

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Gorey District Hospital |
| Centre ID: | OSV-0000676 |
| Centre address: | McCurtin Street, Gorey, Wexford. |
| Telephone number: | 053 942 1102 |
| Email address: | Barbara.Murphy@hse.ie |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Lead inspector: | Vincent Kearns |
| Support inspector(s): | None |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 18 |
| Number of vacancies on the date of inspection: | 5 |

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

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| From: | To: |
| 23 May 2018 09:30 | 23 May 2018 17:30 |
| 24 May 2018 07:00 | 24 May 2018 15:00 |

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

| Outcome | Provider's self assessment | Our Judgment |
|---|-----------------------------------|--------------------------|
| Outcome 01: Health and Social Care Needs | Compliance demonstrated | Non Compliant - Moderate |
| Outcome 02: Safeguarding and Safety | Compliance demonstrated | Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | Substantially Compliant | Non Compliant - Moderate |
| Outcome 04: Complaints procedures | Compliance demonstrated | Compliant |
| Outcome 05: Suitable Staffing | Compliance demonstrated | Compliant |
| Outcome 06: Safe and Suitable Premises | Non Compliant - Moderate | Non Compliant - Moderate |
| Outcome 07: Health and Safety and Risk Management | | Substantially Compliant |
| Outcome 08: Governance and Management | | Substantially Compliant |
| Outcome 09: Statement of Purpose | | Substantially Compliant |
| Outcome 12: Notification of Incidents | | Substantially Compliant |

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. As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the

providers on best practice in dementia care and the inspection process. Prior to this 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 self assessment judgments and the inspectors judgments are stated in the table above.

During this inspection, the inspector focused on the care of residents with a dementia in the centre. Care practices were observed and interactions between staff and residents who had dementia were rated using a validated observation tool. Documentation such as care plans, medical records and staff training records were examined. The inspector also considered progress on the findings following the previous inspection carried out at the end of June 2017. The inspector noted that both the person in charge and the provider representative were proactive in their response to a number of actions required from the previous inspections. However, one issue remained non-compliant in relation to the design and layout of the two six-bedded bedrooms and the impact on residents' privacy and potentially their dignity. The impact of the inadequate six bedded bedrooms was somewhat mitigated by the short length of stay for residents. The average length of stay for the vast majority of residents was under 30 days with the recorded average length of stay for most residents at 20 days. In addition, the occupancy levels of the centre was on average 59% allowing resident's choice of alternative bedrooms to these multi-occupancy bedrooms. This was confirmed by the provider representative. In addition, funded plans had previously been submitted to HIQA in relation to significant planned building works that the provider representative stated would bring the premises into full compliance with the regulations.

The inspector met with residents, visitors, staff members, the person in charge and the provider representative. The inspector tracked the journey of a number of residents including one resident with a confirmed diagnosis of dementia and a small number of other residents suspected of having a dementia. The inspector observed care practices and interactions between staff and residents who had dementia or a cognitive impairment using a validated observation tool. Documentation was also reviewed including staff files, relevant policies and the self assessment questionnaire, submitted prior to inspection.

The statement of purpose states the reasons for admission are for respite care, convalescence care, medical admission, palliative care, step down awaiting long term care and emergency admission. The centre did not have a dementia specific unit, and at the time of inspection there was one resident living in the centre with a formal diagnosis of dementia and a small number of other residents suspected of having a dementia. Overall, the inspector found the person in charge, the management and staff team were committed to providing a good quality service for residents with a dementia. The inspector found that residents appeared to be well cared for and residents and or their representatives gave positive feedback regarding all aspects of life in the centre. The inspector found that residents' had access to appropriate medical and allied healthcare services. Gorey District Hospital could accommodate up to 23 residents and on the first day of inspection there were 18 residents in the

center. The center is run by the Health Service Executive (HSE) and is well located to access all amenities in Gorey town. It was originally built in 1940 and while there have been many changes, renovations and improvements since then, the design and layout of the premises was largely reflective of a small hospital from this period in which it was built.

All staff fulfilled a role in meeting the social care needs of residents and staff positively connected with residents as individuals. The quality of residents' lives was enhanced by the provision of an adequate choice of interesting things for them to do during the day. The inspector noted that there was a good ethos of respect and dignity for residents evident. The overall atmosphere in the centre was welcoming, warm and friendly. Within the confines of the hospital type premises, the centre was also endeavoring to be as homely as possible. It was clean, bright and comfortable and generally in keeping with the assessed needs of the residents who lived there. The person in charge had submitted a completed self-assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgements of the inspector generally concurred with the person in charges' judgements.

From the ten outcomes reviewed during this inspection, three outcomes were compliant and four outcomes were substantially compliant with the regulations. However, three outcomes; health and social care needs, residents rights dignity and consultation and safe and suitable premises, were found to be at moderately non-compliance. These non-compliances were discussed throughout the report and the action plan at the end of the report identified where improvements were needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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, care planning and medication management. The social care of residents with dementia was discussed in outcome 3.

There were a total of 18 residents in the centre on the days of inspection. Residents had been assessed as having the following levels of dependency needs: four residents had low dependency needs, four residents had medium dependency needs and ten residents had high dependency needs. There were no residents in the centre assessed as having maximum dependency needs. One resident had a formal diagnosis of dementia with a small number of other residents suspected of having a dementia. The inspector found that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

Since the previous inspection there had been some improvements in the systems for the provision of nursing care including a review of number of policies including the admissions policy and the guidelines for staff on managing symptoms associated with a dementia. These documents assisted staff to ensure all potential residents needs could be suitably met, taking into consideration the residents already living within the centre. In relation to admissions to any shared bedroom, the person in charge outlined how a review was completed prior to any such admission that assisted in informing the suitability of such admission.

A selection of residents' files and care plans were reviewed and the inspector focused on the experience of residents with a dementia or cognitive impairment on this inspection. The inspector tracked the journey of four residents with dementia or cognitive impairment and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents. There was a documented comprehensive assessment of all activities of daily living, including communication, personal hygiene,

continence, eating and drinking, mobility, rest and sleep. There was evidence of a range of assessment tools being used to assess and monitor issues such as falls, pain management, mobilisation and risk of pressure ulcer development. There were a small number of residents who had wounds. However, each had suitable wound care plans completed and pressure relieving mattresses when appropriate, were provided. There was evidence of a pre-assessment undertaken prior to admission for residents and some of the residents had been transferred to this centre following admission in an acute hospital services. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There was documented evidence that residents and their families, where appropriate, were involved in the care planning process. These included for example, end of life care plans which reflected the wishes of residents with dementia. From the sample of care plans reviewed, each residents' care plan and care needs were contemporaneously recorded and reflected changes in their circumstances and identified health and social care needs. Overall, there were adequate systems in place for the assessment, planning, implementation and review of healthcare needs. The person in charge informed the inspector that she and the CNM's monitored residents care plans, as appropriate. From a review of a sample of residents care plans, a daily nursing record of each resident's health, condition and treatment given was maintained and these records seen were adequate and informative. Each resident's vital signs were recorded regularly with action taken in response to any variations.

Each resident's wishes for end of life care was elicited and used to inform a plan of care to meet their holistic needs. The person in charge outlined the facilities to support relatives to remain with their loved ones during end-of-life. These included for example, the use of a small quiet room and/or the use of recliner chairs to enable families remain overnight, if they wished to do so. There were three designated single bedrooms, one with Kitchenette facilities and all had ensuite facilities that were available for residents requiring palliative care. Staff were supported by the community palliative care team for symptom relief and to provide end of life care. The inspector noted from the sample of care plans reviewed that all accurately recorded the resuscitation status of each resident. Staff spoken to by the inspector were knowledgeable about residents' wishes and status.

There were systems in place to ensure residents' nutritional needs were met and there was access to speech and language therapy (SALT) services and residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked regularly and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were complimentary about the food provided. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy services. Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT. The inspector spoke to one of the catering staff working in the centre and noted that there was an effective system of communication between care and catering staff to support residents with special dietary requirements. During the lunch time meal staff were observed speaking to residents and

electing their feedback in relation to their meal. Mealtimes in the dining room was observed by the inspector to be a comfortable, relaxed and social occasion. There was a room used solely for dining which helped signal to residents with a dementia that a mealtime was about to take place. Food was transported from an off site kitchen to the designated serving area within the dining room. This catering arrangement allowed the smell of food to pass through the dining room, encouraging appetite and also reminding residents with a dementia that a mealtime was about to take place. There was good lighting in the dining room and noise levels were kept to a minimum which created a calm environment that helped residents with a dementia focus on their meal. The inspector also noted that the table settings were uncluttered and kept simple and only included essential items. This again helped reduce the possibility of confusion, distress or frustration that any resident with a dementia may experience if they had too much choice or difficulty in recognizing the purpose of condiments, tableware or selection of eating utensils. The person in charge who had recently completed a dementia champion training outlined how the use of colored place mats also helped residents with a dementia in navigating their meal with as little frustration as possible. The inspector noted that staff were present in the dining room throughout the meal with the purpose of supporting residents nutritional and hydration needs.

Overall the inspector found evidence of safe medication management practices. Evidence was available that regular medication reviews were carried out. There was a quantity of stock emergency medications stored in the centre and there were procedures for the handling and disposal of unused and out-of-date medicines. However, some improvement was required in relation to medications that required strict control measures under the Misuse of Drugs Act's (MDAs). Nurses kept a register of MDAs and the inspector checked a sample of balances and found them to be correct. However, procedures for checking MDA medication stocks when shifts change were not consistently done in line with the centre's policy. As the inspector noted that one signature was absent from one stock balance record in relation to a stock balance of MDA medication.

Judgment:

Non Compliant - Moderate

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:

There were suitable measures in place to protect residents from being harmed or abused. Staff had received training on identifying and responding to elder abuse. There were centre specific policies in relation to protecting residents from abuse, on the

management of behaviours that challenge and on the use of restraint. Each was signed and dated by the person in charge. Staff both on day and night duty who spoke with the inspector displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. Staff spoken to were also familiar with these aforementioned policies and knew what to do in the event of an allegation, suspicion or disclosure of abuse. The provider representative confirmed that all staff had Garda clearance and this was found to be the case when a sample of staff files was examined. Residents spoken to also confirmed with the inspector that they felt safe living in this centre.

The inspector reviewed the systems in place to safeguard resident's finances which included a review of a sample of records of monies handed in for safekeeping. There were transparent arrangements in place to safeguard residents' finances and financial transactions. The centre maintained day to day expenses for a small number of residents and the inspector saw evidence that complete financial records were maintained. Each resident had access to a locked cupboard for storing small amounts of cash or valuables. Records confirmed that any withdrawals and lodgements were double signed confirming monies lodged or withdrawn. The provider representative informed the inspector that the centre did not act as a pension agent for any residents.

Overall, the inspector found that staff had the necessary skills and knowledge to work with residents who had behavioural issues. There was one resident with a dementia in the centre and no resident presented with behaviours that challenge. Incident records viewed of previous episodes of behaviors described problematic behaviours included verbal and occasional physical aggression. Staff spoken to by inspector outlined person centred interventions including utilising distractions and de-escalating for example, the use of music, walks in the garden and suitable one to one activities. Files examined showed that assessments and care plans for these residents were person centred. Staff interacted socially with residents and implemented suitable interventions. Choices in relation to activities were offered where possible and residents' individual preferences were respected. Environmental triggers such as noise levels were well controlled. Staff were vigilant to monitor for delirium or underlying infections if there was any change in a resident's mood or behaviour. There was evidence that appropriate referrals had been made to mental health services. Recommendations from the community psychiatric services had been implemented along with person centred interventions with positive outcomes for residents including a reduction in the incidence of challenging behaviours. The inspector concluded that the person in charge and staff worked to create an environment for residents with dementia to minimise the risk of challenging behaviours. For example, the person in charge outlined how all staff wore brightly colored uniforms with clear name badges to assist residents with a dementia in recognizing staff. The person in charge also outlined how the centre was working towards promoting a restraint free environment. For example, by using equipment such as low beds and motion alarms. The inspector noted that there were bed rails in place for a small number of residents. Staff confirmed that bed rails were often used at the request of residents and residents who spoke with the inspector confirmed this. Regular safety checks were completed and there was documented evidence that these were undertaken. All forms of restraint were recorded in the restraint register and appropriately notified to HIQA. Risk assessments had been undertaken and care plans were put in place for residents who used bedrails.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during lunch time and in the afternoon. These observations took place in the dining room and in the sitting room. Overall, observations of the quality of interactions between residents and staff in the communal areas for a selected period of time indicated that the majority of interactions were of a positive nature with positive connective interactions seen between staff and residents. The inspector noted warm, positive and inclusive interactions between staff and residents during these periods.

There was evidence that residents' with dementia received care in a dignified manner that respected his or her privacy. Staff were observed knocking on residents' bedroom doors and seeking the residents' permission before engaging in any care or support activity. In the multi-occupancy bedrooms staff used the bed screens when appropriate. There were no restrictions on visiting times; there were facilities to allow residents to receive visitors in private with rooms separate to residents' bedrooms where visitors and residents could meet. Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. All residents including residents with a dementia and/or their representatives as appropriate, were consulted about how the centre was run and the services that were provided. For example, in this small centre the person in charge regularly spoke to all residents and their representatives. It was evident that the management and staff of the centre were committed to residents leading the decisions relating to their care, and care and support was delivered in a manner that was dignified and respectful. Residents were also consulted about how the centre was planned and run through surveys and feedback that was put into practice. For example, requests for additional music in the activities calendar and preferences at meal times. Information regarding independent advocacy services were displayed on the residents' notice board.

Staff demonstrated good knowledge of residents' backgrounds and histories. Staff were able to outline how they implemented person centred support for residents with a

dementia. For example, by utilising the care assessments to obtain information about the uniqueness of each individual resident in order to plan and deliver personalized care. Staff demonstrated an awareness of the importance of supporting the needs of the whole person. Staff outlined how they endeavoured to value and retain abilities of the person with a dementia for example, by engaging them in meaningful conversations and using memories and pictures to provide comfort and pleasure.

Closed circuit television (CCTV) was positioned at the entrance to the building, in corridors, and outside in the grounds. However, the person in charge stated that she ensured that residents' privacy was always maintained in relation to the use of CCTV.

The nursing assessment included an evaluation of the resident's social and emotional wellbeing. Residents had access to radio, television, and information on local events. For example, local newspapers and parish newsletters. The inspector observed that some residents were spending time in their own rooms, watching television, or taking a nap. There was an adequate choice of communal areas for activities including the sitting room and a small quiet room. However, as identified in previous inspection reports, the design and layout of the two six-bedded bedrooms continued to be inadequate to meet the individual or collective needs of residents in these bedrooms. As also detailed under outcome 6 of this report; the design and layout of the two six-bedded bedrooms continued to be inadequate to protect residents' privacy and potentially compromised residents' dignity. Bed screens were in use and each bedroom was subdivided by a partial wall measuring 2.08 meters in height. However, residents occupying these bedrooms had diverse needs. For example, some residents were relatively independent, others required oxygen and a number required considerable assistance with personal care support needs. It was evident that having six residents with such diverse health and social care needs sharing the same bedrooms inevitably impacted on residents' privacy, and potentially on their dignity. Even with the bed screens provided and the subdivision of these rooms; it was difficult to see how some residents with reduced capacity, mobility or high care needs could undertake personal activities in private. In addition, the personal space around most of these beds was limited which reduced the amount of furniture or storage facilities for clothing or personal memorabilia that could be accommodated. Some residents were observed listening to the radio, or watching television while others tried to rest or sleep, all in the same communal bedroom space. The inadequacy of these multi-occupancy bedrooms was somewhat mitigated by the following; all residents in these six bedded bedrooms spoken to stated that they were happy with their bedroom accommodations. Only residents who were relatively mobile occupied these beds. The majority of residents occupied these beds for short length of stay which was usually under 30 days. The average length of stay recorded for most residents was 20 days. In addition, the bed occupancy rate for the centre was on average noted to be 59%. On the days of inspection, there were a number of options open to residents in relation to the choice of bedrooms. For example, there were five empty beds some of which were single bedrooms available in the centre. The person in charge confirmed that they always endeavored to accommodate residents choice in relation to their accommodation, whenever possible and depending on their health and social care needs.

Judgment:

Non Compliant - Moderate

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Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
There was a policy and procedure for making, investigating and handling complaints and the complaints process was displayed on the noticeboard at the main entrance area and was also outlined in the statement of purpose and function and in the residents' guide. Staff spoken to conveyed a good understanding of the process involved in receiving and handling a complaint. Residents to whom the inspector spoke said that they had easy access to any staff in order to make a complaint. The person in charge was identified as the named complaints officer and residents stated that they felt they could openly report any concerns to any staff and were assured issues would be dealt with. Records showed that a small number of complaints were recorded for 2017 with no complaints recorded for 2018 thus far. The inspector requested that the person in charge to review the recording of complaints to ensure that all were recorded. This issue was also discussed with the provider representative at the feedback meeting.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
The inspector was satisfied that there were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. This finding was based on the review of the staff roster, from speaking to residents and their representatives, and staff and the person in charge. Staffing included at least two staff nurses on duty at all times day and night.

Residents and relatives spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity at all times. This

was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the 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 saw records of staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and the inspector observed that residents engaged easily with staff in personal conversations.

From a review of staff files and from speaking to staff the inspector noted staff were suitably inducted and supervised appropriate to their role and responsibilities. There was evidence of good recruitment practices including the verification of written references and the commencement of staff appraisals and supervision to ensure good quality care provision and improve practice and accountability. The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. Up to date registration for 2018 was seen for nursing staff as required by an Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland. Overall there had been an adequate level of staff training and staff had received up to date training in safe moving and handling and, safeguarding vulnerable persons. Other training provided included infection control, safe work practice for care of the elderly, staff management of actual or potential aggression, what matters to me training, health and safety and food and nutrition. Nursing staff confirmed they had also attended clinical training including medication management and cardio pulmonary resuscitation (CPR) training. All staff participated in a staff induction and fire safety training had been provided to all staff.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The statement of purpose stated that centre provided for respite and convalescence care, medical admissions, palliative care, step down awaiting long term care and emergency admissions. Gorey District Hospital accommodated up to 23 residents and on the first day of inspection there were 18 residents in the center. The center was well

located to all amenities in Gorey town. It was originally built in 1940 and while there have been many changes, renovations and improvements since then, the design and layout of the premises was largely reflective of a small hospital from this period in which it was built. This was a two story building, and all resident accommodation was accessible and provided on the ground floor. The inspector noted that non-compliances relating to the two multi occupancy six-bedded rooms had been identified in a number of previous inspections. The provider the HSE, had previously submitted a costed action plan to bring the centre into compliance and the completion date for this action had not been reached. However, as this non-compliance was on-going it was therefore restated in this outcome. As referenced under outcome 3 of this report; the design and layout of the two-six bedded rooms were not adequate to meet the needs of residents. These bedrooms afforded little space, privacy or room for personal storage and could not be personalised. The lockers and wardrobes were quite small and could not adequately accommodate sufficient clothing to allow residents to exercise choice. The provider representative acknowledged that these bedrooms were not suitable and referenced the aforementioned action plan. The provider representative also stated that the plan was fully funded for an extensive redevelopment of the centre that would address this issue. Records seen by the inspector evidenced that the tender documents in relation to the planned premises development would be issued before the end of the summer.

Resident accommodation consisted of three en-suite palliative care single bedrooms suites, two single bedrooms without ensuite, three twin rooms and two six bedded rooms. There was a small kitchen, a quiet room, a separate dining room and a sitting room. There was an interesting secure garden that contained with very nice raised beds with lots of color and plenty of shrubs. There was smooth paths and comfortable seating also provided in this garden. The inspector was informed that this garden had been completed following fundraising by the Friends of Gorey District Hospital. On both days of this inspection, a number of residents and their visitors were seen enjoying this very pleasant amenity. There had been improvements in providing a more homely feel to the center. For example, there were photographs of local significant historical sites on walls, some homely pieces of furniture in the sitting room and large easy to read clocks in all rooms. The grounds were well laid out with parking available to the front which also contained a clearly identified fire assembly point. All bedrooms contained wash-hand basins and there were a sufficient number of bathrooms, shower rooms and toilets. There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses, a chair scales, wheelchairs and walking frames. There was an assisted bathroom, which contained a specialist bath that was accessible from both sides. There was adequate storage space for special equipment, which was in good condition and had been serviced by an external contractor within the past year. The treatment room, laundry, hairdressing salon and two sluice rooms all had appropriate facilities. The main and side corridors were free of obstacles. There was a staff changing room, which was clean and had sufficient lockers and toilets. However, there were no emergency call bell facilities available in the sitting room, the dining room or the hairdressing room.

The premises was generally bright, warm and well ventilated. Since the previous inspection there had been on-going redecoration of the décor. For example, many areas had been repainted including some residents' bedrooms, the corridors and the palliative care suites. Many of the residents spoken to expressed satisfaction with the brighter

corridors and bedrooms following the repainting. However, some minor decorative upgrade was required regarding paintwork in a small number of areas that were marked by friction from beds and other equipment and required attention. In addition, some of the wall tiles in two shower rooms were cracked and in need of replacement.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were suitable governance and supervision systems in place to monitor residents at risk of injury and such arrangements were reviewed on an on-going basis. These included for example, the identification of any resident who was at risk of falls and putting in place appropriate measures to minimize and manage such risk. For residents who had fallen, there were falls risk re-assessments completed after each fall, and care plans were updated accordingly. Each serious reportable event (SRE) was recorded and escalated to senior management as per the Health Service Executive (HSE) safety incident management policy dated January 2017 and reporting protocols. Following any such incident, accident or event, the provider representative and the person in charge along with other staff met at a senior incident management team meeting. These meetings were held to ascertain if there was any learning opportunities or corrective actions that needed to be taken. However, not all incident records viewed had been completed in accordance with the centre's safety incident management policy. For example, following one adverse incident there were sections of the incident report that were blank and the risk management policy or risk register had not been updated to include any learning or additional controls that were implemented following this incident. There was an up-to-date risk management policy that addressed the identification and assessment of risks and the controls that were in place including the requirements of the regulation 26(1). The inspector noted that the opening of some windows in the centre was unrestricted however, these windows had not been risk assessed.

Overall there were suitable fire safety measures in place and there were completed logs maintained on daily, weekly, monthly basis in relation to fire safety. There were also records of quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. The inspector noted that the emergency lighting was most recently serviced in May 2018 and the fire alarm was most recently serviced in February 2018. There were also fire and smoke containment and detection measures in place in the premises. There were procedures to be followed in the event of fire that were displayed in a prominent places throughout the centre. Staff had received training in fire safety

within the past 12 months. Staff spoken to were familiar with what actions to take in the event of a fire alarm activation and with the principles of horizontal evacuation. Practiced fire drills were held regularly. However, not all staff spoken to had attended a fire safety practice drill in the centre. In addition, the fire drill records required improvement to include details of any identified problems encountered, the length of time taken to evacuate, and the fire scenario that was being simulation during the practice. All residents had personal emergency egress plan's (PEEP's) which identified the level of mobility and evacuation mode for each resident and the level of residents' cognitive understanding. Copies of the PEEP's were available in a number of locations including the nurse's office which was near the entrance for ease of retrieval. However, these records required improvement to include a current photograph of the resident and any supervision requirements of the resident after they have been evacuated.

Manual handling practices observed were seen to be in line with current best practice. The training matrix recorded that all staff were trained in manual handling and all circulation areas, toilets and bathrooms were adequately equipped with handrails and grab-rails. Overall, there were suitable governance and supervision systems in place to monitor residents and staff working on day and night duty reported to the inspector that they monitored and checked on residents including residents with dementia at regular intervals. All residents had records of when these monitoring checks had been conducted.

Overall the premises, including the communal areas and bedrooms were found to be clean and there was adequate standard of general hygiene at the centre. There were systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place. For example, regular training of staff, subtle staff infection control reminder notices and strategically placed hand sanitizer dispensers located throughout the premises. There was personal protective equipment such as latex gloves and plastic aprons available in designed areas. The training matrix confirmed that staff had completed training in hand hygiene and infection prevention and control and staff that were spoken with demonstrated knowledge of the correct procedures to be followed.

Judgment:
Substantially Compliant

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

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

Findings:
The center was operated by the HSE who was the registered provider. Effective

management systems were seen to be in place in the centre during the inspection. The inspector spoke with staff, the provider representative and the person in charge. All outlined a clearly defined management structure that was in place. This structure identified who was in charge, who was accountable to whom and the reporting relationships within the organisation. Since March 2017 there were two Clinical Nurse Managers (CNM's) available as part of the nursing management. The person in charge outlined how the improved managerial support had enhanced clinical governance and oversight in the centre. She outlined how there had been improvements in the clinical auditing and for example, each resident with a dementia and/or their representatives had completed questionnaires that informed staff as to their choices and preferences. These assessments also informed staff in relation to residents choice of activities and interests and outlined residents preferences for end of life care. Staff who spoke with the inspector were able to demonstrate good knowledge of this system. The inspector observed that there were sufficient resources in place to ensure the delivery of safe and good quality care to the residents with the current skill mix and staffing levels. There was also for example, appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses. The provider representative confirmed that the centre had adequate insurance and that there were sufficient resources to ensure on-going safe and suitable care provision. The inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. There was a clear reporting system in place to ensure safe and adequate health and social services, effective communication and monitoring between the person in charge, the provider representative and all staff.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place for 2017 which included an action plan for 2018. Resident satisfaction surveys and food surveys had been completed, the results of which indicated satisfaction with the service provided.

A sample of residents' contracts of care were viewed by the inspector. The inspector found that contracts had been signed by the residents/relatives and found that the contract was clear, user-friendly and outlined all of the services and responsibilities of the provider representative to the resident and the fees to be paid. However, contracts of care reviewed did not contain details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, "after" the terms, as required by regulation.

Judgment:
Substantially Compliant

Outcome 09: Statement of Purpose

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that was dated as most recently reviewed in June 2017. The statement of purpose and function was viewed by the inspector and it described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The statement of purpose also included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007. There was evidence that the statement of purpose was kept under review and readily available for residents and staff to read. However, some improvement was required in the statement of purpose including: more details were required regarding the specific care needs that the designated centre intended to meet, more details regarding the description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function. More details of any separate facilities for day care and of the arrangements made for respecting the privacy and dignity of residents. In addition, more details were required regarding the arrangements for residents to engage in social activities, hobbies and leisure interests.

Judgment:

Substantially Compliant

Outcome 12: Notification of Incidents

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspector saw that there was a detailed log of all accidents and incidents that took place in the center. Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had generally been reported in accordance with the requirements of the legislation. All three day notifications were received within the three days of accidents and incidents, as required. However, the inspector noted that the quarterly notification for the first quarter of 2018 had not been submitted to HIQA, as required by regulation. On the morning of the second day of inspection, the person in charge informed the inspector that this notification had now been made to HIQA.

Judgment:

Substantially Compliant

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:

Vincent Kearns
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|-------------------------|
| Centre name: | Gorey District Hospital |
| Centre ID: | OSV-0000676 |
| Date of inspection: | 23/05/2018 |
| Date of response: | 27/06/2018 |

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:

To ensure that all medicinal products including MDA medication are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

1. Action Required:

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

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All nurses to complete their HSELAND on medication management and also further education on medication management is organised for 5th September 2018

Proposed Timescale: 05/09/2018

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:

To ensure that each resident including residents in the two six bedded bedrooms, may exercise choice in so far as such exercise does not interfere with the rights of other residents.

2. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

Endeavour to offer choice of private rooms when available to clients on admission .
Ensure the use of earphones for the use of radios and televisions to ensure that noise level is reduced at all times.

Proposed Timescale: 11/06/2018

Theme:

Person-centred care and support

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

To ensure that each resident may undertake personal activities in private.

3. 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:

Endeavour to offer choice of private rooms when available to clients on admission .
make the quiet room and sitting room available to clients to ensure that they can have

dignity and privacy at all time

Proposed Timescale: 11/08/2018

Theme:

Person-centred care and support

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

To provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

4. 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:

Provide adequate storage space for resident on admission by the use of extra wardroom

Proposed Timescale: 11/06/2018

Outcome 05: Suitable Staffing

Theme:

Workforce

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

To ensure that staff have access to appropriate training.

5. Action Required:

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

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

All staff are 100% trained in Mandatory Education training

Proposed Timescale: 25/05/2018

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:

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.

6. 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:

Plans are submitted and design team will be appointed in August 2018

Proposed Timescale: 30/08/2018

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:

To ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre including unrestricted windows.

7. 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:

Risk management policy has been updated to ensure that all risks and assessments identified

Proposed Timescale: 18/06/2018

Theme:

Safe care and support

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

To ensure the implementation of the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

8. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

Risk Management Policy updated and further training organised to ensure that all staff are updated in identification of risks

Proposed Timescale: 30/08/2018

Theme:

Safe care and support

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

To ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

9. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Simulated fire drills will take place on bimonthly basis and same will be documented appropriately

Proposed Timescale: 05/06/2018

Theme:

Safe care and support

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

To make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

10. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Simulated fire drills will take place on bimonthly basis and same will be documented appropriately

Proposed Timescale: 05/06/2018

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:

To agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre including details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, "after" the terms, as required by regulation.

11. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

Contract care has been reviewed to ensure that the terms of admission is stated to the resident

Proposed Timescale: 11/06/2018

Outcome 09: Statement of Purpose

Theme:

Governance, Leadership and Management

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

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

12. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

Statement of purpose has been reviewed to ensure that the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Proposed Timescale: 09/06/2018

Outcome 12: Notification of Incidents

Theme:

Effective care and support

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

To provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

13. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

A system is now in place to ensure that notifications are submitted in timely manner

Proposed Timescale: 23/05/2018