Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Midleton Community Hospital
Centre ID:	OSV-0000579
Centre address:	Midleton, Cork.
Telephone number:	021 463 5300
Email address:	midletonch@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	
Lead inspector:	Mary O'Mahony
Support inspector(s):	Michelle O'Connor
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
31 January 2017 09:00	31 January 2017 18:00
01 February 2017 08:30	01 February 2017 17:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Major
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Major
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Non Compliant - Major	Non Compliant - Major

Summary of findings from this inspection

This inspection of Midleton Community Hospital, by the Health Information and Quality Authority (HIQA), was unannounced and took place over two days. The centre was registered to accommodate the needs of 53 residents. This inspection report sets out the findings of a thematic inspection, which focused on specific outcomes, relevant to dementia care. On the day of the inspection there were 52 residents in the centre and one vacant bed.

Inspectors followed the experience of a number of residents with dementia, from admission to the centre, up to the days of inspection. Inspectors observed care practices and interactions between staff and residents with dementia, using a validated observation tool. As part of the thematic inspection process, providers were invited to attend information seminars organised by HIQA. In addition, evidence-

based guidance was developed, to guide providers on best practice in dementia care and on the thematic inspection process. The person in charge had completed a self-assessment questionnaire, prior to the inspection, which indicated that there were more than 20 residents in the centre, who had been diagnosed with dementia.

The centre was located adjacent to a busy town, near to schools and a supermarket. The person in charge explained that residents were free to walk to the town, if risk assessed, as safe to do so. In addition, residents had access to an enclosed garden area, which was popular with residents and their visitors, weather permitting. This area was furnished with suitable outdoor seating and colourful plants.

As part of the dementia thematic inspection process inspectors met with residents, visitors, the person in charge, the clinical nurse managers, nurses, multi-task attendants, the activity organiser and catering staff. Inspectors observed practices and reviewed documentation, such as, care plans, medical records, allied health care records and policies. A number of staff files and residents' care plans were checked, for relevant documentation. The person in charge informed inspectors that she was involved in the centre on a daily basis.

The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland, 2016, formed the basis for the judgments made by inspectors, in the following report, on the dementia thematic inspection. There were findings of major non-compliance, with the regulations set out for maintaining residents' privacy and dignity. In addition, inspectors found major non-compliance with health and social care needs and the regulatory requirements for premises, in a designated centre. The centre was found to have moderate non-compliance, in the areas of staffing and safeguarding and safety regulations. The initial action plan response was not robust. A second action plan was issued to the provider. The action plan, at the end of the report, sets out the actions required to be implemented, by the provider, to address the findings of non-compliance.

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

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
The person in charge outlined the pre-assessment process for residents. She stated she was consulted with, by the admissions co-ordinator, before residents with dementia were admitted, to ensure that the needs of each resident could be met. Residents were provided with the services of a general practitioner (GP) on admission. The person in charge stated that there was a choice of GP available to residents even though the majority of residents choose the services of the Health Services Executive (HSE) doctor, who attended the centre, on a daily basis. Residents received a full review of their medical care and medicines were updated, as necessary. Residents, with whom inspectors spoke, were satisfied with the medical service. The centre was supported, in medication management, by the pharmacist. The pharmacist had delivered training to staff, in the use of psychotropic drugs for residents with dementia. However, in the sample file reviewed, the inspector found that medicines had been administered on seven occasions, without the required signature of the administering nurse. In addition, medicine had been administered in a crushed form, without this being specified in the prescription.

A sample of care plans for residents' who had been diagnosed with dementia, were reviewed by inspectors. A physiotherapist, located in the centre, offered services to both residents and to people in the community. Residents said that they felt that this service supported them to remain independent. However, a number of residents said they would like more access to physiotherapy. In addition, while a podiatry service was available, inspectors noted that some residents had not qualified for this service. A letter were seen in one resident's care plan file, which confirmed this. The person in charge stated that a nurse would cut residents' toenails, in this situation. She confirmed with inspectors that not all residents had access to podiatry or chiropody. Residents had access to the optician, the dentist and the occupational therapist, if required. These services were availed of in-house and on an external basis. Dietary advice and speech and language therapy (SALT) were provided by allied health professionals and from a nutritional company, who also offered training to staff.

Clinical assessments, such as, skin integrity, falls, continence, cognitive, pain and nutritional status were seen to be undertaken for each resident. The Malnutrition Universal Screening tool (MUST) was utilised, to assess the risk of malnutrition for any resident with dementia, who had lost weight. Residents' weight was recorded monthly. These was good communication between the dietician, the staff and the kitchen staff. Staff, spoken with by inspectors, were found to be familiar with residents' nutrition needs, special diets, likes and dislikes. Residents' right to refuse treatment was documented and brought to the attention of the GP, as required. The inspectors observed that a person-centred approach had been implemented, to identify residents at risk of falling. For example, a specific, coloured blanket was placed on the lap, or on the bed of each resident, at risk of falling.

However, in the sample of the files reviewed, inspectors found that the care plans, in relation to dementia care and any related behaviour, were inadequate or had not been developed, for some residents. The person in charge informed inspectors that a new care-planning suite of documents had been developed and that a changeover process was in operation. However, inspectors found that the new care plan documents also lacked suitable templates, for care planning for residents with dementia and for those residents who experienced the behaviour and psychological symptoms of dementia (BPSD). In addition, guidelines seen by inspectors, in the relevant policy had not been followed, in relation to care planning, to support residents with dementia and to guide staff, in caring for these residents.

End of life care wishes had been recorded for a number of residents. The person in charge stated that staff were undergoing training, in this aspect of care. She informed the inspector that all residents would then have the option of documenting their advanced care wishes. Staff had been trained in the use of the syringe driver and the administration of subcutaneous (under the skin) fluids, if required.

The national policy on restraint was in use in the centre. Inspectors observed that consent forms had been signed by residents and their representatives, for the use of restraint, for example, the use of bedrails. However, the policy did not refer to centre specific practices and had not been updated or reviewed, within the three year regulatory requirement.

The person in charge informed inspectors that there were opportunities for residents to pursue healthy lifestyle choices and recreational activities. There was a diverse activity programme in place. Inspectors saw this programme displayed on notice boards in the centre. Work experience students from local schools were seen to chat with residents and to lead a bingo session, during the inspection. A visiting musician provided a concert of traditional songs and music, on the second day of inspection. Residents were seen to sing along to the music. Other activities included art, exercise sessions, quiz and baking. One of the residents showed the inspectors her art work, which was used to decorate the sitting room in one ward. However, inspectors found that only a small number of residents availed of the activity sessions, during the inspection. In addition, there was little evidence recorded, in residents' files, in relation to residents' with dementia having access to regular activity, or one to one engagement, activities. This was discussed further under Outcome 3: Residents' rights, dignity and consultation.

Family and friends, with whom inspectors spoke, were praiseworthy of the staff and the overall care in the centre.

Judgment:
Non Compliant - Major

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
The policy on the prevention of elder abuse set out the protocol in place for the prevention, detection, reporting and investigating of any allegations. The policy incorporated the Health Service Executive's (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, Policy & Procedures, 2014 and other best evidence based practice. Inspectors found that measures were in place to protect and safeguard residents. Staff, spoken with by inspectors, were aware of the procedure to follow, if they witnessed, suspected or received an allegation of abuse. Training records reviewed, confirmed that staff had received training on recognising and responding to elder abuse. However, a number of staff members were yet to receive this training, or refresher training. The person in charge informed inspectors that these staff were scheduled for training, following the inspection. Residents, spoken with, said they felt safe in the centre. Relatives confirmed with inspectors that staff were approachable.

Inspectors found that residents' finances were managed robustly in the centre. Two staff members signed for financial transactions and a sample of records checked were seen to be accurate.

There was an up-to-date policy in the centre to support staff in interventions and approaches for residents who exhibited behaviours that challenge, which were related to the behavioural and psychological symptoms of dementia (BPSD). A number of staff members, spoken with, confirmed that training had been provided to them in how to support residents with BPSD. However, similar to findings on the previous inspection, inspectors found that not all staff had received the required mandatory training, in updated knowledge and skills for residents with behaviour and psychological symptoms of dementia. The person in charge confirmed this and stated that training had been scheduled for the remaining staff members, Inspectors were informed, by the clinical nurse manager, that the use of psychotropic medication was reviewed regularly, by the GP and the pharmacist. During the inspection, staff intervened appropriately to support residents with dementia. For example, a staff member was seen to encourage residents to interact with the music and spoke reassuringly to each resident, in turn, throughout

the activity.

The centre promoted a restraint free environment. Consent and risk assessments were in place for the use of bedrails, bed sensors and alert alarms, where required. A log of nightly risk assessment, checks of residents with bedrails, was maintained in the centre.

Judgment:
Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
External advocacy services were available to residents and information on this service was displayed, on notice boards. There was evidence that residents were consulted about how the centre was run. Residents' meetings were facilitated by an external group. Suggestions, emanating from these meetings, were acted upon, by the person in charge. Residents' and relatives' satisfaction surveys were undertaken. The centre was located near a busy town and was centrally placed, in the community. For example, local school students, from transition year, visited the centre weekly, to chat, play music and facilitate bingo, with residents. Residents were facilitated to partake in meaningful activities and local events. For example, the person in charge informed inspectors that a large group of residents were supported to go to the local Christmas fair with staff, and enjoyed a shopping and dining experience. Residents, with whom inspectors spoke, were aware of recent world events and conversed about their life and experiences, in the centre. Residents spoken with, said that they felt content and safe. Inspectors observed that visitors were plentiful and those with whom inspectors spoke, were pleased with all aspects of care, in the centre. The person in charge met with residents and relatives on a daily basis. Inspectors observed that staff appeared approachable and kind to residents. Residents had access to telephones and mobile phones, in the centre. Televisions were located in the bedrooms and in the communal rooms.

However, due to the layout of the beds in multi-occupancy rooms, it was difficult for some residents to see the TV, in the shared cubicles, because of the need for the curtains to be drawn around the beds of other residents. In addition, residents' privacy and dignity was seriously impacted upon, in the multi-occupancy wards. For example, staff, activity personnel, relatives, male and female residents, were required to walk through bedrooms, to access a small sitting-dining area. These areas were used for eating, visiting and for activity, by a small group of residents. In addition, residents in the larger multi-occupancy rooms had to walk down through the 'ward', to access the

toilet area. Inspectors observed, that when one resident required to use a commode, in a 4 bedded cubicle area, the resident's privacy and dignity was compromised. For example, inspectors in the adjoining sitting area could hear the resident requesting the commode and the other three residents were sitting in bed, or next to their beds in the room, during the activity. In addition, on the days of inspection, there were eight residents accommodated, in one multi-occupancy bed room. This room usually accommodated seven residents. However, the person in charge informed inspectors that one highly dependent resident was moved out of a small single room, as it was too small to accommodate the necessary assistive equipment required. The person in charge also highlighted that residents who spent most of their days sitting at their bedsides could not see outside, due to the position of the windows.

In addition, wardrobes were very small in some bedroom areas. These were grouped together, away for the individual resident's beds, in a manner which formed a screen type division, for some residents' bed areas. Staff explained that they did their best to preserve the privacy and dignity of residents, within the confines of the restricted bed space, for each resident. Residents informed the inspectors that they were kept awake at night, when some residents called out. The daily notes of a resident with dementia were reviewed by the inspector. This indicated that the resident was up, restless and walking about, at various times during the night, for example, 01.30 am and 03.30 am. Other residents in the room had dementia, therefore, it was unlikely that these residents could complain about being kept awake at night. An inspector discussed this with the clinical nurse manager, who stated that a resident had been moved to a single room, previously, when residents had complained about the disturbance at night. The inspector reviewed this resident's care plan and confirmed that action had been taken, when complaints of noise had been received.

There was a lack of toilets, showers and bathrooms for residents. In one building, female residents had to go through the men's ward, to access a bath. In addition, men had to walk through the female ward, to access the shower room. There was one shower for 22 residents and one bath, which was used by two residents. Minutes of meetings and staff spoken with, confirmed that staff had raised the lack of sufficient showers, on numerous occasions, with no effect. This was seen to have been raised at a staff meeting, held previously. Residents had to wait to access the shower and toilets. There were four toilets, located on each ward area. Staff informed inspectors that two of these toilets were too small for the majority of residents to access. In addition, there were no hand-washing facilities in the smaller toilets, which meant that residents had to enter the bathroom or bedroom, to wash their hands, after using the toilet. For residents with limited mobility, this was an added burden. There was only one wheelchair accessible toilet in these areas. Inspectors observed one resident accessing one of the toilets. The toilet door could not be closed due to lack of space, therefore a portable screen was utilised, by staff, to try to preserve the resident's privacy and dignity. Staff stated that if residents' who used a walking aid, wanted to access these toilets, they would have to 'back in', to the toilet.

As discussed previously, there were activities available in the centre. However, during the inspection, inspectors observed that only one resident attended art class, two residents attended an 'imagination gym' session, three residents attended bingo and eight residents attended an entertaining, music session. Inspectors formed the view that

not all residents with dementia, had access to regular activities, due to the lack of a suitable space for residents to gather in a large group and also due to the lack of documentation, to confirm participation. Inspectors reviewed a sample of care plans for residents with dementia and found that there was no documented evidence that regular activity, on a group basis, or on a one to one basis, was available to these residents. The person in charge showed inspectors a store room, which was made available for one group of therapists, who facilitated residents' meetings and exercise class. Staff had to move approximately 20 chairs, before residents could access the room, due to a lack of other suitable storage space, for the chairs. This room was not suitable decorated as a meeting or activity room, as it was, primarily, a store room.

As part of the dementia thematic inspection, inspectors observed periods of interaction between staff and residents. Inspectors used a validated observational tool to rate and record at five-minute intervals the quality of interactions in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the bedrooms and in the small sitting/dining area. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between carers and residents with dementia. One observation period was undertaken during the morning. Residents were having breakfast and some residents were receiving care, in one of the six-bedded multi-occupancy rooms. The observing inspector noted that the majority of interactions during this period involved positive connective care. Residents were engaged in conversation with the staff members. Staff were heard to speak reassuringly to a resident who required the use of a hoist, to transfer from bed to chair. One resident required to use the commode and was heard to say that he had been waiting for a while for this. He was assisted on the commode, within the multi-occupancy room. Staff then had to manipulate the screens around one resident's bed, who needed two staff to attend to care needs, which included transfer into a large specialised chair. The staff member explained there was not enough room to work behind one screen, therefore, the screen from the resident opposite was also opened and both screens were joined together. This had the effect of screening the two beds while personal care was being attended to. One of the two residents had dementia. However, this impacted on the privacy and dignity of both residents, as they had a full view of each other, while care was being provided.

During a second observation period three residents were seen to be supported to play bingo. Residents' names were not used and there was no supervision by staff and no guidance given to the helpers, during the activity. A resident who wished to go to the toilet was not attended to in a timely manner, as the sensor alarm was not responded to immediately. Staff were cleaning and washing floors, at this time as they were employed as multi-task attendants.

A third observation period emphasised the effect of care assistants being responsible for cleaning as well as care support. Five residents were observed in a cubicle-type area. The residents were unattended when the inspector arrived. Two residents with dementia were asleep in bed. Three residents were sitting out. The staff member stated that the nurse was on a lunch break at this time. The staff member was seen to clean the unit and to wash the floor. The staff member engaged in gentle conversation with one resident. However, the staff member was responsible for cleaning at this time and was seen to go outside to empty the cleaning buckets, when the task was completed. The

staff member was very busy with the tasks assigned to her. The five residents, observed during this time period, received neutral care, for the majority of the time.

A fourth period of observation occurred during a music session. This indicated, positive, connective, person-centred care. A staff member was assigned to be with residents, during the activity and residents benefited from one-to-one attention, at this time. However, there were only eight of the 53 residents, present at the activity, which was enjoyed thoroughly by those who were present. Residents with a diagnosis of dementia were seen to be enjoying the activity and to receive one-to-one interaction at this time.

Judgment:
Non Compliant - Major

Outcome 04: Complaints procedures

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:
The centre had an up-to-date policy and procedure for the management of complaints. The HSE complaints procedure 'Your Service, Your Say' was displayed and a copy was included in the Resident's Guide. It was referenced in each resident's contract of care. The complaints process was prominently displayed around the centre. Residents were aware of how to make a complaint and that the person in charge was the complaints officer. The person in charge informed inspectors that she monitored the complaints from each area. Residents, spoken with by inspectors, stated that they could raise any issue or concern, with the person in charge or staff.

Each area had a separate complaints log. The outcome of each complaint was recorded and the complainants' satisfaction or not, was recorded. Complaints were audited by the person in charge.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:
Residents and relatives informed inspectors that staff treated them with respect and dignity. A staff development and appraisal system was undertaken for all staff. Staff changing rooms, canteen and shower area were provided. There was an effective induction system in place, for new staff. The majority of staff had received training in the prevention of elder abuse, in moving and handling techniques and in fire safety. However, some staff members did not have the mandatory training updates, as outlined under Outcome 7: Safeguarding and safety. In addition, not all staff had received training appropriate for their role, for example, infection control training. This was significant, as staff, who were employed as multi-task attendants, were required to undertake cleaning duties, in addition to caring duties, while wearing the same uniform.

There was a clear management structure in place. Staff were aware of the reporting mechanisms and the line management system. Staff demonstrated a clear understanding of their role and responsibilities, which ensured appropriate delegation and supervision. Inspectors spoke with staff members, from all areas of the care setting, during the two day inspection, They were found to be knowledgeable of residents' needs and the responsibilities of their respective roles. Inspectors reviewed staffing rotas, staffing levels and skill mix, which correlated with the information provided by the person in charge. However, the person in charge informed inspectors that management staffing levels, were currently diminished, due to staff sickness.

Staff, spoken with stated that they had little time for resident interaction, due to their dual role. In addition, there were times during the day when staffing levels were depleted, due to lunch breaks and inadequate cover, at these times. Staff informed inspectors that staff members, who were off on sick leave, were not, routinely replaced. This impacted on the time available to speak with residents and interact socially, with them. In addition, nursing staff informed the inspector that they did not have time to read all the policies, pertaining to procedures in the centre. This was discussed under Outcome 2: Safeguarding and Safety, in relation to, the policy on BPSD, which had not been implemented.

Registration details, with An Bord Altranais agus Cnaimhseachais na hEireann, were available for nursing staff. Inspectors reviewed a sample of staff files and found that they contained the regulatory information, required under, Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2013. Staff files were easily accessible and stored securely.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The hospital was laid out in two buildings linked by a back courtyard. The 'back' hospital was built in 1841 and a new 'front' hospital was built in in 1937.

In the 'front' hospital the majority of residents' accommodation was provided in shared bedrooms divided by screens and in some areas, three, four or seven residents were sharing communal bedrooms. These were referred to as ‘wards’ or cubicles. On the ground floor, St. Anthony’s ward was located to the right of the main entrance and provided accommodation for nine male residents, incorporating a seven-bedded room and two small single rooms. St. Catherine’s ward, on the left side of the entrance, provided accommodation for 11 female residents; this included one single room, one twin-bedded room, a palliative care room and a multi-occupancy, seven-bedded ward. These wards had a very small living/dining room accessible through the ward area, two toilets and an assisted bathroom or shower room. A new sitting/visitors room had been provided in the front hallway of this building. The palliative care room had an adjoining room for relatives, who wished to stay with a resident, overnight. This room was equipped with a kitchenette and was very nicely decorated. A member of staff had designed and created two colourful, end of life, display cabinets. These were furnished with an end of life symbol and supportive leaflets, in the event that a resident in the centre was dying.

However, there continued to be significant issues with the layout and design of the premises which did not conform to the requirements for premises in Regulation 17 (1) and Regulation 17 (2). For example, inspectors noted that visitors, residents and staff had to pass by residents, sitting by or lying on their beds, to gain access to sitting areas.

The 'back' hospital was accessed by crossing an external courtyard. This older section was a three-storey building, with accommodation provided on the lower two floors. The first floor of this back hospital had a lift installed, as well as stairways. St. Mary’s ward was on the ground floor, providing accommodation for seven, female, residents. It had a separate small living/dining room and a small sitting room, between the bedroom areas. A kitchenette, two toilets and an assisted shower room, were available for residents’ use. Upstairs, St. Anne’s and St. Ita’s wards, accommodated eight and five female residents, respectively. St. Joseph’s and St. Patrick’s wards, accommodated eight and five male residents, respectively. St. Anne’s and St. Ita’s had four toilets between the 'wards' and an assisted shower room. St. Joseph’s and St. Patrick’s also had four toilets and one assisted bathroom, for residents' use. A visitors’ room was available on the second floor, located in the hallway outside the ward area, near the lift. A hairdressing room and a physiotherapy room were available, on the ground floor. A chapel was accessible from the ground floor and also from an external entrance door. Mass took place daily and it was available to residents and the local community. The external grounds were extensive and provided sufficient car parking. The garden areas had been renovated through local fund raising efforts. There was adequate outdoor seating

provided as well as cultivated garden areas for residents' use. There were two outdoor smoking shelters available for staff and residents. A new patio area was accessible, at the back of the building.

The majority of residents ate their meals next to their beds, while other residents used individual bed tables in the living room, for their meals. There were also some small dining tables in the living rooms. However, inspectors noted the dining space in each of the living rooms was inadequate; for example there was generally only one small table available, with seating for four to six residents. Consequently, this lack of space did not afford a choice for residents to sit at the dining table. Also the large chairs, which were required for residents' needs, could not all be accommodated in the small room and these could not all be positioned at the dining table.

There were inadequate and insufficient shower and baths available. This was discussed under Outcome 3: Residents' rights , dignity and consultation. This was apparent to inspectors, when commodes were seen to be used in multi-occupancy rooms.
The impact on residents of living in multi-occupancy bedroom accommodation was highlighted in previous inspections. These rooms continued to be unsuitable in design and layout, to ensure and promote the privacy of residents. The design and layout significantly impacted negatively on residents, as they were not able to undertake personal activities in private, or meet with visitors in private, in their bedroom area. The limited space between residents' beds also impacted negatively on the quality of life of residents and on the storage of personal clothing and belongings. In addition, inspectors noted that there was regular traffic of visitors/staff/volunteers/musicians, passing by residents' bed spaces, during the inspection, One resident's bed was located just outside the open office door. Inspectors formed the view that the location of this bed negatively impacted on this resident by significantly compromising his privacy and dignity. In addition, if visitors were present in this room they would be in earshot of staff conversations or phone calls. Some personal belongings, clothes, books and toiletries were seen stored on top of residents' lockers or on chairs. This indicated to inspectors that there was insufficient storage space to accommodate all residents' belongings. In addition, access to one resident's wardrobe was inaccessible, due to the lack of space for appropriate, alternative placement of her chair and bedside table.

Inspectors found that there was a strong, damp smell in one shower room and one sluice area had an oppressive smell, which appeared to indicate inadequate or insufficient ventilation for these internal rooms. In addition, similar to findings on the previous inspection, one kitchenette needed re-painting and tile sealant around the kitchen sink required renewal. Cupboard doors in the kitchenette were seen to be shabby. The person in charge stated that this area had been highlighted for refurbishment, in the near future. In addition, one bed had been moved out of a two-bedded room which exposed an area of the wall, which required painting and repair.

Similar to finding on previous inspections, inspectors found numerous open, unsecured fire exit doors, that afforded unsupervised access to, and exit from, the building. For example, the hallway upstairs led on to a stairwell that had unsecured door access. This was seen to be open on a number of occasions during the inspection. The person in charge assured inspectors that these doors were checked and locked at 19.00 at night. There unsecured doors were a significant risk, as there had been occasions, when

residents with dementia had absconded from the building, which was located near a busy town with direct, unsecured, access to the car park and main road.

Similar to previous findings, inspectors noted that the statement of purpose outlined measurements for bedroom and communal areas, which fell short of the recommended space per person for existing centres, outlined in the National Standards for Residential Care Settings for Older People in Ireland, 2016. In some situations, the bedroom and communal areas available were up to two square meters short of the recommended space. Inspectors noted that since the first inspection of this centre in March 2010; previous plans, submissions and correspondence to HIQA, in relation to complying with the regulations and in relation to, supporting optimal privacy and dignity of residents, had yet to be fully implemented. Nevertheless, the person in charge informed inspectors that renovations would be completed by 2020.

Judgment:
Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Midleton Community Hospital
Centre ID:	OSV-0000579
Date of inspection:	31/01/2017
Date of response:	16/03/2017

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on restraint had not been updated and reviewed, within the 3 year timeframe set out in the regulations.

1. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

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

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The policy on the use of restraint will be reviewed and updated by 31/03/17. This will be centre specific. It will thereafter be reviewed on 3 yearly basis or more frequently as needs arise.

Proposed Timescale: 31/03/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on BPSD had not been implemented for all residents with dementia.

2. Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
The policy for working with people with BPSD has been updated to reflect and compliment the New Care plan.
All Nursing and Care Staff have been advised to read this policy, and sign off that they understand it by 31/03/2017.
Staff will use the revised policy to guide practice and avail of the tools and care plans therein. This work has commenced and is now an on-going process.
Suitable templates for developing care plans for residents with (BPSD) will be devised with the assistance of NMPDU.
Furthermore I can confirm that training on care planning and documentation has been booked on April 4th and May 23rd 2017.
A link Staff nurse will also provide individual mentoring to Staff with regard to individualising care plans in general and on an ongoing basis.

Proposed Timescale: 30/04/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to prepare a suitable care plan for all residents with dementia and residents who experienced the behaviour and psychological symptoms of dementia (BPSD).

3. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
A suitable plan of care for Residents with dementia, and residents who experience the behaviour and psychological symptoms of dementia will be completed by a Nurse within 48 hours of admission.
Suitable templates for developing care plans for residents with (BPSD) will be devised with the assistance of NMPDU.
The Link Staff Nurse will assist Nurses in preparing and implementing this care plan.

Proposed Timescale: 30/04/2017

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all residents had access to chiropody or podiatry, on a regular basis.

4. Action Required:
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
When necessary the services of a qualified Chiropodist/Podiatrist will be sourced to provide this service to the Residents. We are currently liaising with HSE podiatrist locally to establish the input they can provide. Any shortfall will be provided by outside podiatrist funded by the HSE.

Proposed Timescale: 31/03/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider had failed to ensure that a complete record was maintained of all medicines administered to residents.

5. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
A Medication Audit has taken place, the results of which have been discussed at a Staff Nurses meeting on 28/02/2017. Any actions decided will be implemented to assist full compliance.
Monthly audits will be carried out for 3 months and 3 monthly thereafter and action plans developed and adhered to, to ensure full compliance with Statutory and professional regulation.
All Staff nurses will be instructed to update Medication Management online by 30/04/2017, and submit Certificate. Nurses will be offered a Medication Management course.
Nurses will be reminded of their duty to report any medication errors, with a view to improving practice.

Proposed Timescale: 30/04/2017

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medicines had been administered as, crushed medicines, without the required prescription to support the administration of medicine in a crushed form.

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

Please state the actions you have taken or are planning to take:
All medications have been reviewed by the General Practioner and medicines that are to be crushed now have the required prescription for administration of same.

Proposed Timescale: 16/03/2017

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received training in the knowledge and skills, appropriate to their role, to respond to and manage behaviour related to the effects of dementia.

7. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
All Staff will have completed training in Responsive Behaviour by end of April 2017

Proposed Timescale: 30/04/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of staff had yet to receive training, or refresher in the detection and prevention of abuse.

8. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
All staff will have completed Safeguarding Training by 30/04/2017

Proposed Timescale: 30/04/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents with dementia had access to regular activity and recreation.

9. Action Required:
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:
• All Residents will have a personal profile 'My Day my way', completed, as part of their care plan, by the named Nurse, with assistance from Healthcare Assistant. and families, if resident unable to identify likes/dislikes. This will help identify activities that will be appropriate to the resident.
• Appropriate activities will be devised, to be carried out on a daily basis..
• There will be a member of Staff available to co-ordinate/run Activity Sessions every day.
• Scheduled activities will be communicated daily at report, and staff will escort residents to and from activities
• Some staff members will be required to stay with residents when activities are going

on as necessary.
• A review of all activities in the Centre is being undertaken, to provide more comprehensive and evidence based activities to residents which will be documented in their careplan.

Proposed Timescale: 30/06/2017

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Multi-occupancy bedrooms impacted on the privacy and dignity of residents and residents could not undertake activities in private;
For example:
Commodes, where required, could not be used in private
Bed screens did not provided sufficient privacy
Residents, staff and visitors had to walk through bedrooms, to reach the small sitting/dining space
Residents had only one shower and had to walk through male or female wards to access baths and showers
Toilets were too small to accommodate the needs of residents and a portable screen had to be used to preserve residents' ptrivacy and dignity as some toilet doors could not be closed

10. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
A design team will be appointed shortly and plans developed for the Hospital.
These plans will comply with the requirements of the recently issued new 2016 HIQA standards (as published 3rd May 2016) and the amendment to the Regulation (S.I. No. 293 of 2016).
In the interim:
When possible residents will be taken to the assisted bathroom to use the regular toilet.
Staff are aware to be constantly vigilant with regard to the maintenance of privacy & dignity within the constraints of the environment. Every effort is made to afford residents complete privacy.
The environment has been assessed, by H.S.E. Estates who are currently drawing plans to improve the facility.

Proposed Timescale: 31/12/2020

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents in multi-occupancy rooms could not access programmes individually as the TVs were shared and were difficult to see from some beds.

11. Action Required:
Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

Please state the actions you have taken or are planning to take:
An assessment of the number of TV`s required will be made. Where feasible individual TV's will be provided and where this is not feasible it will be addressed in our new build.

Proposed Timescale: 30/04/2017

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The communication needs and strategies for residents who experienced the behaviour and psychological symptoms of dementia were not set out in a care plan.

12. Action Required:
Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident's care plan prepared under Regulation 5.

Please state the actions you have taken or are planning to take:
The communication needs and strategies for residents who experience responsive behaviours will be documented in the care plan.
Further training in documentation to take place on 4/4/17 and 23/5/17. (Booked)
A staff nurse has been identified to provide individual mentoring for Staff nurses with regard to documenting communication needs in the care plan. This Nurse is currently providing this support.

Proposed Timescale: 31/05/2017

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A number of wardrobes, which were available for the storage of personal possessions and clothes, were small and consisted of half height wardrobes. in the multi-occupancy rooms these were located at a distance from residents' beds.

13. Action Required:
Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

Please state the actions you have taken or are planning to take:
A review of the positioning of the wardrobes will be conducted and lockable lockers are being purchased.

Proposed Timescale: 30/06/2017

Outcome 05: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One staff member stated that since her employment commenced, she had no time to read the policies pertaining to working and providing care in the centre.

14. Action Required:
Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

Please state the actions you have taken or are planning to take:
Staff are given induction prior to commencing employment and an overview of the policies and procedures. All staff members will read policies, and sign off that they understand same.

Proposed Timescale: 30/04/2017

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were not sufficient staff on duty in the centre at all times to meet the assessed needs of residents with dementia:
For example:
-in one care area during two hours in the afternoon, the staff nurse was on her own administering medicines, while the multi-task attendant (MTA) was on her lunch break, for the first hour:
-the multi-task attendant was then on her own, for the following hour, while the nurse took her break. At this time the MTA informed the inspector that she was assigned cleaning duties.

15. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
A review of staff rosters and working practices will be conducted to ensure that Nursing staff are not alone while administering medicines and that support staff are never left on their own. If more staff are required following the review the appropriate measures will be taken to recruit.

Proposed Timescale: 31/03/2017

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received training appropriate to their role: for example, infection control training.

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

Please state the actions you have taken or are planning to take:
All staff will undergo education on the principles of infection control and submit certification.

Proposed Timescale: 31/05/2017

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Adequate supervision was not provided, for students, who attended the centre, voluntarily, to support residents with activities.

17. Action Required:
Under Regulation 30(b) you are required to: Provide supervision and support for people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:
Adequate Supervision will be provided by hospital staff with immediate effect The HSE policy on Volunteers will be implemented forthwith.

Proposed Timescale: 31/03/2017

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premises were not appropriate to the number and needs of residents.

18. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
A design team will be appointed shortly and plans developed for the Hospital.
These plans will comply with the requirements of the recently issued new 2016 HIQA standards (as published 3rd May 2016) and the amendment to the Regulation (S.I. No. 293 of 2016). Capital Plan includes €10.30m for building of new 50 bed CNU for completion by 2020.
The environment has been assessed (27/02/17), and any interim measures identified (Report awaited) to improve the privacy and dignity of the residents will be pursued.

Proposed Timescale: 31/12/2020

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider failed to provide premises which conformed to the matters set out in Schedule 6, having regard to the needs of residents, in the designated centre, as set out in this report, under Outcome 6: Premises.
This had a very significant, negative impact, on the privacy and dignity needs of residents
In addition:
-there was a strong, damp smell in one shower room and one sluice area had an oppressive smell
-one kitchenette needed re-painting and tile sealant around the kitchen sink required renewal. Cupboard doors in the kitchenette were seen to be shabby
-one bed had been moved out of a two-bedded room which exposed an area of the wall, which required painting and repair

19. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The maintenance department have been alerted to investigate the ventilation in the bathrooms and sluice rooms.
The kitchenette has been upgraded.
Maintenance have been informed of the painting and repair work in the 2-bedded room.
Maintenance Foreman seeking tenders for completion of painting of painting and repairs to areas identified.

Proposed Timescale: 16/03/2017