

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cahercalla Community Hospital
Centre ID:	OSV-0000444
Centre address:	Cahercalla Road, Ennis, Clare.
Telephone number:	065 682 4388
Email address:	paulaohalloran@cahercalla.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cahercalla Community Hospital Limited
Provider Nominee:	Paula O'Halloran
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	106
Number of vacancies on the date of inspection:	5

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 June 2015 09:45 To: 29 June 2015 17:00

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

Outcome 02: Governance and Management
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 12: Safe and Suitable Premises
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was the eight inspection of the centre by the Authority and the second in relation to the provider's application for renewal of registration of the centre. The last inspection was undertaken on the 10 and 11 February 2015 and of the full eighteen outcomes inspected the provider was judged to be in compliance with six, in substantial compliance with two, in moderate non compliance with five and in major non-compliance with five; staffing, residents rights, dignity and consultation, the submission of notifications, safeguarding and safety, and the premises.

This inspection followed up on those major non –compliances and the implementation of the actions identified by the provider as necessary to address the non-compliance and improve the quality and safety of care and services provided to residents.

The inspection findings were satisfactory and the provider had taken meaningful action to address the identified failings. Of the eight outcomes of concern reviewed by the inspector the provider had taken adequate and appropriate action to achieve compliance and substantial compliance in six outcomes.

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

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The provider nominee confirmed that due regard and attention had been given to the last inspection findings by the provider. A subcommittee had been formed to agree an action plan that ensured an acceptable level of regulatory compliance and management systems and systems of review that ensured the delivery of service and care to residents that was safe, appropriate to residents needs, consistent and effectively monitored.

To this effect the provider nominee confirmed that clinical, quality and safety data would be presented by the provider nominee to the Board of Directors (the provider) at each meeting commencing at the next scheduled board meeting of the 15th July. The information to be presented would include care indicators, accidents and injuries, complaints and feedback, identified risks, staffing and a summary of audits undertaken and their outcomes. Any actions and recommendations would be communicated to relevant management and implementation overseen by the provider nominee. This would ensure that the provider had enhanced systems in place for the supervision of the quality and safety of the service through regular relevant reporting and taking appropriate action to improve the service as necessary.

The provider had created a clinical night time supervisor post as outlined in the provider's response to the action plan. Staff spoken with confirmed this and told the inspector that there were now clear lines of reporting and responsibility for night time staff.

The provider nominee also confirmed that based on the findings of the last inspection the provider conducted a review of the management structures of the designated centre and concluded from this review that given the size and demands of the service an additional clinical management support was required to ensure the effective monitoring of the quality and safety of care delivered to residents and the implementation of any actions required for improvement. The appointment of an Assistant Director of Nursing

to support and augment the existing management structure was approved by the provider on 29 April 2015 and at the time of inspection negotiations were ongoing with an identified person with regard to their appointment to this position. Notwithstanding the improvement noted, in the context of the previous unsatisfactory inspection findings this is addressed in the action plan of this report to ensure that management systems are in place to ensure that the service provided is safe, appropriate, and effectively monitored.

The provider nominee confirmed that there were sufficient resources available to ensure the effective delivery of care in accordance with the statement of purpose.

Judgment:

Substantially Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

As outlined in the providers response to the action plan training records indicated and staff spoken with confirmed that all staff including contracted cleaning staff and volunteers had been re-educated on recognising and reporting any alleged, suspected or reported abuse. Staff spoken with confirmed that the content of the education differed from previous programmes provided as it emphasised the requirement to report regardless of the cognitive ability or capacity of the complainant. Management acknowledged the deficit that had occurred in failing to submit a notification to the Authority, assured the inspector that there were no further allegations to report and that all and any alleged, reported or suspected abuse would be robustly investigated. Staff told the inspector that there were no barriers to staff or residents disclosing abuse.

Staff spoken with, records seen and the inspectors own observations confirmed that a full review of the use of physical restraint had taken place; staff confirmed that a full multi-disciplinary review of some restrictive practice had taken place following the findings of the last inspection. The overall incidence of the use of restrictive devices was reduced to approximately 20%. Staff spoken with were clear on the requirement to risk assess the use of any restrictive device including in the context of a request for the device from a resident. There was evidence of the increased use of alternatives including low-low beds and movement/sensor alarms. There was no evidence that

restraint was in use against the expressed wishes of any resident.

As outlined in the providers response to the action plan education for staff on responding to behaviours that had the potential to challenge facilitated by an external person had commenced; 21 staff had completed training on the 12 June 2015.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

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

Findings:

The previous inspection had been informed by notifications received by the Authority between the 8 July 2014 and 17 January 2015 which reported that ten residents sustained falls and injuries that required notification; 50% of these residents sustained a significant fracture. Those inspection findings concluded that while there was evidence of falls prevention strategies and the individual and collective analysis of falls it was not clear what learning emanating from this and what impact if any they had on either the incidence of falls and the type and severity of injuries sustained by residents.

Based on those inspection findings the provider engaged an independent person to undertake a review of existing falls prevention and management strategies and a review of sustained falls; the review commenced on the 23 March 2015. The provider nominee told the inspector that the review had also concluded that while falls data was collated in the centre it did not constructively inform falls' prevention strategies. There was evidence of feedback to staff on 16 April 2015.

The independent person was still engaged by the centre, recommendations had been implemented in practice and while only fully implemented since the 1 June 2015 the nominated provider and staff spoken with said that the early indications were both a reduced number of falls and a reduction in severe injury as a consequence of falling. The inspector saw that the recommendations to reduce in so far as was reasonably possible the incidence of falls and fractures included; physiotherapy and osteoporosis screening for all residents assessed as at high risk of falling, formal one hourly staff observation of each resident, the monitoring of staff response times to movement sensors, the introduction of a detailed falls report to be completed for each fall and designed to capture pertinent details such as what the resident was doing at the time of the fall, environmental factors and how staff were alerted to the fall. There was evidence of the increased use of interventions including low-low beds,

movement/pressure sensors, access to call-bells including the provision of bracelet type call bells, and hip-protectors but also interventions with a more holistic view of both intrinsic and extrinsic risk factors such as medication review, continence, screening for infection and twice weekly physiotherapy review and input.

The provider nominee said that the first formal evaluation of the impact of the recommendations was due on the 1 July 2015; based on the accident and incident records seen no resident had sustained a moderate or severe injury as a consequence of falling since the 24 February 2015.

Judgment:

Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

Medication prescription charts were routinely transcribed by nursing staff and at the time of the last inspection inspectors were not reassured that the system of audit examined and established the accuracy of the transcribed prescription as it was intended and prescribed by the original prescriber such as correct drug type, dosage, time etc. Measures had been taken to address this.

Nursing staff described to the inspector the process of transcribing and what was described and recorded was in line with regulatory body guidance. Medication audits were completed by the community pharmacist and there was documentary evidence available to the inspector that the monthly audit included the review by the pharmacist of the transcribed kardex and the details therein against the General Practitioners (GP's) original prescription. It was reported that the practice of nurse transcribing had not been found over an extended period of audit to be a source of error.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

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

Findings:

There was no evidence that incidents/events requiring notification to the Chief Inspector had not been submitted, however notification of the occurrence in the centre of a notifiable disease had not been submitted within the required three day timeframe.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

The design and layout of elements of the centre did not meet regulatory requirements and did not meet the individual and collective needs of residents on a daily basis. Insufficient communal and dining space was provided on both the Garden Wing ground floor and first floor. The available space served as dining, recreational and communal space and did not provide sufficient space for any purpose for the number of residents accommodated on each floor. There is one remaining three bed multi-occupancy room on the Garden Wing First Floor. Two twin bedded rooms were of insufficient size to accommodate two residents.

The inspector saw that the occupancy of the two twin bedded rooms had been reduced to single occupancy.

The provider nominee confirmed as outlined in the providers response to the previous action plan that an architect had been engaged in the development of a plan to address the remaining deficits in the design and layout of the premises.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

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

Findings:

Poor restraint practice that did not facilitate each resident to exercise personal autonomy, choice and control nor maximise resident independence and wellbeing had been addressed and was not evidenced on this inspection.

The person in charge confirmed that staff had been spoken to directly in relation to the practice of not addressing each resident by their preferred name. This practice was not evidenced on this inspection.

A system for monitoring on a daily basis staff response times to resident call bells had been implemented and the person in charge confirmed that deviations were minimal and were dealt with directly with the staff on duty and a reasonable rationale for any delayed response time was required. Residents were also seen to have been provided with bracelet type call bells.

A new activities co-ordinator had been appointed since the last inspection and an additional resource for two days per week had also been allocated. The weekly schedule of activities was prominently displayed throughout the centre and staff were seen to facilitate residents from all units to attend the scheduled music session.

An external facilitator had been commissioned by the provider to provide education for staff on privacy, dignity and communication. Twenty one staff had attended and a further two education sessions were planned. Staff confirmed attendance and articulated increased awareness and reflection on practice.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

The provider nominee, the person in charge and all staff spoken with across all units all confirmed the allocation of two additional healthcare assistants to the night time staffing complement. This ensured that adequate staffing levels and skill-mix were retained on each unit at all times.

The provider nominee, the person in charge and staff spoken with confirmed that an issue had recently arisen in relation to inadequate staffing levels by day on a specific unit but the matter had been resolved once brought to the attention of management and an additional staffing resource was now in place. The provider nominee confirmed that a recognised staffing tool was used to inform staffing numbers and skill mix and that overreliance on another tool than measured dependency and ratio only may have contributed to deficits previously identified by inspectors.

All staff spoken with told the inspector that there were no barriers to raising with management any issues relating to staffing resources and that assistance was always provided. The provider nominee confirmed that she had the authority to sanction as necessary any additional staffing resources.

Evidence of their current registration with their regulatory body was in place for each nurse employed in the centre.

Judgment:

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:

Mary Moore
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:	Cahercalla Community Hospital
Centre ID:	OSV-0000444
Date of inspection:	29/06/2015
Date of response:	27/07/2015

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The provider had identified a requirement for additional management supports to ensure that there was effective monitoring of the quality and safety of care delivered to residents; this was not yet in place.

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

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

monitored.

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

The appointment of an Assistant Director of Nursing to support and augment the existing management structure was approved by the provider on 29 April 2015. At the time of this inspection discussions were taking place with an identified person who has since been appointed to this position in an acting capacity (commencing on 3rd August, 2015) pending the appointment of a full time person to the position.

Proposed Timescale: 03/08/2015

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Notification of the occurrence in the centre of a notifiable disease had not been submitted to the Chief Inspector within the required three day timeframe

Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

The appointment of an Assistant Director of Nursing will provide the necessary support to the Person in Charge to ensure this will not occur again.

Proposed Timescale: 03/08/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The design and layout of elements of the premises did not meet regulatory requirements and did not meet the individual and collective needs of residents on a daily basis.

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:

Since the inspection we have engaged our architects to develop a plan to address the areas identified. We anticipate that the necessary works will be completed by 31st October, 2015.

In the interim, an assessment of the bedrooms is conducted prior to each new admission in terms of the medical, physical and social needs of the prospective residents and their safety, privacy and dignity to ensure there are no negative outcomes for the residents as a result of being accommodated in these rooms. An extra sitting at meal times has been introduced in order to deal with the limited dining space.

Proposed Timescale: 31/10/2015