

Health Information and Quality
Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Youghal Community Hospital
Centre ID:	577
Centre address:	Cork Hill
	Youghal
	Co Cork
Telephone number:	024-92106
Fax number:	024-92651
Email address:	youghalcommunityhospital@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered providers:	Health Service Executive
Person in charge:	Anne O'Dwyer
Date of inspection:	18 October 2011
Time inspection took place:	Start: 08:50hrs Completion: 14:40hrs
Lead inspector:	Caroline Connelly
Support inspector:	None
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Youghal Community Hospital was built in 1935 and was run by a religious order as a district hospital. Since 1985 it has been managed and run by the Health Service Executive (HSE) and provides long-stay, respite, convalescent and palliative care to the older population of Youghal and the surrounding area.

The bed capacity is for 38 residents which includes two beds allocated for palliative care. There were 34 residents living there at the time of inspection.

The administration and management offices are situated beside the main entrance. Residents' accommodation is situated on two floors with access to the first floor via stairs and a lift. The majority of this accommodation is provided in shared bedrooms configured in three or more beds: these are referred to by residents, relatives and staff as 'wards'. On the ground floor there are two single bedrooms, one twin-bedded room, one four-bedded and one eight-bedded ward. The four-bedded ward has a large en suite shower, toilet and wash-hand basin. Further assisted bathrooms, shower rooms and toilets are situated adjacent to the other ward areas.

There is one very bright main day room which residents' use for sitting, dining and engaging in activities. Also on the ground floor is a sitting room/quiet room where residents can meet their visitors in private; this room also has the facility of a sofa bed that families can use if they wish to stay overnight. This is used by families if a resident is at end-of-life stage. A smoking room and an oratory are also available for residents' use.

The first floor provides two further eight-bedded wards with assisted toilets, bathrooms and shower rooms beside them. There are seven single rooms available and three of these have large en suite shower and toilet facilities. A nurses' office and a small kitchenette are available on both floors.

The hospital is set on a large site and provides a range of other services on site including a dental surgery, physiotherapy, occupational therapy, social welfare office, and an on-call doctor facility at weekends and evenings. The external grounds and gardens are extensive and provide ample car parking facilities.

Location

The centre is situated in a residential area on top of a hill overlooking Youghal Bay, County Cork. All town amenities such as shops, post office, banks are located within a five minute walk along a pedestrian footpath.

Date centre was first established:	1935
Number of residents on the date of inspection	34
Number of vacancies on the date of inspection	4

Dependency level of current residents	Max	High	Medium	Low
Number of residents	18	6	9	1

Management structure

The Registered Provider is the Health Service Executive (HSE) represented by General Manager, Teresa O'Donovan. The Person in Charge is the Acting Director of Nursing Anne O'Dwyer who reports to the General Manager. The Person in Charge is supported in her role by an Acting Clinical Nurse Manager Level Two (CNM2) Winifred Hegarty, and a team of nursing, care, administration and maintenance staff. All nursing, multi-task attendants, kitchen, maintenance and administrative staff report to the Person in Charge, and in her absence to the CNM2.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	5 plus 1 CNM2	5	2	0	1	1*

* Maintenance

Background

Youghal Community Hospital was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 30 March 2010 and 31 March 2010. This was a scheduled announced inspection which identified areas of good practice and areas where improvements were required particularly related to the requirements for the improvement of the building structure including the size and layout of rooms. Other issues included the provision of person-centred care plans, and improvements in current use of restraint. These issues were assessed by inspectors on this registration inspection, carried out on 8 December 2010 and 9 December 2010 and were found to have generally been addressed; however a number of improvements were ongoing to comply 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*. These improvements related to the requirements for the improvement of the environment, in particular the lack of dining and recreational space and the size and layout of rooms and the need for further risk assessments. The chronology of the Authority's previous inspections is included at the end of this report.

This additional inspection report outlines the findings of a follow-up inspection that took place on 18 October 2011. The inspection was unannounced and focused on the action plan where improvements were required, outlined as points one to four in this report.

Summary of findings from this inspection

The follow-up inspection was facilitated in a helpful and welcoming way by the person in charge, CNM2 and all staff on duty. Inspectors met with residents, the person in charge, the CNM2, staff nurses, multi-task attendants, administration and maintenance staff. The inspector also spoke with the physiotherapist and a GP who was visiting a number of residents during the inspection. Records were examined including care plans, medical records, complaints log, accidents and incidents records, fire safety records, staff records including training records.

The inspector arrived unannounced at 08:50hrs and the centre was clean and warm. The centre was a hive of activity with residents getting up, washed and dressed. Some residents were seen to have breakfast later which was their choice and they very much enjoyed it.

All residents with whom the inspector spoke stated they were very happy with the care and treatment they received in the centre and were very complimentary about the person in charge and the staff. None of them expressed a desire to see anything changed, improved or done differently.

The progress of the actions agreed with the provider to address the issues outlined in the report of the 8 December 2010 and 9 December 2010 were reviewed.

The inspectors found that all of the actions outlined in the action plan had been addressed but a number of them were in relation to the physical environment and were ongoing. Risk assessments were completed on radiators and pipe work and staffing vacancies were filled with agency staff. Overall there were substantial improvements and they were working towards completing the uncompleted actions.

Other issues identified on this inspection included the lack of provision of completed fire certification for the centre and provision of elder abuse training to all agency staff. Also, the temperature of the hot water upstairs was found to be above safe limits and documentation of restraint required improvement.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements 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*.

Issues covered on inspection

1. Fire Safety

The structure of the premises posed issues in ensuring it met the requirements for fire safety. A comprehensive independent fire safety compliance survey was undertaken in the centre in October 2010 which identified that extensive work was required to ensure the building was compliant with the legislative requirements. A copy of this report was given to the inspector. The HSE estates department have responded with a two phase fire safety improvement works plan to proceed with the recommendations set out in the fire report identified above. The person in charge informed the inspector that this has now gone out to tender with a plan that this work will commence in the centre in December 2011.

Therefore currently there is no written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with and this will not be available until 2012.

2. Health and safety: Temperature of water too hot

The temperature of the water in the sinks in the residents' bathroom and bedroom area upstairs was found by the inspector to be very hot. This was measured by the inspector and was found to be 55°C which exceeds safe levels and could present as a risk of burning to residents.

The water temperature measured in downstairs resident areas was found to be within safe levels.

3. Training on Elder abuse

Staff interviewed had appropriate knowledge of the policy, types of abuse and of what to do if they ever suspected or came across a case of abuse. There are a number of regular agency staff recently employed in the centre, some had undertaken elder abuse training through their Further Education and Training Awards Council (FETAC) course and the person in charge had discussed elder abuse with them and the centres policy in relation to same on induction; however, not all agency staff had seen the HSE DVD and had not received elder abuse training which is a regulatory requirement.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide adequate sitting, recreational and dining facilities for residents.

Make available to the Chief Inspector an action plan outlining future planning regarding compliance of the physical environment 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*.

Action ongoing:

The person in charge discussed with the inspector the plans in place for the upgrading of the premises to meet the fire requirements phase one as discussed under fire safety earlier in the report. She informed the inspector that phase two identified subsequent plans to extend the building to provide separate dining, sitting and recreational space and single en suite bedrooms in a two-storey extension.

Since the last inspection an upstairs bedroom had been converted into a sitting room for residents' use but this room will be required as a bedroom during the renovation period so at the time of the inspection it was reconverted into a bedroom.

The inspector had received a copy of phase one plans but had not seen the plans for the extension work; these are to be forwarded to the Chief Inspector.

2. Action required from previous inspection:

Make suitable provision for storage in the centre, including suitable storage facilities for the use of residents.

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Make available to the Chief Inspector an action plan outlining future planning regarding compliance of the physical environment 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*.

Action ongoing:

The person in charge had purchased two new large wardrobes with adequate hanging and shelf space and new lockable storage lockers were also purchased but this has been put on hold until the completion of the conversion of the building work to ensure correct selection of appropriate furnishings.

Phase one plans to ensure fire compliance as discussed previously in the report. The works will reduce the eight-bedded wards to two three-bedded rooms which will reduce again to two two-bedded rooms when the extension is completed in phase two of the plan. These plans are to be forwarded to the Chief Inspector.

3. Action required from previous inspection:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Completed:

The person in charge informed the inspector that they explored the use of radiator covers with the estates department but it was felt that they would greatly affect heat output in such a large old building with high ceilings.

A risk assessment was undertaken by the person in charge on the radiators and local guidelines and risk assessments on the risk of burning from hot surfaces were produced and seen by the inspector. Education was provided to staff on the new guidelines and staff had an increased awareness of the risks involved.

The inspector measured the heat of the radiators late morning during the inspection and they measured 37°C which is within safe limits. The person in charge is to keep this under review.

4. Action required from previous inspection:

Ensure staffing levels and skill mix is appropriate to the assessed needs of residents and the size and layout of the designated centre.

Completed:

The person in charge informed the inspector that all staffing vacancies have been highlighted through the HSE South employment mechanism as is required by the HSE recruitment procedures.

All vacant posts will be brought to the attention of the area emergency management group, and filled in accordance with the government moratorium on the filling of vacancies within the public service. At present there are no permanent positions being filled.

The staffing vacancies have been filled temporarily by agency staff, three nurses and two multi-task attendants; the same five agency staff work regularly so there is not an issue with continuity of care. The inspector spoke to an agency staff nurse and an agency multi-task attendant and reviewed their staff files. The inspector was satisfied that they were inducted in line with best practice and completed induction checklists

were seen in their files. They expressed satisfaction with their roles and were found to be committed to the care of the residents. Ongoing mandatory training and education was required for all agency staff.

Report compiled by:

Caroline Connelly
 Inspector of Social Services
 Social Services Inspectorate
 Health Information and Quality Authority

19 October 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
30 March 2010 and 31 March 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
8 December 2010 and 9 December 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Youghal Community Hospital
Centre ID:	577
Date of inspection:	18 October 2011
Date of response:	4 November 2011

Requirements

These requirements set out what the registered provider must do to meet 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*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with was not available for the centre for registration purposes.

Action required:

Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

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

Reference: Health Act 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: To ensure compliance with the Health Act 2007 Regulation 32 refurbishment will commence December 2011, when completed written confirmation will be supplied by a competent person that all the requirements of the statutory fire authority have been complied with; this will be provided to the Chief Inspector.	April 2012

2. The provider has failed to comply with a regulatory requirement in the following respect:	
There was a lack of provision for adequate seating, recreational and dining space provided separately from the residents' private accommodation.	
Action required:	
Provide adequate sitting, recreational and dining facilities for residents.	
Make available to the Chief Inspector an action plan outlining future planning regarding compliance of the physical environment with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i> .	
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: A level of financial investment has been committed by the Estates Department of the HSE South for achieving HIQA compliance in Community Hospitals. A portion of this funding has been made available to Youghal Community Hospital in order to achieve Fire Certificate Compliance. This will increase the number of single	April 2012 (Phase one - Phase two ongoing)

rooms available at the hospital. Drawings of phase one of a two phase development to bring the community hospital to environmental compliance have been submitted to the Authority. Phase one will be complete by April 2012 and phase two will be dependent on the availability of a capital allocation in 2012 from the Estates Department, HSE South.	
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3. The provider is failing to comply with a regulatory requirement in the following respect:

Adequate storage was not provided as outlined below:

- there was not enough storage space in the centre for equipment
- residents were not provided with adequate personal storage space, or with lockable storage space in their rooms in which to store their valuables
- the size and layout of the multi-occupancy rooms occupied or used by residents were not suitable for their needs and the provision of adequate privacy and dignity.

Action required:

Make suitable provision for storage in the centre, including suitable storage facilities for the use of residents.

Action Required:

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Make available to the Chief Inspector an action plan outlining future planning regarding compliance of the physical environment 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*.

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:

Phase one of a two phase development to bring the community hospital to environmental compliance will be complete by April 2012.

May 2012

Purchasing of suitable lockable lockers and wardrobes for residents'

storage will recommence once refurbishment has been completed.	
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<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The temperature of the water in the sinks in the residents' bathroom and bedroom area upstairs was measured by the inspector and was found to be 55°C which exceeds safe levels and could present as a risk of burning to residents.</p>	
<p>Action required:</p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Thermostatic mixing valves have been adjusted by the hospital maintenance department to ensure that water temperature is maintained at a safe level.</p>	<p>Completed</p>

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>A number of new agency staff were employed in the centre. The training records reviewed by inspector showed that not all staff had attended elder abuse training.</p>	
<p>Action required:</p> <p>Provide elder abuse training to all staff to meet the needs and protection of the residents and to enable staff to provide care in accordance with contemporary evidence-based practice.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 6: General Welfare and Protection Regulation 17: Training and Staff Development Standard 8: Protection Standard 24: Training and Supervision</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All HSE staff have been provided with elder abuse training. Agency staff will be provided with training.	14 November 2011

Any comments the provider may wish to make:

Provider's response:

We wish to thank Caroline Connelly, HIQA inspector for her pleasant and courteous interaction with residents, visitors and staff.

Provider's name: Teresa O'Donovan

Date: 4 November 2011