

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carlow District Hospital
Centre ID:	OSV-0000553
Centre address:	Athy Road, Carlow.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patricia McEvoy
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	17

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.

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

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

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

The inspection took place over the following dates and times

From: 28 September 2017 08:15 To: 28 September 2017 15:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection which took place over one day and was for the purpose of informing an application to register Carlow District Hospital. The designated centre provides respite, transitional and general palliative care services in the Carlow community care catchment area. The centre was temporarily closed in August 2016 for renovations which were funded by Carlow Hospice Committee. In conjunction with this upgrading the Health Service Executive (HSE) upgraded the remainder of the existing building. There has been no change to the original footprint of the building. However, substantial internal modifications have facilitated the upgrading of four en-suite palliative care rooms. This is further detailed under Outcome: 12.

The inspector also reviewed the action plans from the inspection of June 2016 prior to the closure of the centre. The inspector found that these action plans had been addressed and four action plans will be verified when the centre is operational. On the day of inspection there were no residents living in the centre as it is not yet reopened. The plan to schedule admissions of residents was discussed and agreed with the person in charge. All proposals outlined and plans agreed will be verified at the next inspection. The person authorised to act on behalf of the provider, person in

charge, assistant director of nursing and clinical nurse managers were available on the day of inspection.

The inspector reviewed the proposed documentation to be used such as staffing rotas, care planning documentation, statement of purpose, policies and procedures. The inspector engaged with the person in charge, provider nominee and nurse managers during the inspection. Plans were in place to ensure that the health needs of residents will be met. Residents will have access to general practitioner (GP) services and to a range of other health services and evidence-based nursing care will be provided. Adequate fire equipment and a fire safety certificate was in place. The health and safety of residents and staff will be promoted and the risk management policy was in line with regulation. Policies, procedures, systems and practices were in place to assess, monitor and analyse potential risks with a view to controlling/minimising them.

Management systems are in place within the centre that define the lines of responsibility and accountability. The person in charge, along with the management team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements. A senior clinical nurse manager (CMN2) had been appointed since the previous inspection of June 2016 to support the clinical nurse manager 1 (CNM1)

Overall, the inspector was satisfied that there will be robust systems in place to ensure effective, consistent governance and to ensure that the quality and safety of resident care is monitored on a continuous basis. There were no action plans generated from this inspection.

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

Outcome 01: Statement of Purpose

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.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service that will be provided. The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations. The statement of purpose was kept under review by the provider and it will be available to residents.

Judgment:

Compliant

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:

On the previous inspection it was found that:

There was not a clearly defined management structure implemented particularly in

relation to clinical management structure

The inspector observed that there was a clinical management presence only three days per week in the centre. The inspector found deficits on this inspection in aspects of clinical care and some practices were not in line with best practice and the provision of a sound contemporary evidence base to care.

On this inspection it was found that these issues had been addressed. The inspector was satisfied that the quality of care and experience of the residents will be monitored and developed on an on going basis. Effective management systems will be in place to support and promote the delivery of safe, quality care services. The inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

Management had systems in place to capture statistical information. A review of action plans from the inspection of June 2016 was collated and presented within the 2016 annual review of the quality and safety of care delivered to residents. The inspector observed that audits were carried out and analysed in relation to documentation, medicines management, hygiene and nutrition. The inspector saw that action plans were correlated following audits; improvements were identified and discussed at staff meetings.

The person in charge has remit for another centre governed under the umbrella of the Health Service executive (HSE). She is on site in this centre three times per week and always available by phone. There are two assistant directors of nursing (ADONs). One of the ADONs has responsibility for this centre and would attend handover each morning. The ADON with responsibility for this centre works alternate weekends.

There was evidence of regular senior management meetings taking place and also meetings between staff from all other disciplines.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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.

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection it was found that:

The contract did not include the fee for the provision of care and services. There were inconsistencies in relation to additional charges. The contract outlined that hairdressing was included in the fee and the nurse manger told the inspector that residents paid separately for this. These action plans had been addressed.

The inspector read the proposed contract for the provision of services and saw that it met the requirements of the regulations. It included details of the services to be provided and the fees to be charged. It also outlined any additional charges that were to be paid by residents.

The Residents' Guide was compliant with the regulations as it contained a summary of services and facilities, the terms and conditions of admission, a summary of the complaints process and the arrangements for visits.

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:

On the previous inspection it was found that:

The risk management policy did not meet the requirements of legislation as it did not have the measures in place to control the specific risks associated with accidental injury to residents, visitors or staff and self harm. This action plan had been addressed.

The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. There was an up-to-date health and safety statement dated May 2016. Staff had previously received training in health and safety.

There was a risk management policy and a risk register dated September 2017 which contained the measures to control hazards. Each identified hazard had been assessed in accordance with an outline of whether it was a low risk, medium risk or high risk. There were controls in place to manage the identified hazards.

Risk management will be managed in line with the HSE integrated risk management 2013 and risk incident escalation procedure. There was an emergency plan addressing the centre's response to fire and other emergencies like loss of power, loss of heating

and gas leak.

Suitable arrangements were in place in relation to promoting fire safety. The fire alarm system will be serviced on a quarterly basis and fire safety equipment will be serviced on an annual basis. Fire safety and response equipment was provided as observed by the inspector. Fire exits were identifiable by signage and exits were unobstructed to enable means of escape.

Fire evacuation procedures were prominently displayed throughout the building. There was a fire safety certificate dated August 2016. All staff who will be working in the centre had up-to-date fire training as evidenced through the training matrix. The person in charge confirmed that that simulated fire drills will take place reflecting both day and night time scenarios.

There was an infection control policy. Wall mounted alcohol hand gel will be available throughout the centre. There were single rooms so that if an infection did break out the spread of the infection could be contained. There was a sluice room available.

The training records indicated that staff who will be working in the centre had up-to-date training in moving and handling. There will be sufficient moving and handling equipment available to staff to meet residents needs. Each resident's moving and handling needs will be identified and available to staff as observed by the inspector in the proposed care planning documentation. Falls risk assessments and dependency levels will be completed on admission.

Measures had been put in place to facilitate the mobility of residents and to prevent accidents. These included the provision of colour contrasting handrails in circulation areas, grab-rails in assisted toilets and safe flooring in toilets and bathrooms. The centre had wide corridors enabling easy access for any residents using wheelchairs and residents who will use walking frames or other mobility appliances. The centre had well maintained enclosed gardens to the rear of the centre with seating for residents and visitors use.

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:

On the previous inspection it was found that:

Robust procedures were not in place to ensure effective and efficient stock control. There were no agreed maximum or minimum stock levels to ensure that adequate stock is maintained that is not excessive and that only medicines required by residents were held in stock. This issue had been addressed.

The inspector found that the proposed medicines management policies and procedures were satisfactory and safe. The inspector reviewed the medication policy which was comprehensive and gave clear guidance to nursing staff on areas such as medicine administration, refusal and withholding of medicines, medicines requiring strict controls, disposal of medicines and medicine errors.

There was a pharmacist available weekly who provided support on all aspects of medicines management for nursing staff in the centre and the nurse managers said that the pharmacist was always available by phone if required. The service provided training to staff on medicines management. The inspector saw that a training day was scheduled to take place for all staff in medicines management in October 2017.

There was a dedicated medicine room available and a secure medicine fridge will be available. The inspector saw that the proposed prescription and administration sheets were comprehensive and clear. The nurse manager told the inspector that she would take a lead role in medicines management and audits would be completed on a regular basis.

The inspector was informed that that residents' prescriptions will be reviewed at least three monthly by a medical practitioner. The pharmacist will review regular medicines on a monthly basis and a three monthly review of all p.r.n medicines (a medicine only taken as the need arises). The pharmacist, GP, management and nursing team will attend three monthly multidisciplinary team reviews in relation to medicines management. There was a community intervention team available to residents to administer intravenous medicines in order to avoid unnecessary hospital admissions.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:

Effective care and support

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

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

Findings:

On the previous inspection it was found that:

There was no documentary evidence that residents or their representative were involved in the development and review of their care plan. Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need. Residents' capacity was not assessed or reviewed prior to their involvement in decisions regarding consent to level of care interventions at end of life stage. There was no evidence of any formal reviews in relation to care planning taking place for residents who resided longer than the average length of stay in the centre.

From the documentation reviewed the inspector saw that these action plans will be incorporated into the care plans. These will also need to be verified when the centre is operational and care planning documentation is live.

The inspector was satisfied that based on the proposals outlined by the nurse managers and documentation reviewed residents' wellbeing and welfare will be maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare.

General practitioner (GP) services will be provided by a local practice. A full range of other services will be available on referral including speech and language therapy (SALT), physiotherapy, dietetic and palliative care services. It is intended that ophthalmology and chiropody services will be provided in the centre and dental services will also be locally sourced. Out-of-hours medical cover is provided by an on call GP service which is also based within the centre.

The inspector saw that the proposed nursing documentation included nursing assessments and additional risk assessments to be carried out on all residents. Comprehensive person-centred care plans will be put in place for all residents' needs. The clinical nurse managers outlined that residents' and relatives' will be involved at assessment and review stages and this will be documented.

Clinical observations such as blood pressure, pulse and weight will be assessed on admission, and maintained regularly thereafter. The nurse managers outlined to the inspector systems that will be in place to ensure that all relevant information about residents is provided and received when they are transferred to another care setting, home or hospital.

Judgment:

Compliant

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):

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

Findings:

Carlow District Hospital is a single-storey building which also provides facilities for Caredoc, a physiotherapy department and a number of out-patient clinics. The centre closed temporarily in August 2016 to facilitate a project of renovation works between the HSE and Carlow Hospice Group. This centre had been redesigned and renovated from its previous purpose to comply with the requirements of the regulations and enhance quality of life for residents.

There has been no change to the original footprint of the building. However, substantial internal modifications have facilitated the upgrading of four en-suite palliative care rooms. In conjunction with this upgrading the HSE upgraded the remainder of the existing building.

The entrance leads into a large open plan foyer with a reception desk. The centre provides accommodation for 17 residents comprising of six single en-suite bedrooms, one three bedded en-suite room and two four bedded en-suite rooms. The inspector saw that the bedrooms were spacious, bright and benefitted from ample use of natural light. In the shared bedrooms there was adequate spacing and screening between beds provided to safeguard residents' privacy and dignity. There were privacy glass vision panels also inserted in bedroom doors which further enhanced privacy and dignity for residents. There was ample personal storage in all bedrooms for residents' belongings as observed by the inspector.

The inspector saw that colour contrasting handrails in circulation areas had been installed. There were grab-rails in assisted toilets and safe flooring in toilets and bathrooms. Aside from call-bells being accessible to each resident by their bed and in bathrooms, additional alarms had been installed on bathroom walls within close proximity to the floor in the event that a resident may sustain an un witnessed fall.

The inspector saw that each resident will have their own television. Additional facilities included a well designed oratory with a stained glass feature, family area/kitchenette, medicine room and a bathroom. The remainder of the building was in the process of being painted on the day of inspection. Residents will also have access to a dining area and two lounges one of which will have a television.

There was an enclosed garden available with seating which residents can access from a

number of rooms in the centre of the building. CCTV cameras will be used to monitor the entrance to and exterior of the building. On site maintenance will be available to the centre. Ample car parking facilities are available in the immediate vicinity of the building.

Judgment:

Compliant

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:

On the previous inspection it was found that:

Residents spent periods of the day with no social stimulation provided for them apart from reading or watching the television. The inspector also found that there was little evidence of sufficient activity-focused care to enhance interaction and communication for residents with cognitive impairment. There is currently no residents' committee in operation. Mass was held in the centre on an annual basis and staff told the inspector that they would not routinely take residents to mass locally. These action plans had been addressed.

The inspector was satisfied that residents will be consulted with and participate in the organisation of the centre. Each resident's privacy and dignity will be respected, including receiving visitors in private. He/she will be facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. The inspector observed that all residents will have access to televisions in their bedrooms and newspapers will to be delivered every day. Satisfaction surveys will be carried out on an annual basis to monitor residents' level of satisfaction with the service provided.

The inspector saw that on admission each resident would be assessed using the meaningful activity care assessment and then the pool activity checklist would be completed to determine the level/ability of each resident. A 0.8 post has been allocated to activities for this centre. The inspector was informed that individual therapies will be carried out for those residents who may not wish to participate in group activities. The inspector saw that there will be a detailed weekly activity planner in place.

The person in charge has committed to meet with two members of the hospice group on a monthly basis. As this designated centre provides short stay beds part of the agenda at these meetings will incorporate consultation with residents at that time about the operation of the centre. This will be led by the activities coordinator. There will be systems in place to support residents to exercise their religious, civil and political rights. Mass can be accessed in two different locations locally. SAGE advocacy services will be available to all residents.

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:

On the previous inspection it was found that:

The deployment of rostered hours including the skill mix required review. The inspector found that the current system of rostering did not facilitate the levels of need within the service taking into account the client profile which should inform the planning and allocation of resources. This action plan had been addressed.

From the information available at inspection, the inspector was satisfied that there will appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services. The person in charge and clinical nurse managers discussed the proposed staffing levels and schedule of admissions with the inspector.

As this is a short stay unit the schedule of admissions will be managed over a four week period. For the first phase of admissions the person in charge said that there will be five admissions which included two respite. On week two there will be three, on week three there will be four and on week four there will be five admissions.

Staff recruitment procedures were in place and included vetting of staff. Evidence of

current professional registration for all nurses was available. A sample of four staff files were examined by the inspector and were found to contain all of the necessary information required by Schedule 2 of the regulations.

A vetting disclosure was in place in all staff files reviewed and the person in charge gave verbal assurances that all staff working in the centre had a satisfactory vetting disclosure in place. There were no volunteers currently operating in the centre. However, the person in charge was aware of the requirements of the regulations in relation to volunteers.

There was a comprehensive training programme in place and provided mandatory training in fire safety, moving and handling procedures and the prevention, detection and response to abuse. All staff had completed the mandatory training required by the regulations, as evidenced by the centre's training matrix provided to the inspector. Copies of the regulations and of the revised standards as published by HIQA will be available at the nurses' station.

The nurse managers and assistant director of nursing told the inspector that they were attending a forthcoming four day palliative care course. Other training that had been completed by staff included medicines management, palliative care needs assessment, documentation and infection control.

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:

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