

Overall residents expressed satisfaction with social activities. Live music was the most popular event. Some residents felt the range of activities on offer could be extended. Many of the residents who attended daily Mass in the centre were pleased that it afforded them the opportunity to meet with friends and acquaintances from the town who also attended Mass. The activity staff member spent specific days in various units but residents in all the units appeared to be engaged or occupied. Residents were seen reading the daily paper, doing crosswords and knitting. A lady who spent prolonged periods in her bedroom was supported to remain connected with nature with a window box and a bird feeding station that was placed near her window. Residents were pleased that staff ensured that they could attend matches and watch sporting events. One resident described how he attended local GAA matches where he met his son. Sky channels had been installed so that another resident who spent long periods in bed, could watch sporting events on television. A female resident was pleased that a shopping trip had been arranged when a trip to the races was cancelled due to inclement weather. Residents were pleased that they could use the day-hospital bus to go on trips and they looked forward to shopping for presents for Christmas.

Residents were satisfied with the menu options. They confirmed that their personal food preferences were respected and they could have snacks or drinks at any time. One resident found that food was sometimes not hot enough and two residents would prefer if portion sizes were smaller. Visitors said they were welcomed by staff. They felt that when visiting their loved ones, it was great that they could sit in a

cosy sitting room and make a cup of tea.

Residents said they can get up and go to bed when they like and they had control over how they spent their day. A named nurse and health care assistant (HCA) was assigned to each resident. Residents and relatives who spoke with inspectors could identify their assigned nurse and health care assistant. They said they were kept well informed and they could raise concerns or issues with them. When asked if issues of concern had been raised with management, residents said they had the opportunity to do so, things were usually sorted locally.

Capacity and capability

This is a well-managed centre. The person in charge and nursing management team ensured that a good quality of care was provided to residents. It was clear that a homely atmosphere was promoted throughout the centre. Care and service delivery were monitored against the centre's policies, to ensure that staff were delivering services to the required standards. However, allied health services on the centre's site were under resourced and the available resources were prioritised for residents admitted for rehabilitation. This required review to ensure that physiotherapy and dietetic services were made available to all residents to meet their ongoing assessed needs.

Staffing numbers and skill-mix were adequate to ensure residents needs were met. Staff underwent regular mandatory training to maintain their skills and knowledge, as well as additional training in other areas in order to support residents.

Residents were consulted about the running of the centre through a number of forums including residents' meetings and the completion of resident satisfaction surveys. Action was taken in response to residents' feedback, for example a number of changes were being made to residents' mealtime experiences.

A complaints process was in operation in the centre, but individual units were not consistently recording verbal complaints. Despite this, it was evident from residents and relatives' feedback that complaints were effectively responded to by staff.

Accidents and incidents were monitored and learning from them increased the safety for residents living in the centre. All those that required notification had been notified to the Chief Inspector.

Registration Regulation 4: Application for registration or renewal of registration

The required documentation was submitted within the appropriate time frames.
Judgment: Compliant
Regulation 14: Persons in charge
<p>The person in charge is a registered nurse, works full-time in the centre and has the required experience in the area of nursing older people. They have worked in the centre for a number of years.</p> <p>They demonstrated their knowledge of the regulations, standards and statutory responsibilities throughout the inspection. In the case of any absence of the person in charge, there were appropriate deputising arrangements in place.</p> <p>The person in charge was observed frequently meeting with residents and visitors during the inspection. Residents and relatives confirmed that the person in charge was very approachable and dealt with any issues that they raised.</p>
Judgment: Compliant
Regulation 15: Staffing
On the day of the inspection, there were sufficient staffing levels to meet the needs of residents.
Judgment: Compliant
Regulation 16: Training and staff development
All staff had up-to-date training in fire safety, moving and handling procedures and the prevention, detection and response to abuse. Staff were facilitated to avail of other training including cardiopulmonary resuscitation (CPR) and management of responsive behaviours.
Judgment: Compliant
Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents for the centre, which was held locally at each unit. There were inconsistencies regarding the information recorded in each unit, and each directory required improvement to ensure it contained all of the information required by paragraph (3), schedule (3) of the regulations. For example, some gaps were identified in relation to:

- gender of the resident
- address of next of kin
- contact details of the resident's general practitioner (GP).

Judgment: Substantially compliant

Regulation 21: Records

Records as required under Schedules 2, 3 and 4 of the regulations were generally well maintained. However, fire drill records did not demonstrate that areas for improvement had been identified or addressed. While daily, weekly and quarterly fire safety checks were conducted, there were significant gaps in the weekly records.

A sample of staff files were reviewed were found to contain An Garda Síochána vetting disclosures. The person in charge confirmed that all staff had vetting disclosures in place.

Judgment: Substantially compliant

Regulation 22: Insurance

A contract of insurance was in place in the centre. This adequately insured residents against injury and also insured their belongings against loss or damage.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of good governance, continuous quality improvement initiatives and a person-centred approach to care. A clearly defined governance structure was in place which specified the management team's authority and accountability. There were systems in place to ensure that there was good oversight of risk and the quality of the service.

In general the provider had adequately resourced the centre to ensure that residents had a good quality of life in a safe, suitable environment. The provider had made resources available to mitigate identified risks, including the provision of bottled water to residents and staff since 2013, due to a contaminated piped water supply. However despite ongoing efforts by the provider and local management team, the underlying problems which affected the quality of the water supply to the centre had not been resolved.

The provider had not made suitable arrangements to ensure that physiotherapy and dietetic services were available to all residents in line with the statement of purpose.

The quality of care and experience of residents was monitored, reviewed and improved on an ongoing basis. An annual review, which included consultation with residents, had been completed for 2018 and was available.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts was reviewed by the inspectors. The contracts clearly outlined the services to be provided to residents, as well as the fees to be charged for these services. The terms relating to a resident's bedroom accommodation, including the room number and the number of other occupants in the room, were also stated. The contracts were signed by the resident and or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service that was provided in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications had been submitted to the Chief Inspector within the appropriate time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed prominently in the centre. There was a nominated person who dealt with complaints. The complaints records viewed by inspectors included information about the nature of the complaint, investigation of the complaint and action plans to address the complaint. The level of satisfaction of the complainant was also documented. Inspectors found that verbal complaints were not consistently recorded across all units, this was discussed with the person in charge at the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The Schedule 5 policies were in place and were being used to inform and guide staff practice. The policies were centre specific and all had been reviewed and revised in the previous three years.

Judgment: Compliant

Quality and safety

The centre was laid out over three units with communal spaces that included a central dining room, a large reception area, a chapel, a variety of smaller sitting rooms and quiet or private visiting areas. Activities took place regularly that included an art programme and residents' art and craft works displayed in the centre.

Residents in this centre received good care that was provided in keeping with evidence-based standards and informed by regular assessments using validated tools. Access to medical services was excellent. However, residents did not have access to dietetic services and physiotherapy, which was available to rehabilitation residents but was not routinely provided to respite or long-term care residents. Management ensured that effective systems were in place to monitor the quality and safety of care that was provided. Management had taken significant steps to reduce occupancy levels by removing a bed from most of the four bedded rooms. The additional space was used to benefit residents.

Residents were assessed on admission and care plans were developed based on

information about their individual needs and preferences, as well as relevant medical conditions. Documentation on residents' files was relevant to residents' needs but was not easily accessible as the files were quite bulky. Inspectors reviewed care plans with members of staff who had a clear understanding of residents' needs and knew the residents well.

The culture of care provided encouragement around daily routines that fostered independence and autonomy in keeping with the assessed interests and abilities of residents. Inspectors saw residents mobilising independently, with staff or using transport resources that were provided by the service. Some residents attended community day care services. Residents were supported to stay connected with the community with bus trips and visits to community services in the local town such as the dentist, sporting events, a hairdresser and the shops.

Consultation processes included regular meetings for residents. Feedback about the service was also sought through surveys and questionnaires. An initiative to improve nutrition and mealtimes was in progress based on feedback from residents.

A culture of care that promoted the rights of residents was supported by safeguarding training as well as policies and procedures for the prevention, detection and response to allegations of abuse. Staff understood the importance of their role as advocates for residents and residents were also supported to access independent advocacy services. Where the provider acted as an agent for residents' money, records were appropriately maintained and audited. The centre actively promoted the independence of residents and where restraints were in use, such as bed-rails, appropriate risk assessments had been undertaken. The files of residents who had full length bed rails did not have evidence that less restrictive alternatives had been trialled. The restraint register recorded the use of lap belts, bed rails and some types of sensor alarms, but sensor alarm bracelets, which some residents used, were not identified as a form of restraint and not recorded in the register.

Overall, residents' accommodation was of a very good standard and was designed to meet the residents' needs. Significant effort had been made to create a homely environment for residents. Smoking rooms had been converted into cosy sitting rooms. Residents were supported to personalise their individual spaces in multi-occupancy rooms, though the institutional layout detracted from the overall homeliness of these rooms. Storage space in the units was inadequate. Residents had access to secure recreational outdoor space that was well designed and laid out with seating, shelter, greenery and appropriate paths for exercise.

There were good processes in place to ensure fire equipment was well maintained and staff were informed of what to do in the case of an emergency. However, the location of personal evacuation plans (PEEPs) for residents required review to ensure that they could be easily accessed by staff in an emergency. Documentation of fire safety checks and fire drills required improvement. While fire drills were carried out on a regular basis, these did not provide assurances that all residents within a compartment could be safely evacuated within a reasonable time frame.

Regulation 12: Personal possessions

Residents were supported in managing their personal belongings. There was adequate wardrobe space and cupboards for discrete storage of continence wear and toiletries. Residents in three and four bedded rooms had shelves to display their personal items, but these were above their beds and therefore were not visible to residents. While the majority of bedrooms could adequately accommodate residents, there was insufficient space for some residents' specialised chairs. This equipment was instead stored in the sitting rooms.

The laundry service required review, as the process was cumbersome and not time efficient. Residents were satisfied with the laundry service and items of clothing rarely got lost. This was mostly due to the diligence of the laundry staff member, who recorded each resident's individual items of clothing in a copy book. Clothing for short-term residents was sent in individual single-use plastic bags, with the resident's initials on the bag. The laundry staff member opened the bag and took an inventory of the contents. Clothes belonging to long-term residents were labelled with the owner's name. This was done externally and the process took up to five days. Inspectors noted that many of the labels were lifting and the names were faded.

Judgment: Substantially compliant

Regulation 13: End of life

A good standard of care was provided to all residents at the end of their life. Residents' care preferences for their end of life were discussed with them and recorded in their care plan. Detailed information on residents' wishes in relation to end of life preferences, including the place of care, spiritual preferences and after death wishes were recorded. Residents' resuscitation status and their end of life care plans were reviewed regularly.

The centre had overnight facilities for families to stay with residents who were at their end of life.

Judgment: Compliant

Regulation 17: Premises

The centre was a modern single storey building, that accommodated a maximum of 60 residents across three units. Unit A had 10 single rooms, one three bedded room and one four bedded room. Unit B had seven single rooms and six three bedded

rooms. Unit C had 12 single rooms and two three bedded rooms. Specific beds and or rooms are allocated for residential, care, respite, rehabilitation and palliative care. Inspectors found the allocation of beds was in line with the centre's statement of purpose. The majority of bedrooms had en-suite facilities and there were adequate communal toilets, bathrooms and showers. Residents on each unit had access to cosy sitting rooms. The centre was well-maintained, clean and decorated in a homely manner.

Bedroom accommodation was comfortable and many bedrooms had been personalised with residents' personal belongings. The occupancy had been reduced in some bedrooms, and the extra space had been used to create a cosy corner with arm chairs and a coffee table. There was a plan to roll this out across all units. Staff acknowledged that storage space was inadequate. An alcove in each unit was used to store incontinence wear and other stock items. Screening of these alcoves would enhance the overall ambiance of the units.

There were a number of communal rooms, including a large dining room, an activity room, a therapy room and an oratory. There were patios attached to each unit. An enclosed sensory garden area with raised beds and safe pathways was accessible through Unit C. Seating areas were also located in the reception area and along corridors to allow residents to rest or to socialise.

Handrails and grab-rails were fitted in circulating areas and bathrooms to assist residents to move around independently. There was a functioning call-bell by each bed and in all rooms used by residents.

There was adequate appropriate assistive equipment, such as, hoists, pressure relieving mattresses and specialised seating. The service records indicated that these were routinely serviced.

Since 2013 the water supply to the centre was not suitable for consumption. This had not adversely impacted on residents, as the provider supplied bottled water for drinking and cooking purposes. Remedial works to address the underlying problems were ongoing.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The centre had a suite of policies to guide practice in relation to nutrition and hydration. Residents were reviewed through the monitoring of weight and the use of a specified nutritional assessment tool. Inspectors were not assured that residents who were at risk of malnutrition were receiving the correct diet as residents did not have access to dietetic services. This was discussed at the feedback meeting and provider undertook to address this as a matter of urgency. This is discussed further under Regulation 6.

Residents were provided with drinks and snacks regularly throughout the day. The inspectors found that meals were freshly prepared, nutritious and appetising. Residents seemed to be satisfied with the menu choices on offer. There was a nutritional working group set up to look at menus and improve the dining experience for residents.

Judgment: Compliant

Regulation 20: Information for residents

While a booklet was available for residents in the centre, which outlined the summary of services and facilities available in the centre, the terms and conditions of residence as well as the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A template letter was developed and completed whenever a resident was transferred to hospital for treatment. This ensured that all relevant information about the resident is shared with the hospital. Relevant information was appropriately communicated to the primary care team when residents were discharged home.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date safety statement at the time of the inspection and the centre's risk management policy detailed the five specified risks as required by regulation 26(c). The action from the last inspection had been completed to ensure that oxygen was safely stored and hazard signage was appropriately displayed.

There was a risk register which was updated or reviewed on a regular basis. However some risks identified by inspectors were not recorded in the risk register. For example, the risk of residents accessing cleaning solutions which were stored on an open shelf of the cleaning trolley. Inspectors observed urinary catheter bags resting on the floor. New urinary catheter bag stands were ordered when the risk of infection was highlighted during a recent audit. However no interim measures had been taken to mitigate the risk.

There was an emergency policy in place in the centre. There was evidence that incidents and accidents that occurred in the centre were reviewed to inform learning and continuous quality improvement.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre had an up-to-date policy to inform infection prevention and control procedures in place. Hand hygiene dispensers were located throughout the centre and staff were observed using these appropriately. The cleaners' rooms were secure and met the requirements of the regulations. The floor mopping system in the centre was in line with best practice and household staff who spoke with inspectors were knowledgeable about infection prevention and control practices.

Staff working in the centre were facilitated to attend training in procedures consistent with the National Standards for infection prevention and control in community services and records indicated all staff were up to date with this training. Infection control and hand hygiene practices were audited and there was evidence of ongoing improvement.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors observed that bedroom doors had automatic closing devices to delay the spread of fire and allow time to evacuate the centre.

The centre had records of simulated fire drills completed during the year. These were carried out using both night and day staffing levels. Inspectors noted that only one drill simulated the evacuation of a compartment, with all other drills simulating the evacuation of one bedroom. The recent evacuation of a large compartment with night time staffing took over 12 minutes. Inspectors were not assured that, when staffing levels were at their lowest, residents could be safely evacuated in the event of an emergency. Any areas for improvement had not been identified from the drills and therefore could not ensure ongoing improvement. Daily, weekly and quarterly fire safety checks were conducted, however, there were significant gaps in the weekly records. These two issues are actioned under Regulation 21, Records. The provider was issued with an urgent action plan to address the risk in relation to the safe and timely evacuation of residents.

Annual fire training for staff working in the centre was mandatory and records showed that all staff had attended fire safety training.

Fire maps were on the display on the walls throughout the centre which illustrated evacuation routes. There were comprehensive Personal Emergency Evacuation Plans (PEEPs) developed for each resident and these included residents' mobility needs and cognitive status to inform staff of residents' needs in the event of an emergency evacuation. PEEPs for short stay residents were held on the unit, but PEEPs for long stay residents were stored in the doctor's office and not readily available to staff on the unit. Care plans to guide staff in an emergency were stored in residents' files and were not readily accessible in an emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Potential residents were assessed prior to admission to ensure the centre could meet their needs. A comprehensive nursing and social care assessment was completed on all residents within 48 hours of admission. Continuous re-assessment of residents' needs was completed on a four monthly basis or sooner if warranted. Residents were regularly consulted with about their care needs and their will and preference was recorded. Some improvement was required to ensure that care plans were updated in line with a resident's changing needs. The folders which held the care plans were bulky and specific care plans were not easily retrieved.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of health care provided in this centre. Residents were supported to access medical services on a daily basis. Residents also had access to a consultant geriatrician, psychiatry of later life and specialist palliative care services. A high standard of evidence-based nursing care was provided to all residents with a focus on residents' assessed needs and choice. Residents on a rehabilitation programme were supported to access allied health care services as required, for example, physiotherapy and occupational therapy. However, these services were not readily accessible to long-term residents or to those admitted for respite care. Staff told inspectors that a physiotherapist would come to see a resident if they really needed it, but none of the residents had access to on-going physiotherapy and this impacted on the welfare of residents. Residents at risk of falls did not receive a physio assessment following a fall. Residents did not have access to dietetic services either and this also impacted on residents' well-being. The centre provided palliative care services and staff were appropriately trained and skilled. Residents were supported to access dental and optical services and national screening programmes in the community.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

There were a small number of residents in the centre who had episodes of 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 management of responsive behaviours and restrictive practices in the centre. Behaviours described as problematic by staff were mostly verbal behaviours. Residents with responsive behaviours were appropriately assessed and well-managed with person-centred and supportive de-escalation strategies implemented by staff who knew them well. Relevant information and support provided to residents was outlined in residents' behavioural support care plan. Resources were put in place to support residents who required one-to-one supervision.

Restrictive practices were sometimes used for residents' safety or wellbeing. All restrictive practices were risk assessed and safety checks were undertaken. Inspectors saw that less restrictive equipment such as half-length bed rails, low-low beds and a floor bed were in use. The centre maintained a register of any practice that was or may be restrictive. The use of bed rails, posey alarms and lap belts were recorded but inspectors noted that sensor alarm bracelets were not included in the register. Care plans for residents with bed rails did not show that less restrictive options was tried prior to using bed rails. Internal doors and doors to internal courtyards were open and residents could access these areas freely.

Judgment: Substantially compliant

Regulation 8: Protection

There were measures in place to ensure residents were protected from abuse and were safe in the centre. Training was provided to staff to guide them in recognising and responding to actual, alleged and suspected incidents of abuse. The management team and staff who spoke with inspectors understood their responsibilities in relation to the welfare and protection of residents. The provider was a pension agent for some residents and the systems and processes in place were in line with Department of Employment Affairs and Social Protection guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected in the centre and the ethos of care was person-centred. Residents reported to inspectors that they felt at home in the centre and inspectors observed kind and caring interactions between staff and residents throughout the inspection. Inspectors heard staff and residents singing together in the evening and having fun throughout the days of inspection.

There was a varied activities programme that supported residents to engage socially and meet their recreational needs. There were a number of rooms and facilities for activities in the centre which allowed sufficient space for group and individual activities. Residents usually attended a large group activity in the afternoon which was facilitated by the activity co-ordinator. Inspectors noted that she was alone and had to stop the activity in order to accompany a resident to leave the room. The activity co-ordinator spent specific days on each unit and her remit was to work with the 35 long term care residents. Records of residents' activities showed that many residents engaged in social activities only on the two days each week, when the activity co-ordinator was on the their unit. Some residents wanted more activities and others were no longer able to participate in large groups and required one-to-one support or were more suited to small group activities. According to the statement of purpose there were two activity co-ordinators in the centre. However inspectors found that only one staff member facilitated activities with residents. The activity staffing resource required review to ensure that one to one and group activities were offered, and that adequate staff were available to support individual residents during group activities. The range of activities on offer should be reviewed in line with residents' changing needs.

Residents' meetings were held in the centre and they also expressed their views when they met with staff and management on a daily basis. Residents' feedback about food served in the centre, social events and activities were acted upon. The stain glass windows in the oratory were installed at the request of residents. Residents were encouraged to pursue personal interests and hobbies. Staff supported residents to sustain relationships and connectivity with the local community. They regularly met family and friends who attended religious services in the oratory. Residents also went out with friends and enjoyed organised bus trips.

Accommodation consisted of single and multi-occupancy rooms. Residents' privacy was respected with staff observed knocking on doors before entering and through the use of privacy screens in shared rooms. There was access to daily papers, television and radio. Volunteers visited the centre and enhanced the quality of life of residents through organising and carrying out activities, religious and social events. There was access to independent advocacy services. The evening meal was served before 17:00 hrs and it was not clear if this arrangement was in keeping the residents choice or to suit the staffing arrangements.

Residents' religious and civil rights were supported in the centre. Suitable arrangements were in place to facilitate residents to vote in their local polling station or in the centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

Regulation 9: Residents' rights	Substantially compliant
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Compliance Plan for Community Hospital of the Assumption OSV-0000662

Inspection ID: MON-0023155

Date of inspection: 19/11/2019

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The directory of residents has been reviewed by management. The information required is now consistent across all units in line with schedule 3 regulation.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>1) Fire Drills</p> <p>Actions completed</p> <ul style="list-style-type: none"> • Four simulated evacuations have been completed, dates 22 November 2019 x 2 drills, 25 November 2019 x 1 drill, 06 December 2019 x 1 drill. The simulated evacuation record was maintained, learning and areas of improvement have been identified and actions actioned. Learning notices have been issued to all relevant staff. • The fire safety consultant conducted a simulated evacuation drill on the largest compartment with minimum staffing levels on 06/12/2019. Recommendations made in the report are being carried out including additional staffing at night time. <p>2) Fire Safety Checks</p> <p>Actions completed</p> <ul style="list-style-type: none"> • The processes related to fire safety checks has been reviewed by management • Gaps in the weekly records have been addressed with the design of a new weekly template. • This process has been communicated to all relevant staff 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1) Quality of the Water: Action completed:</p> <ul style="list-style-type: none"> • A specifically designed water treatment system was installed by the HSE in late 2015, to address issues with the mains water supply. • This treatment system has been in operation for the past 4 years and has been closely monitored. It has been largely successful in protecting the piping within the hospital however as a mitigation measure bottled drinking water was required throughout this period as there were times when levels still exceeded the allowable for consumption. • We have also just recently installed new Polypropylene piping to all the drinking water outlets of the hospital, allowing the hospitals mains water supply to be piped directly to the hospitals drinking water outlets via the Polypropylene piping, avoiding the copper piping system. This system, which is ready to go into operation, has been put on hold very recently due to further issues with the quality of the hospitals mains water supply which was picked up by the sampling in place and so the hospital needs to continue using the bottled drinking water until this new issue is resolved. <p>Actions in progress:</p> <ul style="list-style-type: none"> • Additional Polypropylene piping is being installed in January to additional drinking water outlets in the kitchen, which were not identified by the hospital initially. • Investigations are currently underway regarding the quality of the hospitals mains water supply, which include continuous flushing of the water system and subsequent sampling of the water. • Awaiting response from national organisation, who are reviewing their pipe work in relation to the quality of the mains water that they are supplying to the hospital. • A new local Water Treatment Plant is underway at the moment which will serve the town and the surrounding areas, planned for completion mid 2020, and will provide safe drinking water for the centre. <p>2) Availability of physiotherapy services: Action completed:</p> <ul style="list-style-type: none"> • The Statement of Purpose has been reviewed to reflect the provision of physiotherapy services available within the centre. • Management have reviewed the physiotherapy service available in house with the physiotherapy staff. Residents who have had a recent injury or fall, sudden decrease in mobility, or recent acute hospitalisation can access physiotherapy assessment and intervention 	

Action in progress

An external service provider will provide physiotherapy support and assessment to the centre and will commence in February 2020.

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3) Availability of dietetic services:

Action completed:

- The Statement of Purpose has been reviewed to reflect the provision of dietetics services available within the centre.

- Two University dietetic Master Graduates under the supervision of university based Dietetic Tutor are currently providing training for all Nursing Staff, and resident assessments and recommendations. Resource folders for Food and Nutrition for residents has been developed and disseminated to all units.

Actions in progress:

- An external service provider will provide dietetic support and assessment to the centre and will commence in January 2020.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

1) Residents personal space:

Action in progress:

- A revision of each personal space in the three and four bedded rooms is being undertaken by named staff. This is in collaboration with resident and families to ensure that displayed personal items are visible on their locker or bed end.

Completion date: 31 January 2020

- A discussion is being had with residents and staff as to alternative options for sufficient storage space to accommodate storage of some residents' specialized chairs. Some residents have indicated that they would prefer to have individual seating by their bedside. For those residents who would prefer not to have the specialized chair at their bedside an alternative location has been identified.

2) Laundry Service:

Action completed:

- The laundry service is presently under review to identify efficiencies and improve service delivery processes. A mapping exercise is complete. Quality Improvement plans have been developed for implementation.

Action in progress:

- Management have explored the provision of a new tagging system
- A new tagging system to be trialed in January 2020.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

1) Alcoves

Actions in progress:

- The alcoves are under review by the maintenance department in order to determine the most appropriate solution to enhance the overall ambience of the units.

2) Quality of the Water

Actions complete:

- A specifically designed water treatment system was installed by the HSE in late 2015, to address issues with the mains water supply.
- This treatment system has been in operation for the past 4 years and has been closely monitored. It has been largely successful in protecting the piping within the hospital however as a mitigation measure bottled drinking water was required throughout this period as there were times when levels still exceeded the allowable for consumption.
- We have also just recently installed new Polypropylene piping to all the drinking water outlets of the hospital, allowing the hospitals mains water supply to be piped directly to the hospitals drinking water outlets via the Polypropylene piping, avoiding the copper piping system. This system, which is ready to go into operation, has been put on hold very recently due to further issues with the quality of the hospitals mains water supply which was picked up by the sampling in place and so the hospital needs to continue using the bottled drinking water until this new issue is resolved.

Actions in progress:

- Additional Polypropylene piping is being installed in January to additional drinking water outlets in the kitchen, which were not identified by the hospital initially.
- Investigations are currently underway regarding the quality of the hospitals mains water supply, which include continuous flushing of the water system and subsequent sampling of the water.
- Awaiting response from relevant national organisation , who are reviewing their pipe work in relation to the quality of the mains water that they are supplying to the hospital.
- A new local Water Treatment Plant is underway at the moment which will serve the town and the surrounding areas, planned for completion mid 2020, and will provide safe drinking water for the centre.

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Actions completed:</p> <ul style="list-style-type: none"> • Chemicals are now not visible on the cleaning trolley. • All chemicals are stored in a locked press. • All staff have been notified to comply with this action. • Urinary catheter bags are no longer resting on the floors. • Urinary catheter stands have been provided to the center. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1) Fire Drills</p> <p>Actions completed:</p> <ul style="list-style-type: none"> • Four simulated evacuations have been completed, dates 22 November 2019 x 2 drills, 25 November 2019 x 1 drill, 06 December 2019x 1 drill. The simulated evacuation record was maintained, learning and areas of improvement have been identified and actions actioned. Learning notices have been issued to all relevant staff. • The fire safety consultant conducted a simulated evacuation drill on the largest compartment in the designated centre with night time staffing levels on 06/12/2019. Recommendations made in the fire evacuation analysis report completed by the fire safety consultant are being carried out including additional staffing at night-time until the works are completed. <p>2) Fire Safety Checks</p> <p>Actions completed:</p> <ul style="list-style-type: none"> • The processes related to fire safety checks has been reviewed by management • Gaps in the weekly records have been addressed with the design of a new weekly template. • This process has been communicated to all relevant staff <p>Actions in progress</p> <p>3) Personal Emergency Evacuation Plans (PEEP)</p> <p>Actions completed</p> <ul style="list-style-type: none"> • The location of PEEPs for long stay residents has been reviewed and is now readily available in each unit for all staff in the event of an emergency. • This process has been communicated to all staff. 	

4) Care plans to guide staff in an emergency

Actions completed:

- The storage of care plans to guide staff in an emergency has been reviewed. The care plans are now accessible to all staff in an emergency.
- The location of the care plans has been communicated to all staff on duty.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Actions completed:

- Care planning training session was held on 08 October 2019.
- Further care planning training is planned for 2020, dates to be confirmed by training provider.
- Files have been reviewed and streamlined.
- Information is now easily retrieved.
- Following revision of the process above, care plans are now updated in line with residents' changing needs.
- To sustain this practice a schedule for revision of care plans on a four monthly basis is available per unit or sooner if warranted. The CNM 11 provides oversight.

Actions in progress:

- Quality Improvement Audit Schedule has been developed focusing on care plans/documentation. Subsequent areas of non compliance identified will be actioned.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

1) Availability of physiotherapy services

Action completed:

- The Statement of Purpose has been reviewed to reflect the provision of physiotherapy services available within the centre.
- Management have reviewed the physiotherapy service available in house with the physiotherapy staff. Residents who have had a recent injury or fall, sudden decrease in mobility, or recent acute hospitalisation can access physiotherapy assessment and intervention.

Action in progress:

- An external service provider will provide physiotherapy support and assessment to the centre and will commence in February 2020.

2) Availability of dietetic services:

Actions completed:

- The Statement of Purpose has been reviewed to reflect the provision of dietetics services available within the centre
- Two Master Graduates under the supervision of University based Dietetic Tutor are currently providing training for all Nursing Staff, and resident assessments and recommendations. Resource folders for Food and Nutrition for residents has been developed and disseminated to all units.

Actions in progress:

- An external service provider will provide dietetic support and assessment to the centre and will commence in January 2020.

3) Residents at risk of falls

Actions completed:

On admission a comprehensive falls assessment is completed by the registered nurse.

For those residents at risk of falls the following actions are implemented

- Falls risk care plan developed identifying appropriate interventions mitigating the risk of falls.
- Following assessment by the registered nurse, a physio referral is submitted to the physio department. An initial physio assessment is completed at ward level by the physiotherapist and appropriate interventions issued and actioned by the registered nurse.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Actions completed:

- Revision of restrictive practices has taken place for all residents.
- The register has been updated to include sensor alarm bracelets.
- All residents with bedrails and their use will be reviewed in discussion with each resident and or a family member/significant other. Other options will be explored with the residents.
- Care plans now reflect alternatives that are available.

Actions in progress:

- Information sessions on Restrictive Practice and their rights will be held by Practice Development Co-ordinator for residents/families 11 am -12.30 pm Jan 8th 2020.
- A summation of the HIQA Guidance Document Human Based Rights Approach was disseminated across all units and discussed at safety pause, and included as part of Orientation for new staff.
- Restrictive Practice audits will be complete 30th Jan 2020 on:
 1. Physical.
 - 2.Environment.
 - 3.Chemical.
- The National Restraint Policy Training Sessions x 3 were deferred until Jan 2020. Dates to be confirmed by training provider.
- Restrictive Practice Information sessions x 2 were facilitated for staff by Practice Development Co-ordinator 12th November 2019. Further sessions are to be confirmed for Jan/Feb 2020.
- Review of restrictive practice with an aim of promoting quality improvement in use of restrictive practice is ongoing. The Non- Cognitive Symptoms of Dementia (NCSD) Guidance Document is now available as of 12 December 2019, for all staff on all units.
- Physical, environmental, chemical restraints as well as other forms of restrictive practices will be assessed against relevant National Standards - Completion 30th January 2020.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Meaningful activities are everybody's business. This ethos is promoted across all grades throughout the centre.

Actions completed:

- The activity staffing resource has been reviewed by management, to ensure that adequate staff are available to support individual residents during group activities. The outcome of the review now requires the availability of unit staff to support residents during group activities. Staff have been made aware of this action.
- Provision of care such as toileting and physical care lies with the unit. This is now brought to the attention of relevant staff at handover when activities are being planned. Following review by the named nurse the following information will be triangulated:
 - Care planning and the individuals life story, social assessment such as 'My day My Way' and their individual social calendar. This will be in conjunction with the resident their family and or significant other where relevant.
 - This information is shared at handover/safety pause.
 - Revision of provision of the generic activities programme across the three units and their value and impact by each CNM2 per unit has taken place in collaboration with the individual resident's choice and activity co-ordinator.
 - The guidance document on non- pharmacological Interventions for healthcare and social care Practitioners has been disseminated and supported across the units. A practice review is planned following consultation with residents and staff
 - The provision of meals and meal times was discussed with the residents as part of the

food and nutrition survey in June 2019; no issues were highlighted by the residents at this time. A further survey is planned bi- annually 2020. Following which the findings will be analysed and actioned as part of the centres Quality Improvement process.

Actions in progress:

- The range of activities on offer to the residents will be explored at the next resident forum scheduled for January 2020.
- The Calendar of events together with the 'tool box talks' will be discussed and agreed at the residents forum scheduled for January 2020.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/03/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2020
Regulation 19(3)	The directory shall include the information	Substantially Compliant	Yellow	05/12/2019

	specified in paragraph (3) of Schedule 3.			
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	31/01/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/12/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/12/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	31/01/2020

Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/06/2020
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/06/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/12/2019
Regulation 6(2)(c)	The person in charge shall, in so	Not Compliant	Orange	28/02/2020

	far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 7(3)	The registered provider shall 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.	Substantially Compliant	Yellow	30/12/2020
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/12/2019