

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|------------------------------|
| Centre name: | St Ita's Community Hospital |
| Centre ID: | OSV-0000664 |
| Centre address: | Newcastlewest, Limerick. |
| Telephone number: | 069 62311 |
| Email address: | ann.mcmorrow@hse.ie |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Maria Bridgeman |
| Lead inspector: | Mairead Harrington |
| Support inspector(s): | |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 73 |
| Number of vacancies on the date of inspection: | 5 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 monitor compliance with National Standards. 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: |
| 08 November 2016 11:00 | 08 November 2016 18:15 |
| 09 November 2016 09:00 | 09 November 2016 17:15 |

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

| Outcome | Our Judgment |
|---|--------------------------|
| Outcome 02: Governance and Management | Compliant |
| Outcome 03: Information for residents | Compliant |
| Outcome 07: Safeguarding and Safety | Non Compliant - Moderate |
| Outcome 08: Health and Safety and Risk Management | Non Compliant - Major |
| Outcome 09: Medication Management | Compliant |
| Outcome 11: Health and Social Care Needs | Compliant |
| Outcome 12: Safe and Suitable Premises | Non Compliant - Major |
| Outcome 13: Complaints procedures | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Non Compliant - Major |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

This report details the findings of an inspection to monitor compliance with regulations as set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Standards for Residential Care Settings for Older People in Ireland.

The service provider for St Ita's Community Hospital was the Health Service Executive. The inspection was unannounced and took place over two days. On the days of inspection there were 73 residents in the centre with five vacancies. As part of the inspection process the inspector met with staff and management, observed practice and also reviewed a range of documentation including staff rosters and training records, residents' care plans, minutes of meetings, policies and their related protocols.

The last inspection of this centre on 26 May 2015 was to inform a registration renewal application and a copy of that report is available for reference at www.hiqa.ie. Actions identified in the course of that inspection had since been partly

addressed in relation to staffing levels and manual handling training, for example. However, measures to bring the design and layout of the premises into line with requirements so as to appropriately meet the needs of the resident profile remained outstanding. Issues in relation to the design and layout of the premises further impacted on areas such as infection control and privacy and dignity; these are set out in greater detail in the body of the report.

In relation to residents' healthcare and nursing needs the inspection findings were positive with a good standard of care in evidence where assessed. Effective and appropriate communication and interaction between staff and residents was noted throughout the inspection.

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

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Service at this centre was provided by the Health Service Executive with a well established system of governance in place. The organisational structure included the necessary deputising arrangements and was resourced to deliver a service in keeping with that described in the statement of purpose. Care was directed through the person in charge who reported to a nominated person responsible for representing the service provider entity.

Quality management systems were in place to monitor the delivery of service and appropriate monitoring mechanisms were also in place to assess and review these systems including regular and relevant auditing procedures. An executive forum was in place that met regularly with minutes of the last meeting recorded on 8 September 2016. Where learning issues were identified measures were in place to ensure that such learning, and any related practice or procedure improvements, was relayed to staff accordingly. A comprehensive annual quality review had been completed that reflected standards of care and provided a plan on progressing quality improvement initiatives. The person in charge could demonstrate that the related action plan was subject to continuing review. There was evidence of consultation with residents including a satisfaction survey that had been completed within the last 12 months. A regular resident forum was also in place and minutes from the last meeting in November were available for reference.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an

agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

Action in relation to the amendment of contracts had been undertaken to ensure that they appropriately reflected the national financial support schemes and related arrangements.

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:

Action from the last inspection had been undertaken in relation to the monitoring of mood and behaviour and these records reflected appropriate terminology and were seen to inform related plans of care on the sample of plans reviewed. There was a policy on, and procedures in place for, the prevention, detection and response to abuse that had been reviewed and appropriately referenced national policy in relation to the safeguarding of vulnerable adults. Those members of staff spoken with were clear in their understanding of what constituted abuse and, in the event of such an allegation or incident, also understood the procedure for reporting the information. A member of staff was qualified to deliver training in this area and designated officers had also been appointed. A regular schedule of safeguarding training was in place though there were some instances where refresher training for staff was overdue. The inspector reviewed processes for recording allegations which were in keeping with policy and related protocols. However, of the sample of personnel files reviewed during inspection, Garda vetting as required was not in place in one instance.

A current policy and procedure was in place in relation to managing responsive behaviours and staff spoken with demonstrated the appropriate skills and knowledge to respond to, and manage, behaviour in these circumstances. Where restraints such as bedrails were in use related care plans reviewed by the inspector contained documented assessments and consent forms. Risk assessments in relation to the use of such measures were in place and referenced consideration of possible alternatives. A register was also in place that reflected regular monitoring.

A policy was in place to cover personal property and processes for managing residents' belongings and ensuring their safe storage and return were in place. Secure storage was provided in residents' rooms for the safekeeping of personal items. Where the centre acted as an agent for residents in relation to the management of their finances the records were appropriately maintained in keeping with organisation wide policy and procedure. Where personal monies were being managed a robust system of recording was in place with receipts retained and documentation counter-signed. These systems were also subject to internal and external audit procedures.

Judgment:

Non Compliant - Moderate

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:

Since the last inspection a number of measures had been implemented to address areas requiring improvement as identified. These included a regional policy on manual handling and access to a dedicated training resource with a comprehensive programme of training being delivered on a rolling basis for staff. A review of training records at the time of inspection indicated all staff were currently trained in manual handling.

Actions identified on previous inspection in relation to issues around infection control had been partly addressed; staff were engaged on a continual training programme with several members now accredited as lead hand hygiene auditors. Staff members had been nominated as hand hygiene champions and regular audits were in place. Infection prevention and control surveillance was subject to ongoing review by a dedicated infection prevention and control committee. Sluice rooms had access restricted and were appropriately equipped; hazardous substances were securely stored. Staff spoken with understood infection control practices and staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in

regular use by staff. However, a report on healthcare associated infections dated October 2016 indicated that issues in this area persisted. While procedures were in place to prevent the spread of infection, the design and layout of the premises was not conducive to the control and management of infection related issues. A number of multi-occupancy rooms were in use throughout the centre accommodating up to five residents at a time. Infection control signage in place restricting entry to one three-bedded ward was not observed. The person in charge confirmed that accommodation to provide isolation facilities for residents following admission was often unavailable. Management acknowledged that these circumstances continued to impact adversely on the efficacy of existing infection control procedures.

Health and safety issues previously identified around signage and access to fire escapes had been addressed.

An emergency plan was in place and management had recently introduced personal emergency evacuation plans that highlighted key information such as the mobility status of the resident. The person in charge explained that arrangements had also been put in place to support residents to receive training in fire prevention and precautions.

A revised health and safety statement was in place dated July 2016. A risk management policy was in place that set out the arrangements for identifying and assessing risks including measures to control and review. A record of incidents and accidents was maintained with data referred for analysis and review on a quarterly basis. Learning from this process was circulated through alerts and also communicated at staff meetings and the system provided feedback on learning from all centres on a regional basis.

A fire safety register was in place which demonstrated that daily, weekly and monthly checks were completed to ensure effective fire safety precautions. Fire drills were conducted regularly in keeping with statutory requirements. Regular fire safety training was provided and records indicated that such training for all staff was current. Suitable fire equipment was available throughout the centre and was regularly maintained and serviced; documentation in this regard was available. Regular checks of fire prevention and response equipment took place, including emergency lighting and fire extinguishers. Adequate measures were in place to prevent accidents throughout the premises such as grab-rails in toilets and hand-rails along corridors. Call-bells were fitted in all rooms where required. Emergency exits were clearly marked and unobstructed. Routine health and safety checks were undertaken including a regular review of the risk register and the control measures in place for any risks identified. However, these risk assessments required review to include the unrestricted access to latex gloves in corridors and also the control of access to a kitchenette area in the dementia specific unit where there was a hot water dispenser.

Judgment:

Non Compliant - Major

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:

Action had been taken around reviewing policy on the management of medicines and the document available on-site appropriately referenced directions in relation to the ordering, prescribing and storing of medicines; this included protocols on the handling and disposal of out-of-date medicine.

Secure facilities were available for the storage of medicines including lockable trolleys for administration rounds. Controlled drugs were stored and managed in keeping with requirements and records were maintained of stock checks at the beginning and end of each shift that were double-signed by suitably qualified staff members. Where medicines were refrigerated the temperature was being recorded and monitored. Dates of opening were recorded on medicines such as eye-drops. The person in charge confirmed that regular audits were in place and that where medicine errors were identified or reported they were referred for review by patient safety and quality advisers with additional training scheduled where training needs were identified.

A medicines round was observed during the inspection and processes in relation to the storage and administration of medicines in the dementia specific unit were also reviewed. In this instance practice of administering medicine was in keeping with protocols to ensure that the right medicine was given appropriately to the right resident at the right time. Where medicines required crushing instructions were signed as required by the prescriber. Records reflected multi-disciplinary input in instances where PRN (as required) medicines were in use for residents presenting with responsive behaviours.

Medicine prescription sheets were current and contained the necessary biographical information of the resident including a photograph for reference. Medicine administration sheets contained the signature of the nurse administering the medicine and also provided an area to record instances where a resident might refuse the medicine.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

The profile of residents in this centre included a broad range of needs with varying levels of dependency. Appropriate arrangements were in place to meet the assessed health and nursing needs of residents. Admission procedures included both a pre-admission and an admission assessment by a suitably qualified person. Care plans were developed in line with admission assessments and residents' changing needs. A sample of care plans was reviewed on inspection and information around care in this sample was found to be person-centred and relevant with timely assessments carried out and reviewed in keeping with regulatory requirements. The care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment and skin integrity. Audits were in place, around falls for example, to support the identification of trends and underlying factors that might contribute to occurrences. Of the cases reviewed there were appropriate care plans in place around assessed needs with relevant information recorded for the activities of daily living and specific plans for individual issues identified such as nutrition, mobility and the management of responsive behaviours. Where residents presented with complex communication and behaviour care needs there were appropriate plans of care and, in such cases, resources were appropriately allocated and the necessary staffing ratio was in place as required. Care plans also included a record of vital signs and daily nursing notes. Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible.

The centre was well resourced in relation to health care with access to an on-site pharmacy and the services of a resident medical officer were also available. There were appropriate policies on food and nutrition. Communication systems that set out special dietary and nutritional needs were in place and it was explained that these were regularly reviewed with nursing staff where changes occurred, or for new admissions. Members of care staff spoken with understood how to observe the requirements of a diet plan including modified consistencies and how to implement instructions on thickening fluids, for example. Records reviewed indicated that residents had regular access, or as required, to allied healthcare professional services such as speech and language therapy, physiotherapy, chiropody and dental and optical services. The centre had access to palliative care resources and the services of a tissue viability nurse as required. Consultancy services in relation to gerontology and older age psychiatry were also available on referral.

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:

As identified on previous inspections the design and layout of some areas of the premises did not conform to the matters listed in Schedule 6 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Management confirmed that the action plan agreed following the previous inspection was a continuing work in progress around plans to refurbish and re-configure the existing layout of premises. The centre comprised three units, all laid out on the ground floor, and was registered to accommodate 78 residents; at the time of inspection 73 residents were registered in the centre.

The dementia specific Orchid unit provided accommodation for 12 residents including two twin rooms and eight singles, all en-suite. The layout of this unit was in keeping with the statement of purpose and supported the needs of those with a cognitive impairment in facilitating ease of movement from communal areas to the residents' private spaces. Residents also had safe and unrestricted access to an outside area that was designed to meet the needs of residents with a cognitive impairment. Residents' rooms were comfortable and well decorated and residents had choice around how their space was organised with personal belongings, photographs and memorabilia. Individual accommodation also provided adequate space for the use of assistive equipment if necessary and space for the secure storage of personal belongings. Call-bells were visible and easy to reach in all rooms.

Bluebell unit accommodated 24 residents. Ten resided in three multi-occupancy wards, one four-bedded and two three-bedded. Camelia unit accommodated 37 residents of whom 35 resided in seven five-bedded wards, one of these did not have an en-suite. Overhead hoists were in place in these wards. As identified on previous inspection the design and layout of the accommodation in these two units continued to present risks to residents, and challenges to staff, on a day-to-day basis in relation to infection prevention and control; this is discussed in further detail at Outcome 8. Additionally, residents in these units had limited practical access to any outside space. Parts of the internal premises required maintenance attention; areas in Camelia unit for example had significantly scuffed and damaged paintwork and wall surfaces around the communal sitting/dining area were unclean. As identified on previous inspection accommodation to

provide residents with adequate communal and dining space was not available in Camelia unit and many of the 37 residents in this unit routinely took their meals by their beds and in their rooms.

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

Findings:
Action had been undertaken to review and revise the complaints policy as identified on the last inspection. The policy cited relevant legislation and provided a clear outline of the procedure to follow in making a complaint, including expected time frames for resolution. A procedure was in place that covered both written and verbal complaints. A copy of the complaints policy and procedure was clearly on display and identified an independent complaints officer as part of the appeal process. A log of complaints was maintained that recorded the necessary information around the complainant, nature of complaint, action taken and whether the outcome was resolved satisfactorily. The organisation also had in place a system of oversight whereby data from complaints made locally was gathered for analyses and review at a national level for learning and feedback. A review of the complaint records confirmed that no requests had been received seeking review through the appeal process.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

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

Findings:

Action to address processes for consultation with residents had been undertaken following issues identified on previous inspection. The person in charge confirmed that arrangements had been put in place for residents to consult with an independent advocate who now attended the centre on a regular basis. Contact information for this advocate was displayed at the centre and the advocate was in attendance at the centre during the inspection. A regular residents' forum was in place and suggestions from this informed a social committee that had regular meetings and minutes of these were available for reference; the last recorded meeting on 4 November 2016 included ideas and preparations for the upcoming festive period. There was a chapel on-site for residents to attend religious services. The person in charge confirmed that voting arrangements were in place and that residents who could were supported to go and vote.

The centre provided a dedicated activity coordinator who had received appropriate training and was responsible for delivering a scheduled programme of activities that included bingo, music and a 'fit for life' physical exercise programme, for example. A communal area called "The Parlour" was a dedicated resource for these activities and was seen to be in use in the course of the inspection. An art therapist also attended the centre on a regular basis and art work by residents was on display in areas throughout the centre. Activities in the community were supported and some residents had also been involved in the organisation of a local art exhibition. The dining area of Orchid unit provided a facility for residents to participate in baking activities and there were photographs of residents partaking in these activities. A local voluntary support group was active in the centre and contributed to the availability of a transport resource to support outings. Staff members were seen to engage and interact with residents in a person-centred manner. Those staff members spoken with demonstrated a good understanding of their residents' likes, dislikes and needs as also reflected in their care plans. Care plans indicated that one-to-one activities such as hand massage and reflexology were provided for residents less able to participate in communal activities.

The design and layout of the centre was diverse and the environment in some areas, such as the dementia unit, greatly supported the relative autonomy and independence of residents. In this unit residents had personalised private space that they could avail of and the physical layout of the unit supported residents to mobilise independently within the space. Residents in this unit also had direct access to safe and secure outside space which supported a positive quality of life. However, this was in contrast to the other two units of the centre where a significant number of residents were accommodated in multi-occupancy rooms where access to private space was greatly limited. Management acknowledged the impact of these circumstances on residents' privacy and dignity and stated that these issues would be addressed as part of a planned premises refurbishment. However, in the interim, constraints in relation to premises and the use of these multi-occupancy rooms for up to five residents did not support the receipt of personal care in a manner that protected privacy and dignity. While the centre provided areas where residents could receive visitors in private this resource was not always a practical option, for example where residents were confined to bed due to their condition. In these circumstances visitors could only be entertained at the bed-side of

the resident; while privacy screens were in use in these wards they were inadequate in ensuring privacy of communication for these residents.

Judgment:
Non Compliant - Major

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

Relevant action had been taken in relation to findings from the previous inspection and reliance on agency staff had reduced with an increase in substantive appointments of staff nurses and multi-task attendants. Management confirmed that recruitment processes were ongoing to ensure appropriate staffing levels were maintained. The centre retained the services of a personnel agency where circumstances might require auxiliary staff. Staffing levels observed during the inspection were seen to be in keeping with the needs of the resident profile and resources were also made available to provide care for residents whose needs were assessed as requiring additional care on an individual basis. Changes to the staff roster in the dementia specific unit now allowed for an additional staff resource in the evening. Overall the staffing levels at the time of the inspection were adequate to meet the needs of the residents having consideration for the size and layout of the centre.

A clearly defined management structure that identified the lines of authority and accountability was in place. At the time of inspection the system of supervision was directed through the person in charge with designated administrative support and appropriate deputising arrangements for suitably qualified staff to provide cover as necessary. Management systems were in place to ensure that information was communicated effectively with regular handover and senior nurse meetings. Supervision was also supported by senior nursing staff undertaking a management role for nominated members of staff with peer-on-peer competency assessments and senior nurse reviews, though a formalised system of performance appraisal had yet to be implemented. Practical supervision was implemented through monitoring and control procedures such as audit and review. An appropriately qualified, registered nurse was

on duty at all times. Copies of the standards and regulations were readily available and accessible by staff. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times. Staff spoken with were aware of their statutory duties in relation to the general welfare and protection of residents.

Training records were available for reference and indicated a continual schedule of training in mandatory areas such as manual handling and fire safety. A new regional policy on manual handling had been introduced and a qualified trainer was available on-site. Staff spoken with said that they were facilitated to attend training courses as required; training had been delivered in 2015 in relation to dementia care, infection control, wound care and medicines management, for example.

The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements, the recruitment process and probation reviews. The inspector reviewed a sample of staff personnel files and the requirements of Schedule 2 of the regulations were generally observed.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mairead Harrington
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 report¹

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|----------------------------|-----------------------------|
| Centre name: | St Ita's Community Hospital |
| Centre ID: | OSV-0000664 |
| Date of inspection: | 08/11/2016 |
| Date of response: | 09/12/2016 |

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

Garda vetting as required was not in place in one instance.

1. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

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

The staff member involved attended an urgent appointment in the HR Department, HSE Mid West on the 10/11/2015 where she completed her vetting application form. This was immediately forwarded to the Garda Vetting Liaison Office for processing.

This staff member commenced duty as a Registered General Nurse with the Mid West Regional Hospital, Limerick in 2002.

Proposed Timescale: 31/01/2017

Theme:

Safe care and support

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

A regular schedule of safeguarding training was in place though there were instances where refresher training for some members of staff was overdue.

2. 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:

Refresher Safeguarding Training has been scheduled for the 7/12/2016, 12/1/2017 and 27/2/2017 to have all staff up to date.

A rolling schedule will continue throughout 2017.

Proposed Timescale: 27/02/2017

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 register required review to include assessments around risk in relation to unrestricted access to latex gloves in corridors and also access to a kitchenette area in the dementia specific unit where there was a hot water dispenser.

3. 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:

Risk assessments in relation to unrestricted access to latex gloves in corridors and also access to a kitchenette area in the dementia specific unit where there is a hot water dispenser are now in place.

Proposed Timescale: 09/12/2016

Theme:

Safe care and support

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

The design and layout of the premises was not in keeping with effective infection prevention and control procedures in that:

- a number of multi-occupancy rooms were in use throughout the centre accommodating up to five residents at a time;
- isolation facilities for residents if required was often unavailable.

4. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Staff will continue to adhere to high standards of infection control practices, training, hand hygiene, surveillance and audit.

The HSE is fully committed to complying with the regulatory requirement of the design and layout of the premises. A programme of refurbishment is planned, the project appraisal document has been drawn up and a design team is to be appointed to draw up detailed architectural drawings to ensure that the facility fully meets the environmental standards. Funding has been allocated for the project through the Capital Plan 2016 – 2021 and will be completed by the end of 2018.

Proposed Timescale: 31/12/2018

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 design and layout of the premises did not conform to the matters listed in Schedule 6 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

5. 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 HSE is fully committed to complying with the regulatory requirement of the design and layout of the premises. A programme of refurbishment is planned, the project appraisal document has been drawn up and a design team is to be appointed to draw up detailed architectural drawings to ensure that the facility fully meets the environmental standards. Funding has been allocated for the project through the Capital Plan 2016 – 2021 and will be completed by the end of 2018.

Proposed Timescale: 31/12/2018

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:

The use of multi-occupancy wards did not support privacy and dignity in terms of communication or the receipt of personal care.

6. Action Required:

Under Regulation 09(3)(c) you are required to: Ensure that each resident may communicate freely.

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

The HSE is fully committed to complying with the regulatory requirement of the design and layout of the premises. A programme of refurbishment is planned, the project appraisal document has been drawn up and a design team is to be appointed to draw up detailed architectural drawings to ensure that the facility fully meets the environmental standards. Funding has been allocated for the project through the Capital Plan 2016 – 2021 and will be completed by the end of 2018.

Proposed Timescale: 31/12/2018