

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Ita's Community Hospital
<b>Centre ID:</b>	OSV-0000664
<b>Centre address:</b>	Gortboy, Newcastlewest, Limerick.
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<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	Susan Cliffe
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	69
<b>Number of vacancies on the date of inspection:</b>	4

**About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
16 July 2019 09:30	16 July 2019 18:00
17 July 2019 08:30	17 July 2019 16:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Non Compliant - Moderate	Non Compliant - Major
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Non Compliant - Major	Non Compliant - Major
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Non Compliant - Major	Non Compliant - Major
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate
Outcome 08: Governance and Management		Non Compliant - Moderate

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. Issues identified on previous inspections were also followed-up, as were any relevant issues identified on this inspection but not originally considered part of a dementia thematic inspection.

As part of the thematic inspection process, providers were invited to attend information seminars facilitated by the Office of the Chief Inspector. In addition, evidence-based guidance was developed to guide the providers on best practice in

dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The person in charge assessed the centre as compliant in one of six outcomes, substantially compliant in two outcomes, moderate non-compliant in one outcome and non-compliant major in two outcomes. These judgments and the judgments of the inspectors are outlined in the table above.

At the last registration renewal in 2015, a condition had been attached to the registration of the centre, that the centre must be reconfigured by December 2018 in accordance with plans submitted to the Chief Inspector by the provider and based on timelines given by the provider. This timeline was not met and subsequently the provider has extended the proposed date for when this reconfiguration would be complete to the end of 2021. Inspection findings, following the most recent registration renewal application in 2018, were that the quality of life of residents continued to be negatively impacted by the design and layout of the premises. As a result, a notice of proposal was issued to the provider with a condition to reduce the number of residents from five to four in each of the seven five-bedded rooms in Camellia unit. This condition was proposed for the purpose of providing more personal and communal space for residents, and in so doing, improve on compliance with regulations. The provider made a representation to retain these beds and this inspection was conducted in response to that representation, to ascertain if the quality of life for residents had improved in the intervening period.

Overall, inspectors found that staff generally provided care to residents in a caring and respectful manner. Significant improvements, however, were required to enhance the privacy and dignity of residents, which was adversely impacted by the institutional nature of the premises but also contributed to by some institutional care practices.

The standard of accommodation available to residents varied in each of the three units. In Orchid unit, residents were predominantly accommodated in single bedrooms, had adequate communal and dining space and had good access to outdoor space. While in Camellia unit, residents were predominantly accommodated in 5-bedded rooms with limited personal space, limited accessible communal and dining space, and outdoor space was not readily accessible. In Bluebell unit, residents were accommodated in a mix of single, twin, triple and four-bedded rooms, had better access to communal and dining space than Camellia, but outdoor space was also not readily accessible.

The journey of a sample of residents with dementia within the service was tracked. The inspectors reviewed documentation such as nursing assessments, care plans, medical records and examined relevant policies, including those submitted by the centre, prior to this inspection, as part of their self-assessment process. The inspectors observed care practices and interactions between staff and residents who had dementia, using a validated tool.

Interactions and care practices by staff with residents, as observed by inspectors, were predominantly person-centred, therapeutic, respectful and kind. Staff were familiar with residents and addressed them by name. It was noted, however, that not all opportunities were taken by staff to interact with residents. Staff were seen to enter a room and carry out a task without interacting with residents in the room or only interacting with the resident for which care was being provided.

The dining experience of residents could be enhanced through the provision of better and more accessible dining rooms. The dining space that was available, however, was not used to its optimal potential. The dining room in Camellia was not being used, even though renovations were complete and the dining room in Bluebell was only used by six or seven residents. All residents in Orchid unit had their meals in the dining room, while most residents in Camellia and Bluebell units had their meals at their bedside. The mealtimes for residents that had their meals in the dining room, particularly in Bluebell unit, was seen to be a social occasion. Residents were seen to have their meals and interact with each other throughout the meal. While choice of food was offered to most residents, the presentation and choice of food available to residents that were prescribed modified diets required review.

Residents health needs were met to a good standard through access to the services of a medical officer and allied health services. There were adequate procedures in place for the management of medications and all nursing staff had completed training in medication management.

The social care needs of residents were not adequately addressed and care was predominantly characterised by task orientation and institutional practices that did not prioritise recreation and social interaction for residents. In particular the registered provider had failed to ensure that residents in the centre had access to meaningful activities on a daily basis. A large number of residents spent long periods of time in their bedrooms, either in bed or in a chair at their bedside. Residents in sitting rooms were provided with little stimulation, other than the television, in which they had little interest. The activities coordinator was on annual leave on the days of the inspection and was not replaced. As a result, many of the activities listed on the programme of activities did not take place. Most activities that did take place during the inspection were facilitated by external providers, such as a musician and art therapist. Inspectors were informed that funding for some of these activities was provided by a local volunteer group and not by the provider.

The design and layout of the premises significantly impacted on the provision of care for residents that were seriously ill and approaching end of life. Due to the number of residents accommodated in many of the bedrooms, it was not possible for staff to provide adequate privacy to the resident as they approached end of life. This also had an impact on the privacy other residents in the room. Relatives were unable to spend time alone with their family member or friend when they were seriously ill and approaching end of life.

Some issues identified in relation to governance and management found on previous inspections were addressed. Staff were recently appointed to senior nursing

managerial positions that had recently been filled on an interim basis.

Issues in relation to the segregation of cleaning and caring duties had not been addressed, leading to on-going concerns in relation to infection prevention and control. A commitment had previously been given by the provider that this would be addressed by the end of 2018. This also contributed to deficits found on this inspection in relation to the cleanliness of the centre. The centre was generally not clean throughout with evidence of dust in high areas, cobwebs on a skylight and delays in cleaning stains. The centre was also in a poor state of repair with damaged and chipped paintwork and evidence of stains on walls caused by dampness from long-term leaks.

The Action Plan at the end of this report identifies the areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

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

**Findings:**

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3.

There were a 69 residents living in the centre on the day of this inspection. Thirty nine of the residents had a formal diagnosis of dementia and a further eleven had some degree of cognitive impairment but were not formally diagnosed with dementia.

Overall, the healthcare needs of residents were met to a good standard. Inspectors focused on the experience of residents with dementia in the centre and tracked the journey of a number of residents with dementia and also reviewed specific aspects of care such as nutrition, medication and end of life care in relation to other residents. The inspectors spoke with a number of residents over the two days of inspection. Residents spoken with stated that they were satisfied with the care they received in the centre. Residents reported that they felt safe, adding that they were treated very well. Medical cover was provided by a local general practitioner (GP) who was contracted for a number of hours each week to provide GP services to residents. Staff members stated that the GP visited the centre regularly and medical records confirmed that residents were reviewed on a regular basis. Residents also had access to out-of-hour GP services at evenings and weekends. Specialist medical services were also available when required. Residents had access to psychiatry of older life and a community mental health nurse visited the centre regularly.

Allied health services were available on a referral basis. Speech and language therapy, physiotherapy and occupational therapy were available through community services. While there was not a dietitian assigned to the centre, access was approved on a case by case basis through the general manager. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' health care needs were met to a good standard.

Inspectors were informed that a number of residents admitted for long term care may already have been in the centre previously for respite. Any pre-admission assessment

was usually carried out by a clinical nurse specialist from rehabilitation. Following admission, residents were comprehensively assessed and care plans were developed based on these assessments. The assessment incorporated the use of validated assessment tools for issues such as the risk of falling, the risk of developing pressure sores, and the risk of malnutrition. Care plans were developed based on these assessments. There was considerable variation in the quality of care plans. Some were detailed and provided good guidance on the care to be delivered, while others were somewhat generic and did not provide adequate detail on the needs and preferences of residents on an individual basis.

There was a policy in place for end-of-life care. Spiritual needs were facilitated with mass held on a number of days each week in the centre. Clergy from other denominations visited the centre regularly, as required. There was a large church in the centre that, in addition to religious services, was available to residents for periods of quiet reflection. Residents had access to palliative care and hospice services. There was evidence in care plans of discussions with residents and their relatives of end of life preferences. However, end of life care plans only gave general guidance on the care of residents as they approach end of life and did not reflect the assessed needs of individual residents. Deficits in the premises, mainly multi-occupancy bedrooms that accommodated up to five residents, limited the opportunity for some residents to have privacy and dignity as they approached end of life. Some residents lived out their final days being cared for in a five-bedded room, with the curtains closed around the bed, limited space for relatives and friends to remain with the resident at end of life, and no opportunity to spend time alone with the resident.

Significant improvements were required in relation to the dining experience of residents. There were systems in place to ensure residents' nutritional needs were met, and that residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently, if evidence of unintentional weight loss was observed. Choice of food was offered to some residents, however, choice was not offered to residents that were prescribed modified texture diets. Additionally, the presentation of modified foods required improvement. Staff were observed to mix potato, vegetable and meat together to create an unrecognisable mix of food, prior to assisting residents to eat, which did not support a dignified dining experience for residents.

A significant number of residents had their meals in their bedrooms. While dining facilities were not adequate for the number of residents living in the centre, the facilities that were available were not used to their potential. The designated dining room for Camellia unit was located proximal to reception near the main entrance. This was not easily accessible to residents as they had to exit the unit via an electronic keypad controlled door to get to the dining room. The dining room had recently been renovated, however, it was not in use on the days of the inspection as delivery of new dining tables was awaited. The original dining tables were still in the dining room, so residents could have continued to dine there while awaiting delivery of the new furniture. The dining room in Bluebell was also underutilised. Usually six to seven residents had their meals in this dining room each day. The dining room was not decorated to a good standard and was not furnished in a manner that would entice residents to eat there. Inspectors

observed that plates were in a unit designed to keep them warm, which was switched on at 09:30hrs even though lunch would not be served for a further three hours. The majority of these plates were noted to be chipped and should have been discarded.

There were written operational policies advising on the ordering, prescribing, storage and administration of medicines to residents. Photographic identification was in place for residents as part of their prescription and drug administration record. Controlled drugs were managed in accordance with professional guidance. Medications requiring refrigeration were stored appropriately and the fridge temperature was monitored. Prescriptions were reviewed regularly by the medical officer. Medication administration was observed during the two days of the inspection and the inspector found that the nursing staff adhered to relevant professional guidance.

**Judgment:**

Non Compliant - Major

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The policy on the prevention of elder abuse set out the protocol in place for the prevention, detection, reporting and investigating of any allegations. The policy incorporated the Health Service Executive's (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, Policy & Procedures, 2014 and other evidence-based practice.

Inspectors found that measures were in place to protect and safeguard residents. Staff, spoken with by inspectors, were aware of the procedure to follow, if they witnessed, suspected or received an allegation of abuse. Training records reviewed, confirmed that staff were facilitated to attend training on recognising and responding to suspicions or allegations of abuse. However, a number of staff members were yet to attend this training and others were overdue attendance at refresher training. Residents spoken with said they felt safe in the centre. Relatives confirmed with inspectors that staff were approachable.

Inspectors found that residents' finances were managed robustly in the centre. The provider was pension agent for eighteen residents and adequate records were maintained of money held on behalf of residents. There were also adequate records and receipts for transaction made on behalf of residents.

There was an up-to-date policy in the centre to support staff in interventions and approaches for residents who exhibited responsive behaviours (also known as

behavioural and psychological signs and symptoms of dementia). Training records indicated that training was facilitated for staff to support residents with responsive behaviour, however, a significant number of staff were overdue attendance at this training.

Approximately half of the residents living in the centre had bedrails in place while they were in bed. A sample of records viewed by the inspector indicated that alternatives to bedrails had been explored prior to using bedrails. There was a risk assessment conducted of the risks associated with the use of bedrails and there were regular safety checks while bedrails were in place.

**Judgment:**  
Substantially Compliant

### ***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**  
Person-centred care and support

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

**Findings:**  
External advocacy services were available to residents and information on this service was displayed on notice boards. Consultation with residents took place through residents' meetings. The agenda for the meetings did suggest that residents were consulted about items of interest and relevant to them, but the consultation process could be enhanced by the inclusion of a greater number of residents and an increase in the frequency of meetings. Records available indicated that these meetings were infrequent and were only attended by a small number of residents. For example, there were two meetings held in the past twelve months and the most recent meeting was held in January 2019. This meeting was attended by four residents, the activities coordinator and the acting director of nursing. The previous meeting was held in September 2018.

There was a programme of activities on display in the various units. The programme required review as it did not accurately represent the activities that actually took place. For example, morning mass was listed as taking place every day at 09.45am but discussions with staff indicated that mass depended on the availability of the priest and this was not every day. The activities coordinator was on annual leave on the days of the inspection and was not replaced. Observations of the inspectors indicated that the only activities that did take place on the days of the inspection were facilitated by external providers, such as arts and crafts and music. On one of the days of the inspection, art was available as an activity in Bluebell unit, however, only one resident from Camellia attended the activity. Discussions with residents confirmed that the programme of activities was not sufficiently comprehensive to meet the number and

needs of the residents living in the centre. For example, when asked about the programme of activities, one resident talked about the visit of the hairdresser and chiropodist rather than any of the activities listed on the programme. This resident also talked about wanting to leave the centre and go for walks but that staff were not available to do this. This was further supported by records of participation by residents in activities. Some of these were repetitive in nature and activities recorded in the daily planner for some residents included "up in the day room", "interacting with staff" or "family visiting".

A large number of residents in Camellia and Bluebell units spent most of the day in their bedrooms, sitting beside their bed or in bed. In contrast, residents in Orchid spent most of the day up and about the unit. Most residents in Camellia were accommodated in 5-bedded rooms. Due to the number of residents in these rooms, staff were challenged to provide care in a manner that protected the privacy and dignity of residents. Staff were coming and going throughout the day while attending to the needs of residents, which impacted on the other residents in the room. This also meant that visitors had little opportunity to spend time alone with their relative or friend.

There was limited wardrobe space for residents' clothing and possessions. While some residents did have space to hang clothes, the wardrobe space of other residents consisted of shelving, which did not allow for clothes to be stored on clothes hangers. In addition, for some residents, much of the wardrobe space was used for storing hygiene items, such as incontinence wear. Televisions were located in the bedrooms and in the communal rooms. Due to the layout of the beds in multi-occupancy rooms and the placement of the televisions, it was difficult for some residents to see the television.

Inspectors observed that staff appeared approachable and kind to residents. As part of the dementia thematic inspection, inspectors spent periods of time observing interactions between staff and residents. Inspectors used a validated observational tool to rate and record at five-minute intervals the quality of interactions in the centre. The observations took place in the dining room and sitting rooms. Overall, staff interactions were caring and respectful, however, there was a variation in the quality and frequency of interactions by staff with residents. In Orchid unit, there was a greater level of interaction with residents. In Camellia and Bluebell, not all opportunities to engage with residents were availed of and on occasion, staff were seen to come and go from the sitting room without interacting with residents. Residents were seen to be left in the sitting room, facing towards the nursing station with little stimulation. The television was on but none of the residents demonstrated any interest in the television.

**Judgment:**  
Non Compliant - Major

#### ***Outcome 04: Complaints procedures***

**Theme:**  
Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre had an up-to-date policy and procedure for the management of complaints. The HSE complaints procedure 'Your Service, Your Say' was displayed and a copy was included in the Resident's Guide. It was referenced in each resident's contract of care.

The complaints process was prominently displayed around the centre. Residents, spoken with by inspectors, stated that they could raise any issue or concern, with the person in charge or staff. The person in charge informed inspectors that she monitored the complaints from each area.

The complaints log was reviewed and complaints were recorded in line with the regulations, including the outcome of whether the complainant was satisfied with the outcome. The person in charge monitored complaints and endeavoured to resolve issues as soon as they arose. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing*****Theme:**

Workforce

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

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

**Findings:**

Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was supported by the observations of inspectors throughout the inspection in the dignified and caring manner in which staff interacted and responded to residents.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector found staff to be well informed and knowledgeable regarding their roles and responsibilities. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Staff were facilitated to attend training, however, records indicated that not all staff had

attended up-to-date training in mandatory areas, such as fire safety, safe moving and handling, safeguarding vulnerable persons and management of responsive behaviours. Most staff had attended training in fire safety and safeguarding vulnerable adults, however, there were significant gaps in attendance in training on safe moving and handling and management of responsive behaviours. Dementia specific training was not included in the programme of training viewed by inspectors.

The centre relied on agency staff due to the absence of regular staff on sick leave. Inspectors were informed that agency staff regularly worked in the centre and were familiar with residents. While there were adequate numbers of staff on duty each day, the deployment of staff required review to ensure the needs of residents, and of the centre in general, were met. Inspectors observed that food was served to some residents that required assistance with their meals, however, staff were not available to assist them for approximately ten minutes after the food was served. A review of staffing utilisation at mealtimes was required, such as the timing of the medication round, to ensure that staff were available to assist residents with their meals

On previous inspections it was identified that cleaning and caring duties were not segregated and this posed an infection prevention and control risk. Following the inspection conducted in July 2018, the provider indicated in their response to the compliance plan that this issue would be addressed by December 2018. This target has not been met. There continues to be no designated cleaning staff and cleaning is carried out by multi-task attendants who are also involved in providing care to residents and assisting residents with their meals, prior to and following cleaning duties.

The inspectors found that recruitment procedures were in compliance with the regulations. There was a comprehensive recruitment policy in place, based on the requirements of the Regulations. The inspectors reviewed a sample of four staff files, including recently recruited staff, which were found to contain all of the required documentation. Garda Síochána vetting was in place for all staff prior to commencing employment. Proof of current registration was in place for all nursing staff. References were obtained from each staff member's most recent employer.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

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

**Findings:**

Overall, the design and layout of the centre was not suited to its stated purpose. The centre accommodates seventy three residents in three units. There is a variation in the quality of accommodation in each of the units. The original building was constructed in the mid 1800's. Extensive refurbishment and construction had taken place in recent years providing additional facilities and space. The dementia specific unit, Orchid, was purpose built in 2014 to meet the needs of residents with a cognitive impairment. The rest of the centre retained an institutional appearance that limited opportunities to create a homely and personalised environment for residents to reside long term.

Orchid unit is the designated dementia unit and caters for residents that are predominantly independently mobile but have a cognitive impairment. Residents were seen to wander freely through the unit. There was a homely living room area where residents could sit during the day and participate in activities, or have their meals at the dining tables provided. There is also another smaller sitting room and other seated areas throughout the unit. The unit was designed to promote mobility and support orientation with a corridor forming a central oval, around which residents could mobilise. This design was safe with hand-rails that guided residents around the unit and back to the communal area. Resident accommodation was located off one side of the oval and comprises eight single bedrooms and two twin bedrooms. All of the bedrooms are en suite with toilet, shower and wash hand basin. Bedrooms were personalised and individualised memorabilia boxes were provided that had been put together in consultation with family members around the interests and life history of individual residents. There is a long glass window extending along the length of the other side of the oval, with seating that overlooked the central garden. There is good access to a garden that provides a safe environment for residents to spend time outside and is readily access through two doors situated at either end of the unit. The garden has a paved pathway made of soft material to minimise the risk of injury, should a resident fall. The garden has planted shrubs and a bird feeder in the middle of the space for ease of viewing.

Bluebell unit accommodates twenty four residents in two single bedrooms, six twin-bedded rooms, two three-bedded rooms and one four-bedded room. All of the bedrooms have an en suite shower, toilet and wash hand basin. While some of the bedrooms had adequate storage space, including a large wardrobe and chest of drawers, others had limited wardrobe space. Some wardrobes did not have hanging space for clothes and a number of shelves were used for storing incontinence wear and other hygiene items. There was a sitting room with a fireplace, a fish tank and television. There was a water dispenser, however, the cup dispenser was empty of the first day of the inspection but this was immediately rectified when it was brought to the attention of staff. There was a dining room that was sparsely furnished, lacked natural light, and the décor did not provide for an environment to entice residents to have their meals here.

Camellia unit accommodates thirty seven residents in seven five-bedded rooms and two single bedrooms. Six of the seven five-bedded rooms have en suite shower, toilet and wash hand basin. The seventh bedroom uses a bathroom across the corridor, which is also shared by one of the single bedrooms, room 8, as the en suite in this room did not have a shower. This bathroom is not proximal to room 8 and is located at the opposite end on the unit. The resident in the other single bedroom uses the bathroom in one of

the five-bedded rooms across the corridor. These arrangements for sharing sanitary facilities are unsuitable both due to lack of proximity and also due to its impact on the privacy of all residents involved. Communal facilities for Camellia comprise a sitting room located next to the nurses station. This room is nicely furnished and has recently had a doorway installed in response to fire safety concerns. There is also a smaller sitting room located just inside the door to the unit. This has recently been renovated and the décor is of a high standard, however, it is small and can only accommodate three to four residents at a time. Dining facilities for Camellia are located outside the unit, through an electronic keypad controlled door, past the main entrance and reception desk. Because of its location, the dining room is not readily accessible to residents. This room was recently renovated and has not been available for use by residents, even though renovations are complete. Delivery of new dining room furniture is awaited, however, the original furniture was still available and useable. Some residents had expressed to inspectors that they missed dining here. A satisfactory explanation was not given as to why the dining room could not be used, as the original dining furniture was still available. There is also a room called the parlour that is located outside the keypad controlled door of Camellia. This room was laid out and decorated as a homely living space, with a small stove and central table. The room is mainly used for activities and was not seen to be used on either day of the inspection. There is also a large church in which there is mass on a number of days each week.

In general, except for Orchid unit, the centre was not suited for its stated purpose. When full, forty five of the seventy three residents in the centre are accommodated in multi-occupancy bedrooms with three to five residents sharing a room. This has a negative impact on the ability of staff to provide care to residents while maintaining residents' privacy and dignity. It also limits the opportunities for residents to personalise their bedrooms. In addition, the centre was in a poor state of repair and was not clean throughout. A skylight on a corridor outside the chapel was visibly unclean with cobwebs. This area could not be readily cleaned by staff responsible for cleaning, as it was at a considerable height from the floor. Even though this corridor had a large skylight, it lacked natural light. Paintwork on walls was blistered and chipped and there was evidence of damage to paintwork caused by dampness from long term leaks. Personalisation of individual spaces was limited in the multi-occupancy bedrooms.

A room in Bluebell had recently been converted to a storeroom for cleaning equipment, however, hand washing facilities had not been installed in this room. The old cleaning storeroom is located off one of the three-bedded rooms and continues to be used to store some cleaning equipment. This compromises the privacy of residents in this room as cleaning staff have to go through the bedroom to get to the store room.

As outlined above, residents in Orchid unit had direct access to a secure and safe garden area. However, residents in both Bluebell and Camellia units did not have meaningful access to a secure outside space and the only facility available for their use was an internal courtyard, off another section of the premises but not readily accessible to residents of these units.

**Judgment:**

Non Compliant - Major

## ***Outcome 07: Health and Safety and Risk Management***

### **Theme:**

Safe care and support

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

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

### **Findings:**

The most recent inspection of this centre was conducted in October 2018 and predominantly focused on fire related issues. Inspectors were concerned that issues identified during a fire safety risk assessment had not been addressed. Inspectors also expressed concerns in relation to the capability of fire doors to restrict the spread of fire and smoke, the procedures for evacuating residents in the event of a fire and the storage of oxygen cylinders.

On this inspection, inspectors did not observe any oxygen cylinders stored in unsuitable locations and were assured by the compliance plan that oxygen was now stored externally in a locked cage. Fire drills were being conducted regularly simulating the evacuation of residents and records of fire drills indicated that staff demonstrated adequate knowledge of what to do in the event of a fire.

Significant structural fire safety work was underway. Much of this involved to replacement of fire doors. In the response to the compliance plan the provider indicated that this work would be complete by 30 September 2019 and during the inspection, inspectors were assured progress toward the completion date was on target. Inspectors were informed that phase 1 of the work was complete and phase 2 was underway. A project plan was submitted subsequent to the inspection detailing what works comprised each phase of the project and listing what work was complete and what work remained outstanding. A sign-off from external advisors was required to indicate that the work had been satisfactorily completed.

Significant improvements were required from an infection prevention and control perspective. As discussed previously in this report, the roles of multi-task attendants were not segregated and staff were carrying out caring and cleaning duties, and to a lesser extent catering duties, such as serving meals, during the one shift. This is not compliant with recommended infection prevention and control practice and poses a risk of cross contamination. It was also noted during the inspection the centre was not clean throughout. Stains caused by spilled liquid visible at 10:00hrs were still visible after lunch. Surfaces, particularly high surfaces were in need of dusting.

Some risks were also observed by inspectors. A plate warming unit was observed to be switched on at 09:30hrs in preparation for lunch. This unit was extremely hot to touch and could pose a risk of injury to residents. The majority of the plates in the unit were chipped, which would make it difficult to ensure they were properly cleaned and also

posed a risk of injury to residents due to the sharp edges. There was also a phone charger connected to a power socket, which was powered on but there was no phone attached. The plate warming unit was in direct contact with the plug of the charger, which further increased the risk. The person in charge removed the charger as soon as it was observed.

**Judgment:**

Non Compliant - Moderate

***Outcome 08: Governance and Management***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Previously, a condition had been attached to the registration of the centre, that the centre must be reconfigured by December 2018 according to plans submitted to the Chief Inspector by the provider and based on timelines given by the provider. This reconfiguration was for the purpose of affording residents privacy and dignity in the centre and providing them with sufficient personal and communal space. This timeline was not met and subsequently the provider has extended the proposed date for when this reconfiguration would be complete to the end of 2021. As a result, the Chief Inspector has issued a notice of proposal to the centre, which included a condition to reduce the occupancy of the five-bedded rooms to four beds. This is for the purpose of increasing personal and day space available to residents, as an interim measure. The provider has made a representation to the Chief Inspector against this condition and this inspection was carried out on foot of that representation.

On this inspection, inspectors found that interim arrangements to enhance the privacy and dignity of residents were not satisfactory and all available space was not utilised for the benefit of long-term residents. Dining facilities are inadequate and even the dining facilities that are available are not utilised to their capacity. Residents spend long periods of time in bedrooms that do not afford them adequate privacy and dignity. There was inadequate communal space for the number and needs of the residents living in the centre to entice residents to spend time away from their bedrooms. While the design and layout of the centre is institutional in nature, some practices are also institutional and the social care needs of residents do not receive sufficient priority in daily routines.

Improvements were noted in governance and management arrangements, however, further improvements were still required. On previous inspections it was found that there were interim arrangements in place for senior nursing positions, which impacted

on the authority of senior managers to effect change. On this inspection it was found that managers had recently been appointed on a permanent basis to these senior nursing positions. There was now a director of nursing, supported by two assistant directors of nursing and clinical nurse managers on each of the three units. These positions had only been regularised in the weeks prior to this inspection.

While improvements were noted, a number of issues remained outstanding. The segregation of cleaning duties had not taken place despite a response to a previous inspection that this would be done by December 2018. This contributed to the findings of this inspection that parts of the centre were unclean. Additionally, while there was a programme of training in place, a significant number of staff were overdue attendance at training in areas such as manual and people handling and responsive behaviour. Training records given to inspectors did not indicate a programme of training in dementia care, which is particularly relevant given the number of residents that had some degree of cognitive impairment and the institutional nature of care in the centre.

There was a preventive maintenance programme in place for lifting equipment, such as hoists. A preventive maintenance programme, however, was not in place for beds and mattresses. Inspectors were informed by the person in charge that this had recently been identified and was in the process of being addressed.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

John Greaney  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Ita's Community Hospital
<b>Centre ID:</b>	OSV-0000664
<b>Date of inspection:</b>	16/07/2019
<b>Date of response:</b>	27/08/2019

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

There was considerable variation in the quality of care plans, including end of life care plans. Some were detailed and provided good guidance on the care to be delivered, while others were somewhat generic and did not provide adequate detail on the needs and preferences of residents on an individual basis.

#### **1. Action Required:**

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

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

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

Actions completed:

- Feedback sessions have been held with staff in relation to care plans.
- Each resident has an assigned Named Nurse who is responsible for the resident's individualised care planning and documentation.
- The resident's Care Plan is prepared based on the assessment, no later than 48 hours after the residents' admission to the designated centre.
- Following revision, and evaluation, the "Care Plan Development and Implementation Policy", 2019, has been issued and discussed with staff nurses at the shift to shift handover and daily safety pause.
- The Care Plan review focussed on the assessments and care plan documentation with specific attention to end of life care.
- The resident's Named Nurse who is responsible for updating and reviewing the care plan has ensured that the resident's care plan adequately details the needs and preferences of the residents on an individual basis.
- A schedule of Care Plan Audits has commenced since 1st July 2019.
- Dementia Care Awareness sessions have been facilitated for all grades of staff by Practice Development Coordinator on both 7th and 14th August 2019.

Actions to be completed:

- Peer to Peer audits of care plan documentation are currently being undertaken by senior staff from other areas of the designated centre.
- A timeline quality improvement plan will be developed by the Person in Charge and actioned by the CNM11.
- The Quality Care Metrics has been scheduled to be completed by 2 external auditors on 23rd August 2019. Findings will be submitted to the Person in Charge and reported to the Registered Provider. Planned date of completion, 30th August 2019.

Training:

- Person Centred Care (PCC) training has been organised for all staff on the 30th August 2019 and 20th September 2019
- Training workshop on DML (2010) which includes the Scope of Practice (2015) will be facilitated by the Centre for Nursing and Midwifery Education (CNME). Date to be confirmed.
- End of life training has been requested and will be facilitated by Milford Education Centre in September 2019.

**Proposed Timescale:** 14/10/2019

**Theme:**

Safe care and support

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

Deficits in the premises, mainly multi-occupancy bedrooms that accommodated up to five residents, limited the opportunity for some residents to have privacy and dignity as they approached end of life. Some residents lived out their final days being cared for in a five-bedded room, with the curtains closed around the bed, limited space for relatives and friends to remain with the resident at end of life, and no opportunity to spend time alone with the resident.

## **2. Action Required:**

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

#### Admissions:

- All residents are advised, at the point of inquiry about Long Term Care, of the services provided by the designated centre. This includes information on multi occupancy bedrooms.
- Pre admission assessment is undertaken by the Person in Charge, as per the designated centre's admission policy, to ensure health, personal and social care needs can be met in the facility for all long term care individuals.

#### Documentation:

- Peer to Peer audits of care plan documentation are currently being undertaken by senior staff from other areas of the designated centre.
- A timeline quality improvement plan will be developed by the Person in Charge and actioned by the CNM11.
- The Quality Care Metrics has been scheduled to be completed by 2 external auditors on 23rd August 2019. Findings will be submitted to the Person in Charge and reported to the Registered Provider. Planned date of completion, 30th August 2019.

#### Care provision for End Of Life in Multi Occupancy Room:

- A newly refurbished area in Camellia Unit has been identified to provide a suitable private area for visitors for those residents at End of Life. This enables the visitors to spend quiet time alone.
- A newly refurbished room is available for visitors and overnight accommodation is available for visitors should they wish to stay.

#### Actions to be completed:

#### Planned upgrade/changes planned:

#### Short term changes planned (3-6 months):

The number of residents in six of the multi occupancy rooms will be reduced from five to four residents. An additional single room will be added to the layout of the unit through an accommodation conversion programme within the unit and the accommodation of short stay/ respite persons in a specified room in the unit. This will allow for adequate space, privacy and dignity for the existing residents.

Reconfiguration in the short term (3-6 months) will require:

- Reduction to a 4 bedded arrangement in six of the rooms and the creation of an additional single room in Camellia
- Refurbishment of the newly reconfigured rooms
- Refurbishment of Bluebell dining room and sitting room

Medium term changes planned (6-12 months):

Redesign and layout of the units in the medium term (6-12 months)

- Extension to larger sitting room in Camellia
- Direct access from the Servery to Camellia
- Access from Camellia to a newly designed courtyard for access to external spaces
- Access to an external space for Bluebell
- Conversion of store room to a wet room

Long term changes planned (By 31st December 2021):

- The planned new extension will provide twelve new beds added to the existing eight currently existing in the Jasmine Facility (the existing Jasmine Facility will undergo minor refurbishment, to be completed in parallel with extension works).
- New bed compliment in Jasmine Facility when completed will be 20 new beds.
- Planning permission application has been prepared and due for submission.

Proposed Timescale: (3-6 months): 28th February 2020;

(6-12 months): 30th September 2020, 31st December 2021

**Proposed Timescale:** 31/12/2021

**Theme:**

Safe care and support

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

Choice of food was offered to some residents, however, choice was not offered to residents that were prescribed modified texture diets.

**3. Action Required:**

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

Actions completed:

- Catering staff will offer choice to those residents who have been prescribed modified texture diet.
- A daily menu choice is now available to all residents, including those residents who have been prescribed modified texture diets.
- Based on individual choice, catering staff will modify food as requested.
- Food menu choices are discussed at the Residents' Forum, suggestions are actioned.
- Dining room experience and dining environmental audits were completed on 31st July

2019. A time line Quality Improvement Plan has been developed by the Person in Charge and to be actioned by the Clinical Nurse Manager.

- An external Auditor undertook dining room experience audits on 23rd and 24th July 2019. A time line Quality Improvement Plan has been developed by the Person in Charge and actioned by the Clinical Nurse Manager.

**Proposed Timescale:** 31/07/2019

**Theme:**

Safe care and support

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

The presentation of modified foods required improvement. Staff were observed to mix potato, vegetable and meat together to create an unrecognisable mix of food, prior to assisting residents to eat, which did not support a dignified dining experience for residents.

**4. Action Required:**

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

Actions completed:

- A daily menu choice is available to all residents.
- Based on individual choice, food will be modified as requested.
- Food menu choices are discussed at the Residents' Forum, suggestions are actioned.
- Dining experience audits were completed on 31st July 2019. A time line Quality Improvement Plan has been developed by the Person In Charge and actioned by the Clinical Nurse Manager.
- Nutrition and Hydration care plans have been reviewed, updated and communicated to all staff.
- Awareness sessions were held with staff at shift to shift handover and during safety pause regarding the practice of mixing potato, vegetable and meat together to create an unrecognisable mix of food, prior to assisting residents to eat, which did not support a dignified dining experience for residents.
- Choice is offered with regards to the addition of gravy or sauces to any meal.
- The Quality Care Metrics is scheduled to be completed on 23 August 2019.

Actions to be Completed:

- Person Centred Care (PCC) training has been organised for all staff on the 30th August 2019 and 20th September 2019.

**Proposed Timescale:** 23/09/2019

**Theme:**

Safe care and support

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

Inspectors observed that food was served to some residents that required assistance with their meals, however, staff were not available to assist them for approximately ten minutes after the food was served.

**5. Action Required:**

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

Actions completed:

- A local Protected Meals and Mealtime Policy has been disseminated to all staff and discussed at shift to shift handover and safety pause.
- Following review of practice, each individual Unit prioritises supervision and assistance during mealtimes.
- In order to ensure compliance with the policy, spot checks are undertaken by the Person in Charge and the Assistant Director of Nursing.
- The Person in Charge/Assistant Director of Nursing will spot check Units regularly during residents' mealtimes to ensure compliance of protected mealtime.

**Proposed Timescale:** 31/07/2019

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Training records indicated that training was facilitated for staff to support residents with responsive behaviour, however, a significant number of staff were overdue attendance at this training.

**6. Action Required:**

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

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

Actions completed:

- Dementia Awareness sessions were facilitated by the Practice Development Coordinator on the 7th and 14th August 2019.

Actions to be completed:

- Workshops - Responding to "Behaviours that Challenge ", facilitated by Dementia Course Ireland, are planned for 9th and 16th September 2019.
- All staff personnel files will be audited to determine compliance with mandatory safeguarding training. This will be evidenced in the training matrix. Planned date for completion 30th November 2019.

**Proposed Timescale:** 30/11/2019

**Theme:**

Safe care and support

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

A number of staff members were yet to attend training on safeguarding and others were overdue attendance at refresher training.

**7. Action Required:**

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

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

Actions to be completed:

- Safe guarding training and refresher training have been scheduled for 30th August 2019.
- All staff personnel files will be audited to determine compliance with mandatory safeguarding training. This will be evidenced in the training matrix. Planned date for completion 30th November 2019.

**Proposed Timescale:** 30/11/2019

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

Consultation with residents took place through residents' meetings. Records available indicated that these meetings were infrequent and were only attended by a small number of residents.

**8. Action Required:**

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Actions completed:

- Residents' Committee meeting has been reviewed, formalised, a schedule of meetings has been developed and communicated to staff, residents and families and/or their nominated representative.
- Two staff facilitators have been identified to conduct the meetings.
- Agenda template and a meeting template have been provided. Minutes from the meetings are recorded and distributed to residents and families.
- Following the Residents' Meeting, the facilitators of the meeting are feeding back any issue that the residents raise to the Person in Charge. The Person in Charge, in turn, is reviewing each area of concern that the residents are highlighting and rectifying same.
- At the following Residents' Meeting, the facilitators update the residents on the issues they had highlighted at the previous meeting and what has been done to rectify it.
- There is a schedule of meetings in place, which has the date of each Residents' Meeting until December 2019.

Actions to be completed:

- A residents' satisfaction survey will be completed by an external auditor by year end.

**Proposed Timescale:** 31/12/2019

**Theme:**

Person-centred care and support

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

Improvements were required in the programme of activities. For example:

- the programme of activities on display did not accurately represent the activities that actually took place
- the activities coordinator was on annual leave on the days of the inspection and was not replaced
- on one of the days of the inspection, art was available as an activity in Bluebell unit, however, only one resident from Camellia attended the activity
- discussions with residents indicated that the programme of activities was not sufficiently comprehensive to meet the number and needs of the residents living in the centre
- a resident talked about wanting to leave the centre and go for walks but that staff were not available to do this
- activities recorded in the residents' daily planner included "up in the day room", "interacting with staff" or "family visiting".

**9. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Actions completed:

- A base line activity audit has been completed to determine residents' interests and capacities in relation to activities.
- A time line QIP has been developed by the Person in Charge and to be actioned by the Clinical Nurse Manager.
- An Activity Schedule has been populated on the feedback from residents. This schedule has been communicated to all Units.
- Awareness sessions to staff around facilitating residents to attend activities have been held at shift to shift handover and safety pause.
- Attendance at activities has been monitored at Unit level by the Clinical Nurse Managers and Assistant Directors of Nursing.
- Residents' meetings have activities programme on the agenda.
- Day to day activities are conducted according to the activity planner.
- Activities such as accessing outdoor spaces on a daily basis are prioritised by staff.

Actions to be completed:

- The Resident Care Plan will detail the residents' choice and preference of activities by use of "Key to Me", "My Day My Way", and the "Calendar of Events".
- The meaningful activity assessment with the Care planning tools 'A Key to Me', 'My day, my way', 'Calendar of events' are under review in consultation with each resident/nominated representative, planned date of completion: 30th November 2019.
- This will provide evidence of real time activities carried out by residents.
- The Quality Care Metrics has been scheduled to be completed by 2 external auditors for August 2019. Findings will be submitted to the Person in Charge and reported to the Registered Provider. Planned date of completion: 30 August 2019.
- The Person in Charge will make provision for the Activities Co-ordinator hours to be replaced when they are on leave.

Training:

- Person Centred Care training has been scheduled for 30th August 2019 and 20th September 2019.
- Care Plan training has been requested, date to be confirmed.

**Proposed Timescale:** 30/11/2019

**Theme:**

Person-centred care and support

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

Televisions were located in the bedrooms and in the communal rooms. Due to the layout of the beds in multi-occupancy rooms and the placement of the televisions, it was difficult for some residents to see the television.

**10. Action Required:**

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access

to radio, television, newspapers and other media.

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

Actions completed:

- All residents have access to radio, television and other media of their choice.
- Residents have access to social media.

Actions to be completed:

- In consultation with the residents, a review of the location and positioning of the TVs will be completed by staff to optimise viewing.

**Proposed Timescale:** 31/07/2019

**Theme:**

Person-centred care and support

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

A large number of residents in Camellia and Bluebell units spent most of the day in their bedrooms, sitting beside their bed or in bed. Most residents in Camellia were accommodated in 5-bedded rooms. Due to the number of residents in these rooms, staff were challenged to provide care in a manner that protected the privacy and dignity of residents. Staff were coming and going throughout the day while attending to the needs of residents, which impacted on the other residents in the room.

**11. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Actions completed:

- Residents and their families have access to private visiting spaces in the visitor's room adjacent to the main reception, the parlour, the dining room and the sitting room in Camellia Unit, the dining room in Bluebell and the sitting room in Bluebell.
- Secure outdoor spaces are easily accessible.
- All staff on all Units, while engaging with relatives and residents will advise them of the designated private spaces.
- On pre admission and orientation to the designated centre, information in relation to private space is made available to the resident and their families.
- This information is included in the Statement of Purpose.
- Residents are reminded of these private areas at the Residents' Committee meeting.

Actions to be completed:

Planned upgrade/ changes planned

Short term changes planned (3-6 months):

The number of residents in six of the multi occupancy rooms will be reduced from five to four residents. An additional single room will be added to the layout of the unit through an accommodation conversion programme within the unit and the accommodation of short stay/ respite persons in a specified room in the unit. This will allow for adequate space, privacy and dignity for the existing residents.

Reconfiguration in the short term (3-6 months) will require:

- Reduction to a 4 bedded arrangement in six of the rooms and the creation of an additional single room in Camellia
- Refurbishment of the newly reconfigured rooms
- Refurbishment of Bluebell dining room and sitting room

Medium term changes planned (6-12 months):

Redesign and layout of the units in the medium term (6-12 months)

- Extension to larger sitting room in Camellia
- Direct access from the Servery to Camellia
- Access from Camellia to a newly designed courtyard for access to external spaces
- Access to an external space for Bluebell
- Conversion of store room to a wet room

Long term changes planned (By 31st December 2021):

- The planned new extension will provide twelve new beds added to the existing eight currently existing in the Jasmine Facility (the existing Jasmine Facility will undergo minor refurbishment, to be completed in parallel with extension works).
- New bed compliment in Jasmine Facility when completed will be 20 new beds.
- Planning permission application has been prepared and due for submission.

Proposed Timescale: Completed 31st July 2019

To be completed: (3-6 months):28th February 2020;

(6-12 months): 30th September 2020, 31st December 2021

**Proposed Timescale:** 31/12/2021

**Theme:**

Person-centred care and support

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

There were seriously ill and end of life residents in multi-occupancy bedrooms. This meant that visitors had little opportunity to spend time alone with their relative or friend.

**12. Action Required:**

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

Actions completed:

- A newly refurbished area in Camellia Unit has been identified to provide a suitable private area for residents at end of life. This enables the visitors to spend time alone with their relative at end of life.
- A newly refurbished room is available for visitors and overnight accommodation is available for visitors should they wish to stay.

Actions to be completed:

Planned upgrade/changes planned:

Short term changes planned (3-6 months)

The number of residents in six of the multi occupancy rooms will be reduced from five to four residents. An additional single room will be added to the layout of the unit through an accommodation conversion programme within the unit and the accommodation of short stay/ respite persons in a specified room in the unit. This will allow for adequate space, privacy and dignity for the existing residents.

Reconfiguration in the short term (3-6 months) will require:

- Reduction to a 4 bedded arrangement in six of the rooms and the creation of an additional single room in Camellia
- Refurbishment of the newly reconfigured rooms

Long term changes planned (By 31st December 2021)

- The planned new extension will provide twelve new beds added to the existing eight currently existing in the Jasmine Facility (the existing Jasmine Facility will undergo minor refurbishment, to be completed in parallel with extension works).
- New bed compliment in Jasmine Facility when completed will be 20 new beds.
- Planning permission application has been prepared and due for submission.

Proposed Timescale: Completed 31st July 2019

To be completed: (3-6 months):28th February 2020;

(6-12 months): 30th September 2020, 31st December 2021

**Proposed Timescale:** 31/12/2021

**Theme:**

Person-centred care and support

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

While some residents did have space to hang clothes, the wardrobe space of other residents consisted of shelving, which did not allow for clothes to be stored on clothes hangers. In addition, for some residents, much of the wardrobe space was used for storing hygiene items, such as incontinence wear.

**13. Action Required:**

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

Actions completed:

- New wardrobes have been provided for the residents to accommodate personal belongings.
- A review of wardrobe storage space and personal space has been undertaken in consultation with each resident to ensure personal possessions and clothing of the resident is maintained.
- In consultation with the residents all excess hygiene items e.g. continence wear have been removed.

Actions to be completed:

Short term changes planned (3-6 months)

The number of residents in six of the multi occupancy rooms will be reduced from five to four residents. An additional single room will be added to the layout of the unit through an accommodation conversion programme within the unit and the accommodation of short stay/ respite persons in a specified room in the unit. This will allow for adequate space, privacy and dignity for the existing residents.

Reconfiguration in the short term (3-6 months) will require:

- Reduction to a 4 bedded arrangement in six of the rooms and the creation of an additional single room in Camellia
- Refurbishment of the newly reconfigured rooms
- Refurbishment of Bluebell dining room and sitting room

**Proposed Timescale:** 28/02/2020

**Outcome 05: Suitable Staffing****Theme:**

Workforce

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

While there were adequate numbers of staff on duty each day, the deployment of staff required review to ensure the needs of residents, and of the centre in general, were met. There continues to be no designated cleaning staff and cleaning is carried out by multi-task attendants who are also involved in providing care to residents prior to and following cleaning duties.

**14. Action Required:**

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

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

Actions completed:

- "A Standard Operating Procedure on the Allocation of Staff according to Occupancy and Dependency Levels for Older Persons Residential Services in CHO 3 Area " (2019) has been issued and discussed with all staff at the shift to shift handover and safety pause.
- Rosters are reviewed on a daily basis by the Assistant Director of Nursing to ensure appropriate skill mix and deployment of staff throughout the designated centre. This ensures safe, quality of care for the residents.

Role Segregation:

- Engagement and consultation process has commenced with unions in relation to role segregation.

**Proposed Timescale:** 28/02/2020

**Theme:**

Workforce

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

Most staff had attended training in fire safety and safeguarding vulnerable adults, however, there were significant gaps in attendance in training on safe moving and handling and management of responsive behaviours. Dementia specific training was not included in the programme of training viewed by inspectors.

**15. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Actions completed:

- Following a review and revision of the Training Matrix and the personnel files for each staff member, a schedule of training has been planned. This includes a rolling schedule of training in fire safety, safe guarding of vulnerable adults and safe moving and handling.
- "Responding to behaviours that challenge" workshop is planned for 9th and 16th September, 2019.
- Safe moving and handling workshop scheduled for 30th September and 11th October, 2019, respectively.
- MAPA training planned for 19th September and 24th October, 2019.
- Dementia Awareness training completed 7th and 14th August, 2019.

**Proposed Timescale:** 24/10/2019

### **Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Overall, the design and layout of the centre was not suited to its stated purpose. For example:

- the dining room in Bluebell was sparsely furnished and the décor did not provide for an environment to entice residents to have their meals here
- dining facilities for Camellia are located outside the unit, through an electronic keypad controlled door, past the main entrance and reception desk and were not available on the days of the inspection
- there was inadequate communal space to meet the number and needs of residents living in the centre
- some residents in Camellia shared bathroom facilities that were either not proximally located to their bedroom or involved using the en suite in another bedroom
- residents in Camellia and Bluebell units did not have direct access to secure outdoor space
- in general, except for Orchid unit, the centre was in a poor state of repair and was not clean throughout. Paintwork on walls was blistered and chipped and there was evidence of damage to paintwork caused by dampness from long term leaks
- a room in Bluebell had recently been converted to a storeroom for cleaning equipment, however, hand washing facilities had not been installed in this room
- the old cleaning storeroom is located off one of the three-bedded rooms and continues to be used to store some cleaning equipment. This compromises the privacy of residents in this room as cleaning staff have to go through the bedroom to get to the store room.

**16. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Actions completed:

- The following areas have been refurbished and provide a comfortable space for resident and families to meet.
- Positive feedback has been received on the refurbishment of these spaces.

Internal private spaces include:

- Sitting room in Camellia Unit.
- Dining room adjacent to reception area.

- Sitting room adjacent to reception area.
- The Parlour.

External areas include:

- Outdoor spaces accessible from Camellia, Bluebell and Orchid Units.
- The dining facilities for Camellia Unit are currently in use for the residents and their families when required. New furniture has been provided.
- A newly refurbished area in Camellia Unit has been identified to provide a suitable private area for residents and their families.
- Other communal spaces available include the Parlour, which is adjacent to Camellia Unit, a large dining room adjacent to Camellia, a visitors' sitting room which is across from the dining room. A number of secure outdoor spaces are also available.
- Residents in both Camellia and Bluebell Units are aware that they can be facilitated to access secure outdoor spaces.

The old cleaning storeroom:

- The old cleaning store room has been decommissioned.

Actions to be completed:

Planned upgrades /changes planned:

A plan for refurbishment is presently being actioned which includes:

- Front foyer.
- Reception area.
- Entrance corridor adjacent to the reception area and the Chapel.
- Roof contractor has been commissioned to carry out roof repairs in the main corridor. The high level areas of the main corridor have been cleaned and cleaning of the dome skylight has commenced.
- Main corridor.

Short term changes planned (3-6 months):

The number of residents in six of the multi occupancy rooms will be reduced from five to four residents. An additional single room will be added to the layout of the unit through an accommodation conversion programme within the unit and the accommodation of short stay/ respite persons in a specified room in the unit. This will allow for adequate space, privacy and dignity for the existing residents.

Reconfiguration in the short term (3-6 months) will require:

- Reduction to a 4 bedded arrangement in six of the rooms and the creation of an additional single room in Camellia
- Refurbishment of the newly reconfigured rooms
- Refurbishment of Bluebell dining room and sitting room

Medium term changes planned (6-12 months):

Redesign and layout of the units in the medium term (6-12 months)

- Extension to larger sitting room in Camellia
- Direct access from the Seryery to Camellia

- Access from Camellia to a newly designed courtyard for access to external spaces
- Access to an external space for Bluebell
- Conversion of store room to a wet room

Long term changes planned (By 31st December 2021):

- The planned new extension will provide twelve new beds added to the existing eight currently existing in the Jasmine Facility (the existing Jasmine Facility will undergo minor refurbishment, to be completed in parallel with extension works).
- New bed compliment in Jasmine Facility when completed will be 20 new beds.
- Planning permission application has been prepared and due for submission.

Proposed Timescale: To be completed: (3-6 months): 28th February 2020:  
(6-12 months): 30th September 2020, 31st December 2021

**Proposed Timescale:** 31/12/2021

**Theme:**

Effective care and support

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

When full, forty five of the seventy three residents in the centre are accommodated in multi-occupancy bedrooms with three to five residents sharing a room. This has a negative impact on the ability of staff to provide care to residents while maintaining residents' privacy and dignity. It also limits the opportunities for residents to personalise their bedrooms.

**17. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Actions completed:

- Individual wardrobes are provided and residents are encouraged to personalise their bed space.
- Following review and revision of the multi-occupancy rooms, privacy screens are provided for each individual bed space. This enables staff to provide care to residents in a dignified manner.
- On pre admission and orientation to the designated centre, information in relation to multi occupancy rooms is made available to the resident and their families.
- This information is included in the Statement of Purpose.

Actions to be completed:

Planned upgrades /changes planned:

Short term changes planned (3-6 months):

The number of residents in six of the multi occupancy rooms will be reduced from five to four residents. An additional single room will be added to the layout of the unit through an accommodation conversion programme within the unit and the accommodation of short stay/ respite persons in a specified room in the unit. This will allow for adequate space, privacy and dignity for the existing residents.

Reconfiguration in the short term (3-6 months) will require:

- Reduction to a 4 bedded arrangement in six of the rooms and the creation of an additional single room in Camellia
- Refurbishment of the newly reconfigured rooms
- Refurbishment of Bluebell dining room and sitting room

Medium term changes planned (6-12 months):

Redesign and layout of the units in the medium term (6-12 months)

- Extension to larger sitting room in Camellia
- Direct access from the Servery to Camellia
- Access from Camellia to a newly designed courtyard for access to external spaces
- Access to an external space for Bluebell
- Conversion of store room to a wet room

Long term changes planned (By 31st December 2021):

- The planned new extension will provide twelve new beds added to the existing eight currently existing in the Jasmine Facility (the existing Jasmine Facility will undergo minor refurbishment, to be completed in parallel with extension works).
- New bed compliment in Jasmine Facility when completed will be 20 new beds.
- Planning permission application has been prepared and due for submission.

Proposed Timescale: To be completed: (3-6 months):

28th February 2020, (6-12 months): 30th September 2020, 31st December 2021

**Proposed Timescale: 31/12/2021**

## **Outcome 07: Health and Safety and Risk Management**

### **Theme:**

Safe care and support

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

Some risks were observed by inspectors. For example:

- a plate warming unit was observed to be switched on at 09:30hrs in preparation for lunch. This unit was extremely hot to touch and could pose a risk of injury to residents
- the plates in the unit were chipped, which would make them difficult to ensure they were properly cleaned and also posed a risk of injury to residents due to the sharp edges
- there was a phone charger connected to a power socket, which was powered on but there was no phone attached. The plate warming unit was in direct contact with the plug of the charger, which further increased the risk.

**18. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Actions completed:

- The practice of switching on the plate warmer at 9.30 am has now ceased. Staff have been informed to switch on the place warmer one hour before use only.
- All crockery has been examined. Chipped crockery has been disposed of and replaced.
- Staff have been re-issued with the HSE's policy on the "HSE Mobile phones device Policy" (HSE 2010) and staff have been reminded about not charging personal phones.

**Proposed Timescale:** 16/07/2019

**Theme:**

Safe care and support

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

Significant improvements were required from an infection prevention and control perspective. For example:

- the roles of multi-task attendants were not segregated and staff were carrying out caring and cleaning duties, and to a lesser extent catering duties, such as serving meals, during the one shift
- it was noted during the inspection the centre was not clean throughout. Stains caused by spilled liquid visible at 10:00hrs were still visible after lunch
- surfaces, particularly high surfaces were in need of dusting
- a skylight on the corridor outside the church was unclean and cobwebs were visible.

**19. Action Required:**

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

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

Actions completed:

- A new cleaning schedule has been developed and implemented. This provides structure to staff involved in cleaning which includes a record of cleaning. Supervision and monitoring is provided by Nurse Management.
- Hand sanitizers are available throughout the designated centre, ongoing education sessions on hand hygiene training for residents' families and staff.
- Two staff members have been facilitated to attend the 3 day Clean Pass training.
- The general environment has been reviewed and cleaned.

Actions to be completed:

- Infection Prevention and Control training dates have been scheduled for 11th September and 17th October 2019.
- The cleaning of the skylight in the corridor outside the church has been scheduled for completion by beginning of September.
- Engagement and consultation process has commenced with unions in relation to role segregation.

**Proposed Timescale:** 28/02/2020

## **Outcome 08: Governance and Management**

### **Theme:**

Governance, Leadership and Management

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

Improvements were required in relation to governance and management. For example:

- interim arrangements to enhance the privacy and dignity of residents were not satisfactory and all available space was not utilised for the benefit of long-term residents
- dining facilities are inadequate and even the dining facilities that are available are not utilised to their capacity
- residents spend long periods of time in bedrooms that do not afford them adequate privacy and dignity
- while the design and layout of the centre is institutional in nature, some practices are also institutional and the social care needs of residents do not receive sufficient priority in daily routines
- the segregation of cleaning duties had not taken place despite a response to a previous inspection that this would be done by December 2018
- while there was a programme of training in place, a significant number of staff were overdue attendance at training in areas such as manual and people handling and responsive behaviour
- a preventive maintenance programme was not in place for beds and mattresses.

### **20. Action Required:**

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

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

Actions completed:

- The following areas have been refurbished and provide comfortable spaces for resident and families to meet.
- Positive feedback has been received on the refurbishment of these spaces.

- The Clinical Nurse Managers s have been directed by the Person in Charge to ensure residents and their families are aware of the communal areas within their Units and outside their Units that can be used for privacy and space.

Internal private spaces include:

- Sitting room in Camellia Unit.
- Dining room adjacent to reception area.
- Sitting room adjacent to reception area.
- The Parlour.

External areas include:

- Outdoor spaces accessible from Camellia, Bluebell and Orchid Units.

Dining Facilities:

- The Servery in Camellia Unit is now fully functional following refurbishment and is available for residents and their families for private family functions such as birthdays, anniversaries.
- The CNMs have been directed by the Person in Charge to inform residents and their families of this facility for such occasions.

Social care needs and daily routines:

- The resident's social care plan involving the "Key to Me", "My Day My Way" and "Calendar of Events" have been updated to ensure the residents will and preference on how they choose to spend their day has been documented. The staff on the Units have been directed to ensure handovers on residents discuss how the residents spend their day in their Units.
- The Person in Charge has conducted an Activity Audit. A time line QIP has been developed by the Person in Charge and to be actioned by the CNM.
- Person Centred training has commenced with emphasis in the training on social model of care for all staff. The Person in Charge is committed to introducing a holistic model of health with emphasis on a social model of health which addresses the importance of the cultural, social and environmental issues for the resident.
- Training has commenced in safeguarding, manual handling and responsive behaviour. The Person in Charge is committed to ensuring staff comply with mandatory training.
- Further training in leadership will be facilitated by the Centre for Nursing and Midwifery Education (CNME). This training will be for Person in Charge, Assistant Directors of Nursing and CNMs.

Preventative maintenance programme:

- An inventory of beds and mattresses is maintained.
- A review of all mattresses is now complete.
- A service contract has been issued to an approved HSE contractor for a preventative and maintenance programme.
- A preventative maintenance programme for both mattresses and beds has commenced.

#### Role Segregation:

- Engagement and consultation process has commenced with unions in relation to role segregation.

#### Training:

- Dementia Awareness training sessions completed 7th and 14th August 2019.
- "Responding to Behaviours that Challenge" workshops, planned for 9th and 16th September 2019.
- Safe moving & Handling training planned for 30th September and 11th October 2019.
- MAPA training planned for 19th September and 24th October 2019.

#### Actions to be completed:

#### Planned upgrades /changes planned:

##### Short term changes planned (3-6 months):

The number of residents in six of the multi occupancy rooms will be reduced from five to four residents. An additional single room will be added to the layout of the unit through an accommodation conversion programme within the unit and the accommodation of short stay/ respite persons in a specified room in the unit. This will allow for adequate space, privacy and dignity for the existing residents.

##### Reconfiguration in the short term (3-6 months) will require:

- Reduction to a 4 bedded arrangement in six of the rooms and the creation of an additional single room in Camellia
- Refurbishment of the newly reconfigured rooms
- Refurbishment of Bluebell dining room and sitting room

##### Medium term changes planned (6-12 months):

##### Redesign and layout of the units in the medium term (6-12 months)

- Extension to larger sitting room in Camellia
- Direct access from the Servery to Camellia
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- Access to an external space for Bluebell
- Conversion of store room to a wet room

##### Long term changes planned (By 31st December 2021):

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(6-12 months): 30th September 2020, 31st December 2021

**Proposed Timescale:** 31/12/2021