



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Community Hospital of the Assumption
Name of provider:	Health Service Executive
Address of centre:	Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	02 and 03 May 2018
Centre ID:	OSV-0000662
Fieldwork ID:	MON-0022349

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. A range of allied healthcare services are accessible on referral. 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.

Current registration end date:	06/05/2020
Number of residents on the date of inspection:	58

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
02 May 2018	10:30hrs to 18:00hrs	Mairead Harrington	Lead
03 May 2018	09:00hrs to 16:30hrs	Mairead Harrington	Lead

Views of people who use the service

The inspector met and spoke with a number of residents and visitors in various parts of the centre throughout the course of the inspection. During these conversations the inspector asked residents and families about their experience of care and communication with staff during their time at the centre. Feedback was consistently positive with both residents and visitors commenting on the very good standard of care they experienced at the centre. The inspector met several residents preparing for a mass service following lunch on the first day who said they had enjoyed their lunch and that the food was always good and that they were happy with the choice of meals. Residents described taking meals in their room or in the dining areas as they preferred. Several residents were complimentary of staff and management remarking on the excellence of staff and their feelings of safety and being well cared for at the centre. Visitors spoken with remarked on the high standard of care that they saw take place at the centre, commenting on the attentiveness of both staff and management. Residents said they had choices around how they spent their day and described participating in regular activities, such as bingo and music performances, or visiting the hairdresser in the centre. Many commented on being glad that they could attend the mass service that took place every day. Some residents went into town by taxi or used the transport vehicle to go to the library and local shopping centre. Other residents said they enjoyed spending time in their room watching television or with their visitors. Residents said that they felt they could ask staff for anything and that all efforts were made to meet their needs and requests. Residents said they were comfortable in their accommodation and liked the new curtains in their room, though some said they would like to have a bit more storage space for their belongings.

Capacity and capability

The governance arrangements and systems at this centre were well developed and ensured that the quality of care was effectively monitored and maintained to a high standard. Management had implemented a number of changes to improve the service since the last inspection that included a reduction in bed numbers in many four-bedded rooms, as well as the converted use of smoking rooms to provide additional dining and communal sitting areas. A regular maintenance programme for premises was in evidence and a range of new curtains and screens were being fitted during the inspection. While these improvements were significant in addressing issues around accommodation and premises, further action was required to ensure effective arrangements in the support of residents' privacy, dignity and choice. Other

areas identified for improvement related to documentation and the maintenance of records.

Effective governance within the centre was demonstrated in the clear lines of accountability and authority between the person in charge and supporting nursing, healthcare and administrative staff. Overall governance by the service provider was ensured through oversight by the provider representative and arrangements to support this function included meetings and regular attendance at the centre.

Management ensured a safe service was provided through measures that included:

- Appropriate and consistent staffing levels in keeping with the statement of purpose;
- The collation of information from quality management systems to inform the overall quality review and related quality improvement initiatives;
- Quality management systems that included reviews and audits on key areas of care such as medication management, falls and infection prevention and control;
- A regular training programme for all staff that focused on providing effective care appropriate to the assessed needs of residents;
- Incident recording and investigation processes that included an assessment and review of individual circumstances with evidence of learning and revised practice taking place where appropriate.

Processes to support the effective implementation of these measures included regular communication through staff meetings and routine handover meetings at the end of every shift to ensure that information on residents' changing needs was conveyed in a timely manner.

Organisation wide processes were in place to facilitate learning from the management of incidents and accidents. Regular regional meetings took place and learning was incorporated in any revised practices or improved safety protocols. There were effective recording and reporting systems to ensure notification of key events and circumstances in keeping with the regulations.

Compliance with regulatory requirements was also demonstrated in the production of an annual quality review that reflected the national standards and outlined initiatives for improving the service. This review identified responsibilities for initiatives such as developing resident engagement to ensure that actions were progressed and appropriately monitored. There was evidence that the quality of service in key areas of care was monitored through a series of audits that included reviews of falls, medication management and the practice in relation to infection control and hand hygiene.

The centre showed its commitment to ensuring residents were appropriately informed of their rights and entitlements by providing a comprehensive residents' guide that included information on the service and facilities. Information was also provided on the procedure for making a complaint and arrangements for access to an independent advocate. Residents were provided with contracts on admission to

the centre that reflected these arrangements.

The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements and probation reviews. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Resident records such as care plans, assessments, medical notes and nursing records were complete. Other records such as a complaints log, records of notifications, fire checks and a directory of visitors were also well maintained and available for reference. Personnel files were provided on request and a sample reviewed were found to contain all the necessary documentation in keeping with Schedule 2 of the regulations, this included information on staff appraisals and a training needs analysis. The inspector reviewed records with the person in charge and noted that documentation was in place to verify staff had completed Garda vetting, though there were several instances where the original disclosure forms could not be provided for reference.

The participation of staff in education and training that included a focus on ethics in decision making showed that leadership in the service was committed to a culture of improvement with a focus on person-centred care and protection. The training programme also included infection prevention and control, cardio-pulmonary resuscitation, medication management and the management of responsive behaviours, for example. The inspector observed that staff were competent in the conduct of their duties and demonstrated a clear understanding of their role during discussions about work processes. Staffing levels were in keeping with both the size of the centre and the layout of accommodation and facilities across three units. Staff numbers and skill-mix were appropriate to meet residents' assessed needs. The duty arrangements for clinical nurse managers and senior nurses ensured the appropriate supervision of staff at all times. A nominated member of staff explained the systems in place to support a proactive maintenance programme and certificates to verify equipment was safe to use were in place.

The service operated compliant systems for the management of information and this was evident in both the secure storage of records and the protocols set out to protect confidentiality around resident and staff records. Copies of the standards and regulations were readily available and accessible by staff.

Regulation 14: Persons in charge

There had been no change to this appointment since the previous inspection. The person in charge was suitably qualified and experienced and was engaged in the governance and management of the centre in keeping with the requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were in keeping with the assessed needs of the residents and consistent with the layout and design of the premises. Appropriately qualified staff were on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with regular access to a programme of training that was in keeping with the assessed needs of all residents. Staff appraisals took place regularly. Staff were aware of legislation relevant to their roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

Records as required under Schedules 2,3 and 4 of the regulations were generally well maintained. However, Garda vetting disclosure documentation was not available on-site for some members of staff at the time of inspection.

Judgment: Not compliant

Regulation 23: Governance and management

A clearly defined management structure implemented effective quality management systems to ensure the consistent provision of a safe and appropriate service. An annual quality review was compiled in keeping with requirements and a copy was available for reference.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care did not fully reference the terms relating to bedroom accommodation or occupancy levels for residents.

Judgment: Substantially compliant

Regulation 30: Volunteers

The roles and responsibilities of volunteers were set out in writing and appropriate supervision arrangements were in place. All volunteers had completed relevant security vetting as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Records of incidents were maintained at the centre. Management understood their statutory responsibility to notify required information within specified timeframes.

Judgment: Compliant

Quality and safety

Residents in this centre received very good care that was provided in keeping with evidence-based standards and informed by regular assessments using appropriately validated tools. Management ensured that effective systems were in place to monitor the quality and safety of care that was provided. Management had taken significant steps in reducing occupancy levels in a number of wards since the last inspection though some issues remained in relation to the ongoing accommodation of residents in rooms for three or four residents.

Residents were assessed on admission and care plans were developed based on information about individual preferences and backgrounds, as well as relevant medical histories. Staff had received training in how to undertake assessments and develop related care plans. Documentation on residents' files was well maintained and accessible and included information relevant to resident needs on areas such as the activities of daily living; food and nutrition; maintaining a safe environment and

assistance with mobility, for example. Where a resident had been assessed as requiring a specific care plan around an individual need this had been developed with input by relevant allied healthcare professionals such as a dietitian, speech and language therapist, physiotherapist or occupational therapist, as appropriate. These care planning processes indicated that effective arrangements were in place that appropriately met the health and nursing requirements of residents and monitored these needs as they might change. The inspector reviewed care plans with members of staff who had a clear understanding of residents' needs and could provide information on consultation and review and as necessary.

The culture of care provided encouragement around daily routines that fostered independence and autonomy in keeping with the assessed interests and abilities of residents. The inspector saw residents coming and going in the course of the inspection independently, with family or using transport resources that were provided by the service. Some visited home or community services in the local town such as the library. The centre was laid out over three units with communal spaces that included a central dining room, a large reception area, a chapel and a variety of smaller sitting rooms and quiet or private visiting areas. Residents were seen spending time by themselves, in groups or with visitors in various parts of the centre throughout the days of inspection. Activities took place regularly that included an art programme and there was an exhibition of resident works in the centre.

Consultation processes included regular meetings for residents and feedback about the service was also sought through surveys and questionnaires. An initiative to redecorate residents' rooms was taking place at the time of the inspection and residents said that they were pleased with the new curtains being provided and had been involved in choosing colour options for their room.

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 were able to describe training and education that promoted ethical decision making in relation to the provision of care. Residents spoken with stated that they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. Where the provider acted as an agent for residents' money, records were appropriately maintained with receipts retained and documentation counter-signed. The centre actively promoted the independence of residents and where restraints, such as bed-rails, were in use appropriate risk assessments had been undertaken. Care plans contained assessments and consent forms, and a restraint register was in place that recorded regular monitoring observations.

Since the last inspection management had reduced occupancy in eight of ten four-bedded wards to a maximum of three residents. These rooms provided adequate space for the use of assistive equipment and furniture was provided that included a chair, wardrobe and bedside unit. Significant effort had been made to support residents in personalising their individual spaces in multi-occupancy rooms, though the impact was limited and the institutional layout detracted from the overall

homeliness of these wards.

Management and staff acknowledged the challenges that the environment presented in ensuring appropriate privacy and choice for residents in multi-occupancy rooms. While the privacy screens in use afforded a good degree of visual privacy, they provided little protection in relation to communication, disturbing noises or odours.

Otherwise resident accommodation was of a very good standard with all rooms providing en-suite facilities. Rooms had facilities such as radio and TV, and internet access was also provided to support residents in the use of information technologies. The centre provided effective access for residents to recreational outdoor space that was well designed and laid out with seating, shelter, greenery and appropriate paths for exercise that residents were seen to use in the course of the inspection.

Overall the centre was modern, well equipped and nicely decorated. Most communal areas were bright with window access and good natural light. A very good standard of cleanliness was in evidence throughout and effective measures were in place to protect residents from the risks presented by hygiene and healthcare-related infections. Awareness around hand-hygiene was evident and staff were seen to regularly use hand sanitisers that were readily accessible throughout the centre.

Call-bells were in place and easily accessible throughout the centre and staff were responsive to their use. There were individualised emergency evacuation plans for each resident that highlighted key information around mobility needs and the level of assistance required. A nominated member of staff held responsibility for premises and maintenance. Documentation was provided as required that demonstrated the regular maintenance and servicing of essential equipment, such as fire extinguishers, fire alarms and emergency lighting.

Regulation 11: Visits

Arrangements were in place for residents to receive visitors and accessible private visiting space was provided.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported in managing their personal belongings and effective laundering arrangements were in place to ensure that clothes were correctly

returned to residents. Adequate personal storage space was provided.
Judgment: Compliant
Regulation 13: End of life
Effective resources were in place to provide residents with appropriate care in relation to their needs at end of life. The services of a palliative care team were accessible as necessary and care planning arrangements reflected consultation with residents and their families. Personal preferences and cultural needs were identified as part of the care planning process.
Judgment: Compliant
Regulation 17: Premises
The centre was compliant with the requirements of Schedule 6 of the regulations and the provision of accommodation and facilities was in keeping with that set out in the statement of purpose.
Judgment: Compliant
Regulation 18: Food and nutrition
A comprehensive suite of policies was in place around care in relation to nutrition and hydration. Residents were reviewed through the monitoring of weight and the use of a specified nutritional assessment tool. Residents were provided with drinks and snacks regularly throughout the day. The inspector saw meals served that were freshly prepared, nutritious and appetising in presentation and that residents were offered choice.
Judgment: Compliant
Regulation 26: Risk management
An effective risk management policy was seen to be followed in practice. An active risk register was in place for the management and monitoring of identified risks and management meetings took place regularly to review related health and safety

arrangements. Arrangements to ensure the safety of residents included risk assessments and controls around environmental hazards, such as safe floor surfaces and restricted access to hazardous areas, such as sluice facilities. The general storage arrangements for oxygen cylinders and related signage was identified during the inspection as an area of risk that required review.

Judgment: Substantially compliant

Regulation 27: Infection control

Robust infection prevention and control procedures were in place to protect residents from the risk of healthcare-associated infections and an identified staff member held responsibility for monitoring compliance with the national standards. Staff received relevant training and effective monitoring arrangements were in place that included regular hand-hygiene audits.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate precautions against the risk of fire were in place that included regularly serviced and certified fire-fighting equipment, relevant training for staff and appropriate practice for staff in the event of a fire, such as regular evacuation drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Pharmacy services were available on-site that also provided support in relation to education and monitoring processes. The management of medicines was governed by appropriate professional guidance and the application of relevant controls and regulations. Appropriate policies and protocols were in place around the administration and storage of medicines. Staff demonstrated good practice and an appropriate knowledge and understanding of relevant protocols in relation to the management of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans based on a comprehensive assessment of residents' needs were implemented, evaluated and reviewed. Standardised tools were used to inform assessments of needs and care plans based on these assessments provided relevant guidance to staff on the appropriate provision of care. Care plans were in place for all residents and included relevant information on health, medication and communication needs. Records indicated that consultation took place with residents and their families to inform and revise care plans as necessary.

Judgment: Compliant

Regulation 6: Health care

The health and wellbeing of residents was promoted and the centre provided access to healthcare services that included regular attendance and review by a medical practitioner. Consultancy services in relation to psychiatry and gerontology were available on referral. Residents had regular access to allied healthcare services such as physiotherapy, occupational therapy and speech and language therapy, as necessary.

Judgment: 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. Staff spoken with understood their responsibilities in relation to the welfare and protection of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The use of multi-occupancy rooms for three and four residents did not support choice or the receipt of personal care and communication in a manner that protected privacy and dignity. Privacy screens in use provided a degree of visual protection when undertaking personal activities, but did not adequately protect

residents from odours and disturbing noises, or when communicating. Residents were restricted around choice and preferences on sharing accommodation with more than one other person.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Community Hospital of the Assumption OSV-0000662

Inspection ID: MON-0022349

Date of inspection: 02 & 03/05/2018

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All staff in Community Hospital of the Assumption are fully compliant with Garda vetting. HR are in the process of submitting full documentation on all staff to HIQA.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>A review of all the current Contracts of Care for all residents has been completed and all contracts demonstrate the appropriate location details as per regulation. A tracking log will be attached to all residents' Contracts of Care and all relevant relocation details will be entered in a timely manner.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>At each Oxygen storage point throughout the Hospital, appropriate hazard signage is now in place.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Person centered care delivery is the primary focus for all staff, in the delivery of care within the Community Hospital of the Assumption.</p>	

While it is challenging to eradicate odours, additional efforts / measures are necessary to minimize the odours / smell in shared accommodation bedrooms.

- Residents are taken to the en-suite facility for personal toilet use.
- Residents who are not in a position to toilet independently and require personal care for toileting, staff always endeavour to manage same in a sensitive manner at all times and in line with infection prevention and control guidelines.
- We are introducing electronic scented diffusers which may further reduce the occurrence/ intensity of odours. Some have now been sourced and will be provided for all multi occupancy rooms, if required. This additional measure will be reviewed on 31st July 2018.
- Privacy and dignity for the residents is at the forefront of care delivery and adequate sitting rooms / private areas are available if the resident requires a private space for sensitive communication matters. There are multiple areas throughout the hospital which do meet the needs of the residents should they be required from a communication perspective at any time.

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 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.	Not Compliant	Red	03 May 2018
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that	Substantially Compliant	Yellow	31 st May 2018

	centre.			
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	3 rd May 2018
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31 st July 2018
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31 st July 2018