

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	New Ross Community Hospital
<b>Centre ID:</b>	OSV-0000602
<b>Centre address:</b>	Hospital Road, New Ross, Wexford.
<b>Telephone number:</b>	051 421 305
<b>Email address:</b>	don@newrosscommunityhospital.com
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	New Ross Community Hospital Limited
<b>Provider Nominee:</b>	Mark Walsh
<b>Lead inspector:</b>	Ide Cronin
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	32
<b>Number of vacancies on the date of inspection:</b>	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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 23 November 2016 09:30 To: 23 November 2016 16:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from a single issue inspection in relation to the premises carried out on 10 May 2016 and a previous monitoring inspection carried out in June 2015.

As part of the inspection, the inspector met with residents and staff members observed practices and reviewed documentation such as policies and procedures care plans and medication management practices. This inspection evidenced an improvement in quality of care and management systems. Staff were knowledgeable of residents and their abilities and responsive to their needs. Residents' healthcare needs were met to a good standard with timely referral to and speedy review by medical and allied health professionals.

A major renovation and extension of the centre had been completed. The inspector saw that the design and layout of the centre was suitable for its stated purpose and it greatly enhanced the privacy, dignity and well being of residents. There was evidence of progress in many areas by the management team in implementing the required improvements identified on the last monitoring inspection. In particular improvements were noted in the variety of meaningful activities available to

residents and the governance and management arrangements within the centre.

Overall the inspector was satisfied that the person in charge, the provider and management team were committed to ensuring the centre was in substantial compliance with current legislation and that residents were safe and well cared for. A total of nine outcomes were inspected and seven were found to be compliant. Areas for improvement included records relating to the administration of medicines and consultation with residents or their representative in development and reviews of care plans.

The Action Plan at the end of this report identifies two areas where improvements are still required to comply with 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)

**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):**

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

**Findings:**

Effective management systems and sufficient resources were in place to ensure the delivery of care that met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed annually as required by legislation. The inspector saw that there was also a three year strategic plan available.

A report of the review of the quality and safety of care delivered to residents during 2015 in accordance with Regulation 23(d) Governance and Management was available. The report included an improvement plan with timeframes for completion. The inspector saw that the quality improvement plan initiatives for 2016 were complete. The inspector saw that this report was also available in the front reception area.

The inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. Appropriate resources were allocated to meet residents' needs. The new extension and internal conversion refurbishments were complete. There was appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses.

The inspector reviewed audits completed by the person in charge. The areas reviewed included medication management, volunteer files, personal belongings and finance, infection control and hygiene. The person in charge discussed improvements that were identified with staff and an action plan to improve compliance was outlined as observed by the inspector. The inspector saw that there were monthly board meeting held. The person in charge presented a report at these meetings which included accidents and incidents and complaints.

Consultation with residents/relatives in relation to the existing systems of monitoring

quality of care was available. Resident satisfaction surveys had been completed during 2016, the results of which indicated high satisfaction with the service provided.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There had been no change to the role of person in charge since the previous inspection. The person in charge was on leave on the day of inspection. However, she came to the centre and facilitated the inspection process. Any documentation requested by the inspector was swiftly made available. She was suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and works full time in the centre

She demonstrated good clinical knowledge and understanding of her legal responsibilities under the regulations and standards. She had engaged in continuous professional development in the previous 12 months and had extended her knowledge in care of the older person. Her mandatory training in adult protection, manual handling and fire safety was up to date.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a centre specific safeguarding policy in place. 98% of staff had completed training in the Health Service Executive Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures (2014). The remainder of staff had up to date training in elder abuse. Staff to whom the inspector spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. The person in charge had applied to become a designated trainer in Safeguarding Vulnerable Persons at Risk of Abuse. Residents spoken with stated that they felt safe in the centre. There was a visitors log in place. Garda Síochána vetting was available for all staff members.

There was a policy on the management of responsive behaviour( how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) dated July 2016. Staff spoken with were familiar with resident's behaviours and could describe particular interventions well to the inspector for individual residents. The inspector saw that incidents were being reported and evidence based tools, such as ABC (Ancedent Behaviour Consequence) charts, were used to log and monitor behaviour to track trends and aid understanding of the behaviour .

There was evidence that some staff had completed training in communicating with people with dementia. Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to mental health services to review residents and their medication to ensure optimum health. The inspector saw that incidents were being reported to track trends.

The use of restraint had decreased. In October 2016, ten residents had bed rails in place. On this inspection there were eight residents with bed rails in use. There were three lap belts currently in use and the inspector was satisfied that these were in place to promote the safety and welfare of residents. There were four residents prescribed psychotropic medications on a p.r.n (as required) basis which was monitored as observed by the inspector. Three residents had consented to the use of a resident safety tag monitoring system which alarmed if the resident left the premises. The inspector observed application of a good standard of assessment and care planning in this area. There were clear assessments in place to reflect their use and alternatives tried prior to their use were clearly recorded

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the health and safety of residents, staff and visitors in the centre was promoted and protected. There was an up-to-date health and safety statement. There was a risk management policy dated April 2016 that was in line with the regulations. There was information on general hazard identification and a risk register that outlined general and clinical risk areas. The inspector reviewed the emergency policy and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis. Directional signage was visible in prominent places. Means of escape and fire exits were unobstructed as observed by inspector. Staff were trained in fire safety and those who spoke with the inspector knew what to do in the event of a fire. The inspector saw that regular fire drills had been completed throughout the year. A personal evacuation plan for each resident that identified their level of mobility and assistance required to evacuate was available.

The person in charge had arrangements in place for investigating and learning from incidents. For example a falls prevention leaflet had been developed in conjunction with the falls prevention plan. In a sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where residents sustained unwitnessed falls.

Falls and incidents reported were reviewed, trended and analysed by the person in charge. These are discussed at monthly board meetings as observed by the inspector. A review of staff training records indicated that 100% of staff had been trained in manual handling. The inspector found that there were measures in place to control and prevent infection. Training had been provided in infection prevention and control. Staff had access to supplies of gloves, disposable aprons, hand wash basins and alcohol hand gels which were used frequently and readily available.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**



Safe care and support

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

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

**Findings:**

The inspector reviewed the practices and documentation in place relating to medication management in the centre. There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. There were procedures in place for the handling and disposal of unused and out of date medicines.

All medicines were stored securely in the centre. However there were some issues relating to the administration documentation that required improvement to ensure medication management practice was to an appropriate standard:

- there were gaps identified in medicines administration records reviewed, therefore it was impossible to ascertain if the medicines had been given to the resident or not
- the temperature recordings of fridges for medicines that required refrigeration were not consistently monitored.

Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. The inspector checked a stock balance and found that it was correct. However, the inspector observed that in one instance a box containing controlled drugs for a resident had not been dispensed with the resident's name which is not in accordance with best practice. This was rectified before the end of the inspection.

There were some systems in place within the centre for reviewing and monitoring medication management practices which included medication management audits completed by the person in charge. The inspector recommended that these audits could be improved with further input from the pharmacies. Medication errors were monitored, recorded and dealt with in accordance with the policy to inform learning and improvement.

All nursing staff had received a training course on medication management. Residents had a choice of pharmacist where possible.

**Judgment:**

Non Compliant - Moderate

***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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to HIQA as required.</p>
<p><b>Judgment:</b> Compliant</p>

***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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector found that a good standard of personal care and appropriate medical and allied health care access was in place.</p> <p>There was a computerised system of recording the nursing process using an activity of living model of nursing. The inspector reviewed the computerised nursing care templates and found that there was a system in place for residents to have a comprehensive pre admission assessment and an assessment completed within three days of admission. There was a range of validated risk assessments fully implemented to assist the nursing staff in developing a person centred care plan based on residents assessed needs. Resident's assessed needs included their physical, psychological, spiritual and their social interests and preferences.</p> <p>There was evidence that timely access to health care services was facilitated for all residents. Three general practitioners (GPs) were attending to the needs of the residents and an "out of hours" GP service was available if required. The records reviewed confirmed that residents were assisted to achieve and maintain the best possible health through medication reviews, blood profiling and other diagnostics when required.</p>
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Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of information on admission and discharge from hospital. In line with their needs, residents had on going access to allied healthcare professionals including dietetics, speech and language therapy, diabetic clinics, chiropody and physiotherapy. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians.

Recognised assessment tools were used to identify residents care needs, evaluate progress and assess risk factors such as vulnerability to falls, dependency levels, compromised nutritional status, risk of developing pressure sores and moving and handling needs. There was a record of the resident's health condition and treatment given completed daily as required by the regulations.

The inspector reviewed a sample of resident's care plans and certain aspects within other care plans such as wound management and care plans related to residents with dementia. Care plans were reviewed four monthly or more frequently if required, for example following a change in the residents' condition. However, there was inconsistent evidence of consultation with residents or their representative in care plans.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. There was group and one to one recreational activities scheduled daily to meet the needs of residents. In total 39.5hrs per week was dedicated to activities for residents. The inspector found that the activities coordinator was very knowledgeable regarding the resident's needs, likes and dislikes. Day trips were organised as observed by the inspector and some residents had recently enjoyed an overnight stay in a local hotel. The inspector saw that many volunteers enjoyed spending time with residents. There was also a newsletter available which was very informative.

**Judgment:**  
Substantially Compliant

***Outcome 12: Safe and Suitable Premises***  
***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Effective care and support

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

**Findings:**  
Only the actions arising from the previous inspection were considered as part of this

inspection. On previous inspections it was found that the premises consisted mainly of ward-type accommodation and the physical environment was not suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose and was not conducive to meeting the needs of residents.

The inspector saw that a major development had been completed. An extension was built of eight single spacious en suite bedrooms as well as a multipurpose room for activities, nurses station, an office and an internal courtyard. The two nine bedded rooms were converted into three two bedded rooms. The four bedded room was converted to a single and two bedded room.

The inspector was satisfied that the new extension was completed to a high standard. The design and layout of the centre was suitable for its stated purpose and it greatly enhanced the privacy, dignity and well being of residents. Residents told the inspector that they were delighted with the new extension.

**Judgment:**  
Compliant

***Outcome 18: Suitable Staffing***

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

**Theme:**  
Workforce

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

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

**Findings:**

The inspector found that there are appropriate numbers and skill mix to meet the assessed needs of residents and to the size and layout of the designated centre. Residents confirmed that staff provided a good standard of care and were attentive to all their care needs. The inspector reviewed the staff rota and found that there was adequate staff deployed to meet the specific needs of residents outlined in the statement of purpose while taking into account the size and layout of the centre.

The inspector was provided with details of the training that had been provided to staff during the year. This was noted to be identified in a systematic way that ensured that all mandatory training was completed within the required time frames. Staff had also been provided with education on a variety of additional topics, such as nutrition and

dementia, communicating with people with dementia, food safety, care of the older person and medication management. There were regular staff meetings and the inspector reviewed the records and found that a range of topics were discussed.

Staff recruitment procedures were in place and included vetting of staff. A sample of staff files were examined by the inspector and were found to contain all of the necessary information required by Schedule 2 of the Regulations. There were 17 volunteers working in the centre at the time of this inspection. All had been vetted and their roles and responsibilities were clearly set out in a written agreement as required by the regulations.

Evidence of current professional registration for all rostered nurses was made available. Good supervision practices were in place with the nurses visible on the floor providing guidance to staff and monitoring the care delivered to residents. The inspector saw that annual appraisals take place for staff and were due in December 2016.

**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:***

Ide Cronin  
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>	New Ross Community Hospital
<b>Centre ID:</b>	OSV-0000602
<b>Date of inspection:</b>	23/11/2016
<b>Date of response:</b>	12/12/2016

### 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 09: Medication Management

#### Theme:

Safe care and support

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

There were gaps identified in medication administration records reviewed, therefore it was impossible to ascertain if the medicines had been given to the resident or not. The temperature recordings of fridges for medicines that required refrigeration were not consistently monitored.

#### **1. Action Required:**

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

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:**

Nursing staff have been informed of this non-compliance and a weekly audit will be conducted to ensure there are no gaps in the recording of administration of medication or in the recording of fridge temperatures.

**Proposed Timescale:** 12/12/2016

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

There was inconsistent evidence of consultation with residents or their representative in development and reviews of care plans.

**2. Action Required:**

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

All residents or their representatives are invited to meet with the person in charge to discuss the development and review of care plans, where this has proven difficult there is evidence of invitation to attend.

**Proposed Timescale:** 31/01/2017