Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act 2007

Centre name:	St Gabriel's Community Hospital
Centre ID:	0600
Centre address:	Schull
	Co Cork
Telephone number:	028-28120
Fax number:	028-28831
Email address:	marian.odonovan@hse.ie
Type of centre:	☐ **Private** ☐ **Voluntary** ☒ **Public**
Registered provider:	Health Service Executive (HSE)
Person in charge:	Marian O'Donovan
Date of inspection:	14 September 2011 and 15 September 2011
Time inspection took place:	**Day-1 Start:** 09:30hrs **Completion:** 17:15hrs **Day-2 Start:** 08:50hrs **Completion:** 14:00hrs
Lead inspector:	Patricia Sheehan
Support inspector(s):	Col Conway
Type of inspection:	☒ **Registration** ☒ **Announced** ☐ **Unannounced**

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

St Gabriel's Community Hospital, also known as Schull Community Hospital, is a Health Service Executive (HSE) facility located in the town of Schull, County Cork. It is a two-storey building with resident accommodation on the ground floor.

The centre provides long-term, respite, short-term community support, convalescent, respite and palliative care for 21 residents. At the time of inspection there were 16 residents and the person in charge informed inspectors that ten of these residents had cognitive impairment. There was no resident under the age of 65 years.

On the ground floor there are three corridors off a central entrance area; one leads to a female wing and one to a male wing, and one corridor leads to the communal area. There is also a treatment room, two offices, and a medication storage room.

Within the female wing, there are three rooms; one twin-bedded room, one three-bedded room and one six-bedded room, all of which have wash-hand basins. There is a wash-hand basin in the corridor, a communal toilet without wash-hand basin and a communal assisted shower room with toilet and wash-hand basin. There is also a sluice room.

Located along the corridor leading to the male wing is a single bedroom with wash-hand basin. Within the male wing, there is one three-bedded room and one six-bedded room, all of which have wash-hand basins. There is a communal assisted shower with toilet and wash-hand basin as well as a communal toilet without wash-hand basin and a sluice room. There is a linen storage room off the six-bedded room.

There are two exits off the corridor to the communal area: one of these leads onto a small enclosed area used primarily for smoking and the other leads out of the building into mature unenclosed gardens with a view of the sea. On this corridor there is a communal assisted shower with toilet and wash-hand basin. The communal area is large and very bright and pleasant and it has double doors leading onto a storage area for equipment and assistive devices. Exit doors have an electronic alarm system for use when there are residents with cognitive impairment assessed as being at risk of wandering from the premises.

On the first floor there are offices, staff facilities and a meeting room.

Date centre was first established:			1942	
Number of residents on the date of inspection:			16	
Number of vacancies on the date of inspection:			5	
Dependency level of current residents:	**Max**	**High**	**Medium**	**Low**
Number of residents:	9	3	1	3
Gender of residents:			**Male (✓)**	**Female (✓)**
			6	10

Management structure

St Gabriel's Community Hospital is operated by the Health Service Executive (HSE). The Person in Charge is Marian O'Donovan, Director of Nursing and her deputy is Noreen McGibbon, Clinical Nurse Manager 2 (CNM2). The Director of Nursing reports to Teresa O'Donovan, General Manager for Cork County Community Hospitals in HSE South. The Person in Charge is supported by the Clinical Nurse Manager 2, staff nurses, multi-task attendants, administrative and ancillary staff.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members, over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files. As the provider had completed a fit person interview on previous occasions for other centres, a fit person interview was only carried out with the person in charge. The fit person self-assessment document was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Inspectors found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland.* There was evidence of an effective governance structure and that residents received a high standard of evidence-based care within a person-centred approach. There was good access to allied health services. Staff that inspectors spoke with were knowledgeable about residents' individual health and social care needs, and this was confirmed by the care practices observed. Staff had access to regular training and were supervised appropriately. Residents were facilitated to exercise choice and personal autonomy and their views were sought and listened to with an effective complaints management process in place. The feedback received from residents and relatives indicated a very high level of satisfaction with the care provided.

Some improvements were required in developing an overall quality assurance system, some risk management practices, record keeping and the design of the premises, to enhance the findings of good practice. All of the improvements are described under the outcome statements and related actions are set out in the Action Plan under the relevant outcomes.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

A written statement of purpose was available which accurately described the services provided in the centre and reflected the diverse needs of the residents. The statement is kept under review and is made available to residents on request. It did not meet all of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The statement of purpose set out the services and facilities provided in the centre and contained aims and objectives for the overall service. Inspectors observed that the centre's capacity to meet the diverse needs of residents, as stated in the statement of purpose, was reflected in practice. Inspectors noted the person-centred approach to care with residents facilitated to maintain their maximum level of independence with an emphasis on respect, communication and the promotion of wellbeing.

The statement omitted the size of bedrooms and communal rooms in the centre and did not detail the use of multi-purpose bedrooms for high dependency residents.

Outcome 2
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

There were a number of individual reviews being carried out in relation to quality assurance; however, a quality assurance system was not in place.

There were periodic reviews carried out in relation to care planning, fire and food safety, policy content, hand hygiene practices, and condition of mattresses and screens. Inspectors saw evidence that these reviews, for example in care planning, facilitated the establishment of person centred practices by staff. A resident survey had been completed in July 2010 which confirmed residents' satisfaction with the service and did not indicate any improvements required from their perspective.

The person in charge discussed how she reviewed complaints, incidents and staff training and reported findings verbally to the provider. However, there was no evidence of an overall system in place that monitored and developed the quality of care and quality of life of the residents on a continuous basis.

Outcome 3
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

Inspectors found evidence of good complaints management.

Residents and relatives spoken with told inspectors that they had good access to the person in charge and that they were encouraged to report any concerns. There was an up-to-date written complaints policy containing all of the required information. The process for making a complaint was outlined in the statement of purpose and the Resident's Guide. The complaints procedure was displayed in a couple of prominent places and it clearly identified the steps in the process.

Inspectors reviewed the record of complaints and saw that there was appropriate documentation in place for the recording of any complaints, the actions taken, and the outcomes. The level of complainants' satisfaction was not always clearly outlined.

2. Safeguarding and safety

Outcome 4
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.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

Inspectors reviewed the elder abuse policy and found it to be comprehensive. There was evidence that staff received elder abuse training as a part of the overall training programme. Staff with whom inspectors spoke were able to appropriately describe their responsibilities with regard to reporting an allegation of abuse and the actions to be taken in the event of an allegation or suspicion of elder abuse. Where there had been a recent elder abuse concern, which did not involve any staff member, inspectors found from an examination of the records and discussion with the person in charge that the response had been appropriate. Residents with whom inspectors spoke confirmed that they felt safe in the centre.

With regard to the safety of residents' personal belongings and money, inspectors reviewed the system in place for the management of personal property and funds and noted the recent external audit of resident accounts to include management of a float system for residents' incidentals.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

There was evidence of many health and safety practices that promoted the safety of residents, staff and visitors. Some risk management practices required improvements.

Examples of practice regarding health and safety that promoted the safety of residents, staff and visitors were:

- an emergency plan in place with alternative accommodation arrangements should evacuation be required in the process of being included
- a current health and safety statement that identified work place hazards and the required controls
- falls risk assessments for all residents with referral on to the appropriate therapist for those identified as high risk
- fire records that showed all fire safety equipment, including the fire alarm and emergency lighting, had been serviced at appropriate intervals, records of fire drills were maintained and fire safety and evacuation training for all staff took place on an annual basis
- records indicated staff received manual handling training with two year updates which was confirmed in staff interviews
- the environment was extremely clean and well maintained with safe and appropriate floor covering, and emergency exits were unobstructed
- satisfactory infection control measures and arrangements for the segregation and disposal of waste, including clinical waste, in place, an infection control nurse was available to give ongoing education and support and four staff had been trained as hand hygiene instructors
- records indicated that equipment and services were checked and maintained regularly.

There was a risk management policy that included the arrangements for the recording, investigation and learning from serious incidents. A risk register was established with risks recorded following incident analysis as part of a proactive risk management process. Resident safety in relation to the ability of those with cognitive impairment to leave the building and grounds had been identified as a risk. This risk was particularly significant given the lack of enclosed external grounds and close proximity of the centre to a main road and the sea. Given two recent incidents involving residents receiving respite care who left the building and were missing for 30 minute time periods, more precise controls to eliminate or reduce this considerable risk are required. At the time of inspection there were no residents accommodated who were at risk.

There was a no smoking policy within the building; however, there was no evidence that residents who smoked outside had been risk assessed regarding their safety to smoke unsupervised.

Inspectors saw that the use of restraint was an option of last resort and there was evidence that the use of restraint was subject to assessment with ongoing review and appropriate records kept relating to any use of restraint. However, not all residents had risk assessments completed for the use of bedrails. Precautions to control the specific risk of self-harm were not in place.

Although inspectors saw residents mobilising with equipment and being assisted appropriately, hand rails along the corridor leading to the communal area were not available and there was not written confirmation that all requirements of the statutory fire authority had been complied with.

Outcome 6
Each resident is protected by the designated centres' policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

The policies and procedures in place for storing and administration of medicines were in accordance with current professional guidelines and regulatory requirements. However, the regular practice of a nurse dispensing medicines, and without sufficient quality assurance procedures to ensure safe dispensing, was not in accordance with current professional guidelines and regulatory requirements.

There was a written medication policy with procedures relating to the ordering prescribing, storing and administration of medication. A review of records and observation during a medication round indicated that these procedures were implemented in practice. Controlled drugs were stored safely and stock levels were recorded at the end of each shift and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were appropriate procedures for the handling and disposal for unused and out of date medicines.

Due to the lack of a pharmacy service, prescribed medicines were purchased at wholesale for administration and dispensed by the clinical nurse manager. The risk of medication error with this practice was outlined in the centre's risk register and highlighted in the previous inspection with the provider's response that a contracted pharmacy service would be established by December 31 2011. In the absence of a pharmacist to ensure safe dispensing of medicines, some quality assurance procedures, such as the availability of a pharmacist at another location for consultation, were in place. However, other quality assurance procedures such as in-service training and education and on-going audits of medication management were not in place.

3. Health and social care needs

Outcome 7
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Inspectors found a high standard of evidence-based care with arrangements to meet residents' assessed needs set out in individual care plans completed with the involvement of residents and subject to review. Residents, including those cognitively impaired and more dependent, had sufficient opportunities to participate in meaningful activities. There was medical and allied healthcare access; however, appropriate seating arrangements were not in place for two maximum dependency residents.

A sample of medical records were reviewed which confirmed that the health needs and medications of residents were being monitored frequently and on an ongoing basis as there was daily access to a general practitioner (GP). An out-of-hours service provided medical cover at weekends and bank holidays.

There was evidence that residents received a full assessment on admission and that discharges were planned and discussed with residents. There was a multi-disciplinary approach to accessing a range of allied health services such as dietetic, chiropody, physiotherapy, speech and language therapy and a consultant geriatrician. Occupational therapy was provided through a private service due to the lack of an adequate public service.

Inspectors found that there were opportunities for engagement in activity that promoted quality of life, based on residents' assessed preferences, interests and

capacities. An inspector met the dedicated activities nurse who was knowledgeable about residents' backgrounds and their interests and conducted the activity planning to meet their social needs. The displayed activity programme outlined access to a variety of activities such as art, exercise, music and pet therapy. Inspectors observed residents fully engaged in, for example, card games and residents spoken with informed inspectors that they were aware of the activities available and that they enjoyed them. Nursing staff, care staff, and relatives also confirmed that there were regular activities provided. Inspectors found that activity planning also met the needs of the more dependent residents and those with cognitive impairment with individual activities, such as massage, in addition to group ones, being available. Inspectors saw evidence of the planned introduction of Sonas (a therapeutic communication activity) following on from the provision of September 2011 training. Life stories were being compiled to enhance communication and inspectors noted that activity focused care was promoted where possible.

Inspectors examined a sample of care plans and found that they were comprehensive, person-centred, and regularly reviewed at a minimum of every three months. The participation of residents or family members in care planning and review was documented. Relatives spoken to confirmed that they had been involved in the initial assessment and ongoing reviews. There was evidence of good clinical practices with no pressure ulcers on the day of inspection, and recognised assessment tools were used to evaluate residents' progress. These included assessments for risk of pressure ulcers, malnutrition and falls, and appropriate measures were put in place to manage and prevent risk.

One maximum dependency resident who was bed bound during the inspection had not yet been assessed by an occupational therapist for appropriate seating arrangements. A second maximum dependency resident who was also bed bound had not yet been provided with the appropriate specialised chair as recommended by the occupational therapist.

Outcome 8
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

Caring for residents at end-of-life was informed by the centres' policy on end-of-life care.

While no resident was receiving end-of-life care at the time of inspection, staff described the person-centred care that would be provided, such as a residents' family being facilitated to be with them, and the emphasis on providing appropriate care and comfort to each resident approaching end-of-life. There was a dedicated en

suite room for palliative care which could accommodate family members. Staff were knowledgeable about the residents' preferred religious practices.

There was a centre specific written policy available on end-of-life care that addressed the provision of appropriate care and comfort to meet a resident's physical, emotional, psychological and spiritual needs and consideration of residents' autonomy in regard to wishes and choices. A high level of support and training from the local hospital palliative care team was available.

Outcome 9
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

Residents received a nutritious and varied diet that offered choice, and mealtimes provided opportunities for residents to interact with each other and staff with appropriate assistance offered where required.

Inspectors found from review of the rotational menu that there was a varied diet available, which was confirmed by residents and relatives, and inspectors who met the chef discussed the special dietary requirements of individual residents and saw that information was kept on residents' dietary needs and preferences in the kitchen.

The weight records examined showed that residents' weights were checked on a monthly basis at minimum and nutrition assessments were used to identify residents at risk of malnutrition. Comprehensive charts were maintained when appropriate for use by the dietician. The speech and language therapist contributed to appropriate interventions to assist those residents with swallowing difficulties.

Inspectors observed staff discussing the menu choices with residents. An inspector observed lunch in progress and saw that a dining experience was offered to all residents. Staff assisted some residents with dining in a respectful manner and used the time as an opportunity for social interaction. Staff members chatted with residents and encouraged discussion amongst them. Residents confirmed that they enjoyed the food very much.

Inspectors saw residents being offered a variety of snacks and drinks throughout the day. Water and other cold drinks were available in the communal room. Residents told inspectors that they could have drinks and snacks any time.

4. Respecting and involving residents

Outcome 10
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Contracts were agreed with and provided to continuing care residents and set out the overall care and services provided to the residents and the fees charged, including any additional fees charged.

Outcome 11
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.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political and Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings

Inspectors found evidence that residents received dignified and respectful care. Their capacity to exercise choice and autonomy was maximised and their views were sought and listened to. There was not an area to receive visitors in private which is addressed under Outcome 15.

There were opportunities for residents to provide feedback about their experiences of the service through the residents' forum and an inspector saw the minutes of these meetings. The communication needs of residents were addressed in care plans. Residents confirmed that the person in charge came and met with them on a daily basis and asked them how they were and if they wanted anything changed. As a result of residents' input, soup was now served mid morning and not at lunch time,

which was confirmed by staff. The person in charge discussed efforts to establish an advocacy service for those residents with communication difficulties and inspectors noted the advertisement for such a service was posted on the notice board. At the time of inspection, no advocacy service was operating.

Inspectors observed and were also informed by residents and relatives that the privacy and dignity of residents was respected by staff. Screens were available around beds in shared bedrooms and the manner in which residents were addressed by staff was courteous and respectful. Inspectors observed staff taking the time to reassure residents with cognitive impairment, speaking slowly, clearly and sensitively. A hairdresser was available to residents.

Inspectors observed that practices and facilities assisted residents' independence and that staff promoted and enabled choice. Inspectors observed that there was choice and flexibility regarding daily activities. Folders at the end of beds contained full details of individual activity plans. Residents receiving respite care were facilitated to continue attending the local day service in line with their preferences. Corridors were sufficiently wide to facilitate ease of movement.

Residents, visitors and staff told inspectors that there was an open door policy in relation to any suggestions they might have and they welcomed this openness and felt it fostered good communication. Inspectors observed good interactions between staff and residents. Staff were observed chatting freely with residents. Residents stated that they could talk to staff at any time. Relatives were satisfied with information provided by staff about residents' healthcare and general wellbeing.

Inspectors observed that residents had access to televisions and daily newspapers and telephone. The notice board at the entrance way contained information and a whiteboard in the communal room was kept updated with daily information. There was involvement with the local community, for example, visits by local schools and voting in elections was facilitated in the centre.

Inspectors observed that social and family contacts were maintained, as visitors were welcomed at various times of the day and there were no restrictions on these visits. Residents and their relatives confirmed that flexible visiting was usual practice.

Religious needs were facilitated as inspectors were informed by staff, residents and their relatives that there were regular religious services and visits by ministers of different denominations.

Outcome 12
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings

There was a policy on the management of residents' personal property and possessions which inspectors noted was consistent with practice and arrangements in place for the regular laundering of linen and clothing. The facilities for all residents to appropriately store their own clothes were insufficient.

Laundry was contracted out with individual laundry baskets and labelled bins with clean laundry returned and placed directly into cupboards and wardrobes. These arrangements were satisfactory to residents and relatives spoken with. Inspectors also noted that residents were dressed well.

The person in charge discussed the space restrictions in some of the bedrooms for storing clothes. Where there was not space for wardrobes, residents clothes were stored in free standing wardrobes in the corridor leading to the communal room. Some clothing was stored on shelves in the linen storage area.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings

The person in charge was full time with 12 years experience in this post and prior management experience in a previous post. She was a registered nurse with 24 years nursing experience and with the required experience and clinical knowledge in the area of nursing of older people. She had a commitment to her own continued professional development with evidence of management certificates. Throughout the two days of inspection the person in charge demonstrated very good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Residents, relatives and staff informed inspectors that the person in charge had a daily presence in the centre and she was available to answer any queries or concerns. Inspectors observed evidence of good leadership and a clear management structure to ensure monitoring of practice. The person in charge had kept her clinical knowledge up to date and demonstrated knowledge of audit processes to identify trends and improve the quality of service and safety of residents.

Throughout the inspection process the person in charge demonstrated competence and a strong commitment to the delivery of person-centred care and to meeting the regulatory requirements, and welcomed the opportunity that inspection provided for continued learning and practice improvement.

Outcome 14
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.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

All staff had access to education and training to meet the needs of residents and were recruited and Garda Síochána vetted, including agency staff, in accordance with best recruitment practice. Staff were supervised on an appropriate basis. There were appropriate staff numbers and skill mix to meet the assessed needs of those residents accommodated at the time of inspection.

There was a policy for the recruitment, selection and Garda Síochána vetting of staff and a review of four personnel files found this policy was reflected in practice and all the required documents to be held in respect of persons working at the centre were available. Inspectors noted that there were also policies governing induction and training in place.

Staff that inspectors spoke with were clear about their areas of responsibility and the reporting structures and supervision arrangements. There were no dedicated household staff and care staff, known as multi-task attendants, were assigned to

household tasks in addition to caring duties. Staff informed inspectors that copies of both the regulations and the standards had been made available to them and expressed an adequate knowledge of the content in accordance with their role. Regular staff meetings, and informal daily meetings, were held with minutes of such meetings maintained and staff confirmed that the meetings were regular. Staff facilities were adequate.

There was evidence that the provider and person in charge were committed to staff education and training as records indicated that education and training for all staff was continuous and relevant. Mandatory training in, for example, manual handling and adult protection, was up-to-date and training records showed the delivery of ongoing training in areas such as risk management, medication management, dysphasia, nutritional assessments, dementia care, challenging behaviour, continence management and hand hygiene. There were weekly in house education programmes for staff in various aspects of achieving person-centred care. Five of the fourteen multi-task attendants had completed a Further Education and Training Awards Council (FETAC) Level 5 care assistant programme.

Inspectors reviewed staffing rotas, spoke with the person in charge and staff, observed the level of staffing and noted the high levels of dependency amongst the residents. All relatives either spoken with, or whom completed questionnaires, stated their high level of satisfaction with the care delivered, and considered staffing levels sufficient. One relative did state that staff were very busy in the evenings when staffing levels were lower.

Weekly staffing levels, not including the person in charge, were as follows:

- mornings: three nurses and three multi-task attendants
- afternoons: three nurses and four multi-task attendants
- evenings (until 21:00hrs): two nurses and one multi-task attendant.

6. Safe and suitable premises

Outcome 15
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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

There was a high level of specialized equipment which was maintained in good working order. A number of improvements to the premises were required to ensure residents' needs were met in a comfortable and homely way.

The environment was bright, extremely clean, well maintained throughout and residents told inspectors that they felt comfortable and safe. The overall décor was of a high standard with appropriate flooring, lighting, colour schemes and call bell system to promote independence and wellbeing. The main communal area had a variety of furnishings with appropriate seating. Art work created by residents was also displayed throughout the centre.

There was a small patio area which was enclosed and utilise primarily by residents who smoked. The external grounds were maintained to a very high standard and an attractive seating area with a water feature was easily accessible from the communal room. Residents and relatives told inspectors that they enjoyed spending time in the garden area when weather permitted and inspectors observed residents sitting outside.

There was a separate kitchen and inspectors observed that the facilities and equipment in them were satisfactory. A high standard of cleanliness was supported by a very comprehensive staff information booklet with guidelines on cleaning.

There was appropriate assistive equipment available such as electric beds, overhead hoists, pressure relieving mattresses and cushions, and specialized chairs to meet the needs of high dependency residents. Resuscitation equipment was available and maintained. The corridors enabled easy accessibility for residents. Hoists and other equipment had been maintained and service records were up-to-date.

Improvements were required in the following areas:

- there was inadequate sitting, recreational and dining space provided with only one communal area available
- there was inadequate private accommodation as multi occupancy bedrooms did not promote privacy and dignity
- not all bedrooms had sufficient personal space for bedside lockers to fit next to the beds
- residents' possessions, such as photos, were observed in rooms; however, space for such possessions or pieces of personal furniture were limited
- the external grounds were not safe for all residents as they were not enclosed
- not all toilets had no wash-hand basins
- the linen storage room was accessed through the male six-bedded room
- a combined sluice room, cleaning room and washing machine used for mop heads was not in accordance with best practice in infection control.

7. Records and documentation to be kept at a designated centre

Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:
Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's Guide

Substantial compliance ☐ Improvements required * ☒

Records in relation to residents (Schedule 3)

Substantial compliance ☒ Improvements required * ☐

General Records (Schedule 4)

Substantial compliance ☒ Improvements required* ☐

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☒ Improvements required* ☐

Directory of Residents

Substantial compliance ☐ Improvements required* ☒

Staffing Records

Substantial compliance ☒ Improvements required* ☐

Medical Records

Substantial compliance ☒ Improvements required* ☐

Insurance Cover

Substantial compliance ☒ Improvements required* ☐

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings

An inspector reviewed a record of all incidents that had occurred in the centre and the documentation was sufficient. All relevant incidents were notified to the Chief Inspector as required. A recent notification of suspected elder abuse was not submitted in a timely manner.

Outcome 18
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge as the deputy director of nursing deputises for the person in charge. Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge, clinical nurse managers and a number of staff members to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

REPORT COMPILED BY

Patricia Sheehan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

22 September 2011

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report*

Centre:	Schull Community Hospital
Centre ID:	0600
Date of inspection:	14 September 2011 and 15 September 2011
Date of response:	14 October 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 1: Statement of purpose and quality management

1. The provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not meet all of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Ensure the statement of purpose:
- contains the size of bedrooms and communal rooms
- details the use of multi-occupancy bedrooms for high dependency residents.

Reference:

Health Act 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The statement of purpose has been amended to include measurements of all bedrooms and the communal room and also use of multi-occupancy bedrooms for high dependency residents/patients.	 30 September 2011

Outcome 2: Statement of purpose and quality management

2. The provider is failing to comply with a regulatory requirement in the following respect:

An overall system to monitor and develop the quality of care and quality of life of residents on a continuous basis was not in place.

Action required:

Establish an overall system to monitor and develop the quality of care and quality of life of residents on a continuous basis and that includes consultation with residents and relatives.

Action required:

Make a report in respect of any such review and make a copy of the report available to residents and, if requested, the Chief Inspector.

Reference:

Health Act 2007
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: An overall system to monitor and develop the quality of care and quality of life on a continuous basis for residents will be developed and a report in respect of same will be written; a copy of which will be available to all residents and chief inspector on request.	 31 March 2012

Outcome 5: Health and safety and risk management

3. The provider is failing to comply with a regulatory requirement in the following respect:

Controls to eliminate or reduce risk to resident safety regarding residents with cognitive impairment being able to leave the building and grounds were not sufficiently robust and precise.

Residents who smoked did not have assessments of their safety to smoke unsupervised.

Not all residents had risk assessments completed for the use of bedrails.

The risk management policy omitted the precautions in place to control the specified risks of self-harm.

Hand rails in all circulation areas were not available.

There was not written confirmation that all requirements of the statutory fire authority had been complied with.

Action required:

Establish precise and robust controls to eliminate or reduce risk of residents with cognitive impairment being able to leave the building and grounds.

Action required:

Ensure that residents who smoke have assessments of their safety to smoke unsupervised.

Action required:

Ensure all residents have risk assessments completed for the use of bedrails.

Action required:

Ensure that the risk management policy includes the precautions in place to control the specified risks of self-harm.

Action required:

Provide hand rails in all circulation areas.

Action required:

Provide to the Chief Inspector written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

Reference:

Health Act 2007
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All residents with cognitive impairment are now being assessed on admission as having the potential to leave the building and grounds. Tagging device is put insitu and staff are checking on resident whereabouts at frequent, regular intervals. Risk register amended to include outlined controls. Individual risk assessments will be completed on any resident who smokes in future. All residents now have individual risk assessments completed for the use of bedrails. The risk management policy will include precautions to control the risk of self harm. Handrails are provided in almost all areas of circulation with the exception of the corridor leading to the communal room, which is soon to be incorporated into the new extension. An initial assessment for the statutory fire authority has been carried out in Schull Community Hospital in April 2011 and works were completed in September 2011. A report of has been compiled and sent to the authority.	 31 October 2011

Outcome 6: Medication management

4. The provider is failing to comply with a regulatory requirement in the following respect:

The regular practice of nurse dispensing medicines, and without sufficient quality assurance procedures to ensure safe dispensing, was not in accordance with current professional guidelines and regulatory requirements.

Action required:

Ensure that until a pharmacy service is in place on 31 December 2011 the practice of nurse dispensing medicines includes sufficient quality assurance procedures to ensure safe dispensing.

Reference:

Health Act 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

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

Provider's response: Audit tool to monitor the practice of nurse dispensing medications will be put in place. All nursing staff have received education on medication management in 2010 and this is ongoing.	30 November 2011

Outcome 7: Health and Social Care needs

5. The provider is failing to comply with a regulatory requirement in the following respect: Appropriate seating arrangements to meet the needs of two maximum dependency residents were not in place.	
Action required: Ensure appropriate seating arrangements to meet the needs of two maximum dependency residents are in place.	
Reference: Health Act 2007 Regulation 9: Health Care Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Appropriate seating is now in place as recommended by occupational therapist to meet the needs of residents as outlined.	31 October 2011

Outcome 12: Respecting and involving residents

6. The person in charge is failing to comply with a regulatory requirement in the following respect: The facilities for residents to appropriately store their own clothes were not sufficient.
Action required: Ensure facilities for residents to appropriately store their own clothes are sufficient.
Reference: Health Act 2007 Regulation 13: Clothing Standard 4: Privacy and Dignity

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: HSE Estates have plans to construct 9 single en suite rooms which will facilitate sufficient storage space for the resident's clothing and personal belongings.	 31 December 2012

Outcome 15: Safe and suitable premises

7. The provider is failing to comply with a regulatory requirement in the following respect: There was inadequate sitting, recreational and dining space provided with only one communal area available. There was inadequate private accommodation as multi occupancy bedrooms did not promote privacy and dignity. Not all bedrooms had sufficient personal space. The external grounds were not safe for all residents as they were not enclosed Not all toilets had wash-hand basins. A combined sluice room, cleaning room and washing machine for mop heads was not in accordance with best practice in infection control. There was inadequate storage space as linen storage was accessed through the male six-bedded room.
Action required: Provide sufficient communal space to ensure adequate sitting, recreational and dining space.
Action required: Provide adequate private accommodation to ensure privacy and dignity.
Action required: Ensure sufficient personal space in bedrooms.
Action required: Ensure external grounds are safe for all residents.

Action required: Ensure all toilets have wash-hand basins.	
Action required: Ensure adequate sluice and cleaning room facilities.	
Action required: Ensure adequate storage.	
Reference: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: HSE Estates have plans drawn up to construct 9 single en suite bedrooms, dining room, sitting room, sluice rooms, cleaning room, which will provide adequately for all of the above. An enclosed garden will be created outside this building. This extension is planned to commence building in Q4 2011.	31 December 2012

Outcome 16: Records and documentation to be kept at a designated centre

8. The provider is failing to comply with a regulatory requirement in the following respect: Details of next of kin, GP, and time and cause of death were documented in other records and not recorded in the directory of residents. The Resident's Guide did not include the most recent inspection report, and contact details for the Chief Inspector.
Action required: Ensure that details of next of kin, GP, and time and cause of death are recorded in the directory of residents.
Action required: Ensure that the Resident's Guide includes the most recent inspection report, and contact details for the Chief Inspector.

Reference:

Health Act 2007
Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Standard 1: Information

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Details of next of kin, GP, date of death and cause of death are now recorded in the directory of residents; however, in some cases where the resident may have been transferred to the acute services information as to the cause of death may not be available to us. A copy of recent inspection report will be included in Resident's Guide and contact details of the Chief Inspector included in the Resident Information Booklet /Guide.	30 September 2011

Any comments the provider may wish to make:

Provider's response:

Residents, relatives and staff of Schull Community Hospital would like to thank the inspection team for the professional and courteous manner in which the inspection was carried out over the two days. We welcome the constructive feedback and recommendations given throughout the inspection. We will continue to seek resources to enhance our standards and environment for the benefit of our residents.

Provider's name: Teresa O'Donovan

Date: 21 October 2011