

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Listowel Community Hospital
<b>Centre ID:</b>	OSV-0000564
<b>Centre address:</b>	St Josephs Unit, Greenville, Listowel, Kerry.
<b>Telephone number:</b>	068 21022
<b>Email address:</b>	Patricia.McEneryNoonan@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Ber Power
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	Liam Strahan
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From: 22 September 2015 09:20 To: 22 September 2015 17:15

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

This report set out the findings of a follow inspection of St Joseph's Unit, in Listowel Community Hospital by the Health Information and Quality Authority (HIQA or the Authority). The hospital was a single storey premises, consisting of two units, St Joseph's and the District. St Joseph's Unit was the designated section of the premises which was due for re registration. It was situated approximately one kilometre from the centre of Listowel town with car parking facilities at the front of the building. Long term residential, respite and palliative care was provided in St Joseph's unit for 24 residents. Care was provided primarily for older adults. The centre also provided care for two younger residents with disabilities.

The bedroom accommodation consisted of four single rooms with an en suite toilet and sink in each room. There were four five-bedded multi occupancy rooms with en

suite assisted toilet and wash-hand basin in each. There was access through double doors to a lawn area from each of these large bedrooms. In addition to the en suite toilet facilities there were two other assisted toilets within close proximity to the sitting room and dining area. There were two communal assisted shower rooms for the 24 residents located at the top of the corridor. There was no bath available in the centre. There was a large room in the centre which served as a combined sitting and dining room. This room had four tables which were set up as dining tables during meal times. The garden area could be accessed via this room also.

During this follow up inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, incident and complaints logs, policies, and staff records. The acting person in charge, who had recently been appointed, acknowledged to inspectors that the privacy and dignity of residents was seriously compromised in the current building, due to the design and layout of the multi occupancy five bedded rooms, and the lack of private space for residents to meet their visitors and carry out activities in private. She also stated that the location of the two shower rooms for the 24 highly dependent residents had a significant impact on residents' dignity, privacy and choice.

There was evidence that residents in the centre received a good standard of care. The premises was generally well maintained and had been renovated externally and internally. Staff with whom inspectors spoke were knowledgeable about residents' individual health needs. Improvements had been made to staffing levels since the previous inspection and residents were being facilitated to go out to the community and on various outings. A dedicated activity person had been employed. Transition year and Fetac students were seen by inspectors spending social time with residents, who stated that they enjoyed these interactions. Staffing levels had been enhanced during the early night shift which allowed the night nurse time to administer medications undisturbed. The allocation of this staff member allowed residents to stay up later, where this was their wish.

However, similar to findings on the previous inspection, there were numerous issues of non compliance in relation to the design and layout of the premises, as regards the legislative requirement to protect and promote the privacy and dignity of residents. Following the previous inspection the provider submitted an action plan to the Authority which was not satisfactory as regards the plans, the provision of funding and the timescale for the required renovations to the premises. On this inspection, documentation was viewed which indicated that funding was in place. However, plans for the proposed work and a specific timeline for the project were not yet available and the provider indicated that the refurbishments were at the design phase. This response was unsatisfactory to the Authority. A second action plan was requested from the provider and the response remains unsatisfactory to the Authority. No timescale or plans for the proposed development were received.

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

***Outcome 05: Documentation to be kept at a designated centre  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Records required under the Regulations were maintained in the centre. Inspectors viewed a selection of residents' care plans. Each care plan outlined the social and medical needs of the resident and recognised tools were used to assess the medical, physical and psychological needs of residents. There was evidence of input from, and assessments by, allied health professionals, where necessary. Inspectors found that the care plans contained information about residents' holistic needs and there was evidence that the plans were individualised. There were centre specific policies which were updated and reviewed when required and these included the policies specified in Schedule 5 of the Regulations. Staff demonstrated an understanding of these and inspectors viewed a signature sheet for staff to sign when the policies were read.

The centre was adequately insured against injury to residents according to the insurance certificate viewed by inspectors. Fire safety records were seen and were found to have met the requirements of Regulations as regards, training, testing and maintenance of the system. Inspectors viewed a sample of staff files and found that they were maintained in good order. There was a policy for volunteers in the centre and guidelines were set out for the parameters of the role and the responsibilities attached. The staff roster was viewed and inspectors saw that it correlated with the staffing levels which the person in charge had outlined. Inspectors viewed the directory of residents which had the required details recorded.

Documentation was seen by inspectors which indicated that residents' right to refuse treatment was documented where this occurred and there were records available to indicate that discussions were held with residents and their representatives about CPR

(Cardio-Pulmonary-Resuscitation). Inspectors were shown an up-to-date complaints and incident book. Complaints were documented in the complaints book and they were investigated appropriately. However, not all complaints were recoded in this log. This will be addressed under Outcome 13: Complaints procedures.

Training records were maintained in the centre. Inspectors noted that since the last inspection there were narrative notes in the care plans which provided a daily update of residents' medical and social care needs. The person in charge and the clinical nurse manager explained to inspectors that a new suite of documents for care planning was being developed by the practice development officer. This was to ensure that information on each resident was easily retrievable and more accessible for staff and residents. New documentation for care planning for residents with behaviour that challenge was seen by inspectors. This was seen to be person centred and focused on understanding the need being expressed by the behaviour. A new policy on behaviour management had been discussed by health services executive (HSE) managers at the weekly provider meeting and a copy was shown to inspectors.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

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

**Theme:**

Safe care and support

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

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

**Findings:**

Since the previous inspection staff had received training on recognition of, and response to, elder abuse and responding to behaviours that challenge. Staff with whom inspectors spoke were knowledgeable about these subjects and a sample of care plans reviewed, for residents with behaviours that challenge, were detailed and person centred.

Inspectors observed posters and information leaflets on the recognition of and prevention of elder abuse displayed within the centre. Information on access to advocacy was available to residents. The person in charge informed inspectors that since the previous inspection an advocate had attended the centre and had met residents and relatives.

Records also demonstrated that a restraint-free environment was promoted.

Documentation seen by inspectors indicated that alternative measures were considered

prior to restraint being implemented. Inspectors found that there was documentation in place to support the safe use of bedrails. Risk assessments and consent forms were in place and a restraint log was maintained as required by Regulations.

**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):**

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

**Findings:**

Inspectors found that a number of risks previously identified had been satisfactorily addressed. However a number of other risks had not been addressed.

These included the risk to residents privacy and dignity as a consequence of the location of the shower rooms, broken floor tiles which presented a trip hazard, trailing wires underneath beds, an oxygen cylinder stored on the corridor without appropriate signage or safe storage and an unsecured door into the treatment room where sharps bins and medications were stored. In addition, the garden gate leading to the car park was found to be open which posed a potential risk to any resident with a cognitive impairment who walked outside unaided.

A number of the risks identified were assessed and placed on the risk register by the person in charge, during the course of the inspection.

**Judgment:**

Non Compliant - Moderate

***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:**

During this inspection inspectors found that residents had been offered a choice of pharmacist as required by the Regulations. This choice was now reflected in the statement of purpose. Audits had taken place to review medication management including the administration and documentation of errors. Learning from these audits was seen to inform practice and inspectors viewed minutes of staff meetings which indicated that these outcomes were discussed.

The prescription records were transcribed by the general practitioner and contained the appropriate signatures. Medication prescription sheets were reviewed regularly. Photographic identification for residents was present. Since the previous inspection, the medication dosage was now clearly identified on the prescription sheet. The discontinuation date for medication was also specified.

Records reviewed by inspectors indicated that relevant staff had received medication management refresher training since the previous inspection.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

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

**Theme:**

Safe care and support

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

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

**Findings:**

A log of all accidents and incidents was being maintained within the centre. Copies of notifications to the Authority were maintained.

Inspectors viewed the records of an incident which involved a resident being transferred to hospital for medical treatment however, this issue had not been notified to the Authority within three days of its occurrence, as required under the Regulations.

**Judgment:**

Non Compliant - Moderate

***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:**

Inspectors reviewed residents care plans and found that each of the actions from the last inspection had been satisfactorily addressed.

A sample of care plans seen by inspectors indicated that they were reviewed at frequent intervals. Each resident's wellbeing and welfare was maintained by implementing evidence-based care. Examples included the use of recognised evidence based assessment tools for falls risks, malnutrition, dependency levels, skin integrity, depression scale, manual handling and oral health screening. The person in charge and residents informed inspectors that the general practitioner (GP) service was available on a regular basis and when necessary. Residents were seen to have access to allied health professionals including physiotherapy, psychology, dietician, speech and language therapy (SALT) and occupational therapy (OT). The person in charge stated that a geriatrician and palliative care nurses were accessible to residents when required. Each resident's assessed needs were set out in their individual care plans, which were compiled in consultation with residents and their representatives, where appropriate.

Residents had access to social care opportunities. Residents spoke with inspectors about various outings with relatives and staff. A number of residents attending religious service in the adjoining church on a daily basis and relatives were seen to accompany residents. Records also showed that residents had the opportunity to shop in the local town, to attend restaurants with friends and staff and to participate in local events. Since the previous inspection an activities coordinator had been employed and residents had opportunities to participate in meaningful activities informed by their interests. These activities included card playing, art work, singing, reading and chair based activities. In addition, residents had been facilitated to attend Listowel races and to nearby farm centre where hens were kept. The activities coordinator informed inspectors that these visits formed part of a reminiscence session as residents reflected on their past lives and experiences, when they returned to the centre. Local school students and Fetac Level 5 students were present in the centre on the day of inspection. Residents informed inspectors that they benefitted from the company and conversation with the students, who discussed local events with them. Students were seen to facilitate some activities and were supervised by the CNM2 and the activities co-ordinator.

**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):**

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

**Findings:**

Actions outstanding from previous inspections dating from July 2010, October 2011, July 2012 and 15 May 2013 and January 2015 included:

- the size and layout of multi-occupancy bedrooms used by residents were not suitable to meet their needs
- there were insufficient assisted baths and showers to meet the needs of residents

The provider's response in Jan 2015 was as follows:

"Extensive refurbishment and renovations will take place following the appointment of a design team and required funding to enable the project to begin". The provider was unable to give an exact time frame for this refurbishment.

Inspection findings on this inspection:

St Joseph's Unit was a single storey centre laid out in ward-style rooms and it had a communal lounge utilised for sitting and dining purposes. This was a large room partially divided into two sections that opened out through patio doors onto a secure patio area and garden. There were two staff offices, a storage room, a family room, a small kitchenette, a staff room and a number of utility and administration rooms in the centre. There were four multi-occupancy bedrooms with five beds each and four single rooms for residents' use. All rooms had a toilet and wash-hand basin en-suite and an additional wash-hand basin in the bedrooms. There were two assisted shower rooms located at the top of the hall past the nurses' desk area. There were two additional, assisted toilets, one located in the hallway and one off the communal area. Each bedroom area and shower room had a ceiling hoist installed.

Inspectors' findings on this inspection were similar to previous inspection findings, that is, there continued to be significant and serious issues of non compliance with the Regulations on premises. The layout and design of the premises did not conform to the requirements for premises in designated centres for older adults, as set out in

Regulation 17 (1) and Regulation 17 (2). For example, inspectors noted that residents had access to a lockable storage unit since the last inspection, however there continued to be a lack of general storage space. Inspectors noted that wheelchairs and other specific seating were stored in the sitting and dining room in the morning and evening. This did not create an inviting and safe environment for residents to sit and watch TV late in the evening, if they wished. In addition, inspectors noted that there was no bath in the centre, thereby limiting residents' choice. Furthermore, there were only two showers available for 24 residents. As discussed previously the location of these shower rooms presented serious and significant risks to the protection of residents' privacy and dignity. Staff informed inspectors that residents had the use of a shower chair and two shower trollies within the shower rooms. Inspectors observed residents being transported up along the hall lying in the shower trolley for their shower. As described in previous inspection reports, when being taken to the shower rooms, residents were required to pass through a busy hallway and past the desk where nurses and staff were taking phone calls and consulting with various people.

Since the last inspection a TV had been installed in each of the multi-occupancy bedrooms. However, this was not accessible on an individual basis for residents. Inspectors noted that the view of the TV was impeded if privacy curtains were drawn around other residents' beds. As described previously, the multi occupancy bedroom accommodation, continued to fall short in design and layout to maximise the privacy and dignity of residents. The design and layout 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. Activities such as the use of a bedpan or commode, if required, may have been a significant source of embarrassment for the resident involved and may have created a sense of discomfort for other residents. In addition, there was little opportunity to personalise the small bed-spaces in these rooms.

A further impact of these shared bedrooms was observed in the documentation reviewed by inspectors. Where residents exhibited behaviours such as calling out at night other residents were reported as being unable to sleep. Staff informed inspectors that the space around each bed for additional personal furniture and for staff to work at both sides of the bed when assisting residents was limited and staff had to impinge on the bed space of other residents, to manoeuvre furniture, when attending to residents' care needs.

Inspectors noted that since the first inspection of this centre in 2010, action plans and correspondence with the Authority, in relation to complying with the Regulations, had yet to be fully implemented. On this inspection, the provider has informed the Authority that the required funding had been made available. However, the provider had still not presented time-bound, costed plans for renovations. The provider stated that plans had not been drawn up to date and the project remained at design stage. An action plan which was costed, with related plans, time-bound and specific remained outstanding at the time of this follow up inspection.

**Judgment:**  
Non Compliant - Major

**Outcome 13: Complaints procedures**  
***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**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:**

Inspectors reviewed the complaints log and found that it contained records of the satisfaction of complainants and the improvements made in response to complaints. These actions were required following the previous inspection.

Inspectors observed documentation which indicated that the complaints of each resident, relative or representative were listened to and acted upon and that there was an effective appeals process in place. However, inspectors also found inconsistency in recording of complaints. Inspectors noted that a complaint was recorded within the narrative notes of a residents' care plan. It had not been recorded in the complaints book. This complaint was not fully and properly recorded in addition to and distinct from the resident's individual care plan, as required by Regulation 34(2). The person in charge undertook to advise and train staff in the management and recording of concerns and complaints.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Food and Nutrition**  
***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**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:**

During the inspection inspectors observed that residents were provided with food and drink throughout the day. Residents expressed satisfaction with the food and with the quantities available to them. Menus with pictorial content were on display on each table,

offering a choice at each meal time. Food was properly prepared, cooked and served with care and was seen to be wholesome and nutritious. Appropriate assistance was seen to be offered to residents in a discrete and sensitive manner. Inspectors spoke with the chef who was aware of the residents' likes and dislikes and any special dietary requirements. The chef was in daily contact with the person in charge and any dietary modification was discussed with the dietician or SALT where appropriate. Staff were training in the management of dysphagia (difficulty in swallowing) and in responding to any choking episode that might occur.

**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):**

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

**Findings:**

A number of improvements had taken place since the previous inspection. For example, inspectors met with visitors and residents who confirmed that there were new visiting practices and procedures in place since the previous inspection. The new visiting policy was viewed by inspectors. The visiting arrangements outlined in the policy met with the requirements of Regulations. A TV was also installed within the multi occupancy bedrooms to increase evening activity choice and access to media. An activities coordinator had been engaged to facilitate residents with meaningful activities. Residents were seen to be offered choice around meals, getting up time and bed time and in their activities of daily living. However, on the day of inspection, dinner was seen to be served at 12 pm and this was completed and cleared up by 12.40pm. Inspectors were informed on the previous inspection that this was served early to facilitate staff break times. This had not changed since the previous inspection, This was not adequate to promote a dining experience that was sociable and unhurried for residents.

As addressed under Outcome12: premises, residents were not afforded a choice a choice between a bath and a shower. In addition, as addressed previously, residents did not have their privacy and dignity protected due to the location of the shower rooms and the lack of space in the multi occupancy bedrooms. Furthermore, on the morning of the inspection inspectors were able to see all five residents in their beds, from the

hallway, in each the five bedded rooms. Privacy curtains were not pulled and the bedroom doors were open out to the corridor. In addition, inspectors found that in a sample of care plans reviewed a consent form for photographs had not been signed or completed in full, for one resident.

The staff roster had been augmented since the previous inspection to provide an increased number and skill mix of staff at specific times of the day to afford choice to residents. For example, the person in charge informed inspectors that residents were facilitated to stay up later if required, because of an increase in staff in the late evening.

Residents spoken with by inspectors said that they felt content in the centre. They praised both the staff and the care in the centre. Inspectors spoke with visitors who expressed their satisfaction with the care offered to their relatives and friends within the centre.

**Judgment:**

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions  
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**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:**

Since the last inspection each resident had been afforded access to a lockable storage space.

Each resident had adequate space for personal possessions, including clothing. However, because of limitations on individual space residents were not enabled to personalise their bed spaces, in the multi-occupancy rooms. This was addressed under Outcome 6: Premises.

The centre had suitable arrangements in place for laundering clothes and there were no issues recorded of missing clothing. Lists of residents' property were documented in the personal plans.

**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):**

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

**Findings:**

Since the previous inspection the person in charge had reviewed and enhanced the rosters to ensure that the number and skill mix of staff on duty were sufficient to care for residents, particularly in the late evening and night time. In addition, the person in charge informed inspectors that training had been reviewed and staff now had access to appropriate training by the CNM, the practice development officer and the pharmacist, appropriate to their role. Examples of this included access to dementia care training, behaviours that challenge, manual handling training, infection control training and epilepsy medication administration training.

However, similar to findings on the previous inspection, the centre had yet to implement a structure for supervision and appraisal of staff, as required by Regulations. The person in charge discussed the pilot programmes for staff supervision with inspectors, which she stated was to be commenced in the near future.

**Judgment:**

Non Compliant - Moderate

**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<sup>1</sup>

<b>Centre name:</b>	Listowel Community Hospital
<b>Centre ID:</b>	OSV-0000564
<b>Date of inspection:</b>	22/09/2015
<b>Date of response:</b>	15/12/2015

### Requirements

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

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

### Outcome 08: Health and Safety and Risk Management

#### Theme:

Safe care and support

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

The risk management policy did not include hazard identification and assessment of all risks throughout the designated centre, for example:

- residents privacy and dignity when going for a shower
- broken/loose floor tiles,
- loose wires underneath beds,

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

- an open gate from the secure garden,
- an open treatment room,
- oxygen cylinders stored on the corridor without appropriate safeguards.

**1. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

- Since the registration inspection in January residents are assisted to the shower room on a wheelchair and then using the overhead ceiling hoist transferred to the shower trolley if necessary.
- The broken/loose tiles on the floor have been replaced October 2015.
- Loose wires underneath beds will all be secured by end of November 2015.
- This gate has been locked and is checked regularly as part of the fire/security checks within the hospital (November 2015)
- The door to the treatment room was repaired in September 2015.
- The oxygen cylinders are now stored in the treatment room and a notice to remind staff of this is visible in the treatment room.
- The risk register has been updated- September 2015

**Proposed Timescale:** 30/11/2015

**Outcome 10: Notification of Incidents**

**Theme:**

Safe care and support

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

A written report had not been submitted to the chief inspector, within three working days of a resident's transfer to hospital for medical treatment, following an incident.

**2. Action Required:**

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

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

A written report was submitted to the chief inspector following inspection.

**Proposed Timescale:** 30/09/2015

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The premises did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Examples of this were:

- there was a lack of storage space and inspectors noted that wheelchairs and other specific seating were stored in the sitting and dining room.
- not all the large chairs which were required to accommodate residents' needs could be positioned at the dining table.
- there were only two showers and no bath available for 24 residents thereby limiting residents' choice.
- inspectors observed residents being transported up along the hall lying in the shower trolley for their shower.
- multi occupancy bedroom accommodation continued to fall short in design and layout to maximise the privacy and dignity 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.
- activities such as the use of a bedpan or commode if required, would be a source of embarrassment for the resident involved and create a sense of discomfort for other residents.
- the space around each bed for additional personal furniture and for staff to work at both sides of the bed when assisting residents was limited.
- the space for each resident to display and store personal items such as pictures of friends and family was limited.

**3. 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:**

- A refurbishment plan is in progress. Designers have visited the hospital and we are now awaiting funding to be provided to bring the environment into line with regulations

Proposed Timescale: Design teams have visited the hospital, we are awaiting funding in order to confirm date for refurbishment.

**Proposed Timescale:**

**Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

A complaint, the results of the investigation into it and actions taken in response to the complaint were not fully and properly recorded and retained in addition to and distinct from the resident's individual care plan, as required by Regulation 34 (2).

**4. Action Required:**

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

- This complaint has been logged in the complaints log book, and staff have been advised to re- educate themselves on the complaints policy.

**Proposed Timescale:** 31/10/2015

### Outcome 16: 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:**

While there was now a TV in the multi-occupancy bedrooms residents had no choice as to which programme they could watch, as the TV was shared with four other residents. Residents did not have access to individual remote controls and their vision of the TV was occluded when privacy curtains were drawn during times of care-giving. In addition, dinner was served early at 12 midday, to facilitate staff break times.

**5. Action Required:**

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

- A refurbishment plan is in progress to address the issue of multi occupancy rooms.
- Dinner is served at 12.30 pm now

Proposed Timescale: Date for refurbishment unknown at present, however designers have visited the hospital – Work commencing is dependent on when funding is granted and work is tendered

**Proposed Timescale:**

**Theme:**

Person-centred care and support

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

The design and layout of the multi-occupancy rooms impacted on the residents ability to carry out activities in private. Residents could be seen from the hallway when lying in their beds in the morning and the afternoon.

**6. 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:**

- Design teams have visited the unit and there is a refurbishment plan in progress.
- Sitting room has been redecorated according to resident choice, so as to create a space away from the dining area to allow residents enjoy quiet time or family time.
- Residents do not like having the door of multi occupancy room closed except during care giving. Option of closing the door for privacy will be explored further at resident forum where residents will be individually asked their preference.
- A risk assessment is in place acknowledging that the privacy and dignity of residents is compromised.

Proposed Timescale: Sitting room will be completed by end of December 2015.  
Awaiting notification of commencement timeframe of refurbishment.

**Proposed Timescale:** 31/12/2015

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

The person in charge had failed to ensure that staff are appropriately supervised by implementing a process of staff supervision and appraisal meetings.

**7. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

- Discussions and plans are in progress at senior management level to implement performance reviews.
- A Performance Review template has been devised and agreed on

Proposed Timescale: To commence in February 2016

