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New Houghton Hospital, Hospital Road, New Ross, Wexford.

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	New Houghton Hospital
Centre ID:	OSV-0000603
Centre address:	Hospital Road, New Ross, Wexford.
Telephone number:	051 420 553
Email address:	annem.roche@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Ide Batan
Support inspector(s):	Caroline Connelly
Type of inspection	Unannounced
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	4

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: 11 November 2015 09:30 To: 11 November 2015 16:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
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	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 14: End of Life Care	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was the centre’s third inspection this year which was conducted as a follow up to the previous inspection that occurred over one day on 10 June 2015. On the registration inspection of March 2015 and subsequent follow up inspection in June 2015 there was still significant non compliance in relation to some fundamental and essential components of the requirements of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) including core aspects of governance which included, medication management, healthcare needs, risk management and reviewing quality and safety of care.

Subsequent to the follow up inspection the provider was given written notice that the Chief Inspector proposed to cancel the registration of New Houghton as a designated centre on the grounds specified in Section 51(2) (b) and 51 (2) (c)(i) of the Health Act 2007, as amended.

In accordance with Section 54 of the Health Act 2007, as amended, the Registered Provider made a written representation to the Chief Inspector concerning the

proposal to cancel the registration of New Houghton. Inspectors also focussed on the written representation submitted by the provider during the inspection.

The inspectors found that the nominated provider and management of the centre had commenced providing a service that met the requirements of the Regulations and Standards. The provider had engaged with the Authority and has taken actions in response to concerns and issues raised by the Authority on the previous inspection. This included formation of an organisational structure to ensure that management systems were in place to monitor compliance with the Regulations and to provide assurances to the Chief Inspector that the centre was being efficiently governed. This ensured residents were being delivered a safe, effective service that met their needs. There was a newly appointed person in charge who met the criteria of Regulation. A quality and safety committee had been set up and the person in charge chaired this committee. Funding had been secured for a practice development nurse who would also be part of the committee. Inspectors saw that residents had been assessed by an occupational therapist as required.

While some areas for improvement were identified, overall inspectors found that there was an adequate level of compliance, with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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):

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

Findings:

On this inspection inspectors found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. There was an organisational structure in place to support the person in charge which included clinical nurse managers on each floor. There was a reporting system in place as observed by inspectors to demonstrate and communicate the service was effectively monitored and safe between the person in charge and the provider nominee. Inspectors saw evidence of regular meetings between the provider nominee and person in charge. Inspectors saw evidence that the provider was informed of any specialist care needs required for residents by the person in charge. For example inspectors saw that specialised equipment for residents had been purchased to ensure their well being.

On the previous inspection the audit process was not sufficiently comprehensive to monitor the quality and safety of care in the centre. Inspectors saw that there was a detailed audit schedule in place. The terms of reference of the quality and safety committee and minutes of meetings were made available to the inspectors. The last meeting had taken place on 4 November 2015 and items on the agenda included risk register and clinical audit. A risk management policy had been introduced which outlined governance arrangements to ensure the management of quality and risk within the centre.

There was evidence of quality improvement strategies and monitoring of the services. The inspectors reviewed audits completed by the person in charge. Clinical data was collected and reviewed. This included information on restraint management, clinical documentation and medication management practices. The inspectors found that this information was used to improve the service. Inspectors saw that that the national policy on restraint had been put in place and local policy had been adapted in line with this. This is outlined further under Outcome 11.

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):

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

Findings:

On the previous inspection the person in charge did not have the required experience of three years experience of nursing older persons within the previous six years to meet regulatory requirements There was a new person in charge on this inspection.

Inspectors found that the designated centre was managed by a suitably qualified and experienced person in charge with authority, accountability and responsibility for the provision of services. Inspectors observed that the person in charge was well known to residents, relatives and staff. Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care to residents. She participated fully in the governance of the centre in a number of ways which included supervising the delivery of care, carrying out audits and managing risk.

Judgment:

Compliant

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:

On the previous inspection there was not a complete record of each medicine administered signed and dated by the nurse administering the medicines. On this inspection inspectors reviewed a sample of medication charts and found that all medication administration records were complete.

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:

On the previous inspection inspectors found that the use of restraint was not in line with the national policy on restraint. Inspectors saw that a restraint free environment was promoted. The decision making assessment utilised within the centre was reflective of current national guidance, and in many cases there was documentation of alternative measures that were considered or trialled before the restrictive practice was implemented. Five residents were provided with ultra low beds. Alternative options were explored. Additional mats were placed by beds and increased safety checks were in place for residents. Inspectors saw that all chemical restraint had been reviewed and that the rationale for any restraint mechanism was documented.

In relation to positive behaviour support, inspectors saw that a multidisciplinary forum had organised to discuss the measures required to support individual residents with behaviours that challenge. Inspectors saw that 21 hours of a personal assistant had been deployed for a resident. Inspectors saw that incidents were being reported and evidence based tools, such as ABC (Antecedent Behaviour Consequence) charts, were being used to log and monitor behaviour to track trends and aid understanding of the behaviour.

Inspectors saw that 60% of staff had completed challenging behaviour training and 100% of staff had completed restraint training.

Judgment:

Compliant

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Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
Only the components relating to fire safety and the prevention and control of healthcare associated infections were considered again on this inspection. On this inspection Inspectors found that procedures for the management of an invasive medical device, in line with the standards for the prevention and control of healthcare associated infection published by the Authority, were implemented.

Clear management protocols for this device had been outlined to staff by the specialist team and this had been included in the resident's care plan. Inspectors saw that two staff members had received training in the care of this invasive medical device. Inspectors saw evidence that fire training had been facilitated for staff. 100% of staff had completed fire training.

100% of staff had completed hand hygiene training .

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

Findings:
On the previous inspection inspectors observed that improvements were required in relation the transcribing, storage, stock control and documentation practices. The practice of transcribing medications had ceased. Inspectors reviewed a sample of medication charts and found that medication management for the most part was in line

with best practice.

Inspectors saw that an external audit had been completed. Monthly audit processes had been introduced which covered all of the medication management cycle. 50% of nursing staff had completed the HSE on line medication management training since October 2015 with the remainder to complete it in November 2015. Inspectors were informed that stock control was monitored by the pharmacist. However, inspectors saw that there was no agreed maximum or minimum stock levels to ensure that adequate stock is maintained that is not excessive and that only medicines required by residents were held in stock.

Inspectors reviewed a sample of prescription records. On the previous inspection, where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the medical practitioner on the prescription chart. Times for administration were not recorded on a number of prescriptions and there was no evidence that these had been clarified prior to administration. Based on a sample reviewed on this inspection inspectors were satisfied that these issues had been rectified. However, in one instance the maximum amount for PRN medication to be administered within 24 hour period was not stated on a drug chart reviewed.

Judgment:

Substantially 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):

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

Findings:

On the previous inspection the person in charge had submitted a report on chemical restraint in use. However, the report did not specify on how many occasions the restraint was used and the rationale for use of restraint was not clearly indicated.

The most recent report received by the Authority indicated on how many occasions the restraint was used and the rationale for use of restraint was indicated.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of

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

Theme:

Effective care and support

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

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

Findings:

On the previous inspection Inspectors found that improvements were required in care planning practices. Care plans were not developed in line with each resident's individual needs. For example, a resident with epilepsy did not have a care plan to guide staff in the management of epilepsy and seizures. On this inspection inspectors saw that there were individual care plans in place aligned to the residents' needs. Also on the previous inspection there was no evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan when reviewed or updated.

The inspector reviewed a sample of care plans on this inspection and found that for the most part there was evidence of resident/ relative involvement in the plan of care. On the previous inspection, inspectors saw that residents did not have access to occupational therapy (OT) services. Inspectors observed a number of residents in the upstairs dayroom sitting in therapeutic chairs not recommended for them. On this inspection inspectors observed that occupational therapy services had been provided for residents that required seating assessments and any repairs to existing equipment or new equipment to be purchased had been sanctioned.

Inspectors also noted on this inspection that 15 additional hours had been allocated to the post of activities coordinator to enhance the current structure in place.

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:

On the previous inspection inspectors found that the premises posed some difficulties in the provision of care due to the lack of private space and facilities for residents. The majority of residents were accommodated in four-bedded rooms which afforded little privacy or room for personal storage. There were no definitive plans in place to reduce the number of residents in each room.

Inspectors saw that extra storage space would be provided for residents by adapting areas in other storage rooms to accommodate extra clothing should the need arise. However, all other deficits in relation to the premises remain the same and there are no definitive plans in place to address these issues.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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:

On the previous inspection there was no evidence of any advance care planning to ensure that the expressed wishes of the resident would be taken into account in the event of the resident being unwell.

On this inspection in a sample of care plans reviewed by the inspectors there was evidence of advance care planning. There was an end-of-life policy in place. The policy of the centre is all residents are for resuscitation unless documented otherwise. This was evidenced by the intimate detail provided within individual end of life care plans and the person in charge had commenced an advance care register which was based on a specific pathway to end of life care.

There was evidence in the advance care plans that end-of life care and decisions regarding resuscitation were discussed by the medical and nursing team with residents and families. The decisions reached were recorded in the medical records. As outlined

under outcome 12 the majority of residents are accommodated in four bedded rooms therefore the option of a single room in the event of more than one resident requiring end of life care could not always be guaranteed for residents. A training programme had been provided to members of nursing staff in relation to a specific pathway in end of life and the framework approach to care.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

On the previous inspection there were still some deficits in staff training. There was no formal support and supervision available for staff which would identify training needs of individual staff members. On this inspection information available conveyed that staff had access to on going education and a range of training was provided. The inspectors found that in addition to mandatory training required by the Regulations staff had attended training on basic life support, behaviours that challenge, medication management, hand hygiene and end- of- life care.

Good supervision practices were in place with the senior nurses visible on each floor providing guidance to staff and monitoring the care delivered to residents. Staff told inspectors that the person in charge was involved on a daily basis and clear directional leadership and support was noted to be provided. Inspectors saw that the process of formal support and supervision had commenced for all staff. The person in charge said that she received supervision from the provider nominee.

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 Batan
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

Centre name:	New Houghton Hospital
Centre ID:	OSV-0000603
Date of inspection:	11/11/2015
Date of response:	27/11/2015

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 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 was no agreed maximum or minimum stock levels to ensure that adequate stock is maintained that is not excessive.

1. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance

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

with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

Minimum and maximum levels have been set and put in place.

Proposed Timescale: 13/11/2015

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:

Inspectors found that the premises posed some difficulties in the provision of care due to the lack of private space and facilities for residents. The majority of residents were accommodated in four-bedded rooms which afforded little privacy or room for personal storage.

2. 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 proposal from estates would have four double rooms and 16 single rooms giving 24 patients on the ground floor. The first floor would also have four double rooms and 18 single rooms giving 26 patients. The total compliment of beds would be increased to 50 and the proportion of single rooms to the total number of patients would be 68%. The proposed site layout indicates the extension would comfortably fit on the site. This proposal is to be sent out to tender to procure a design team.

Proposed Timescale: 31/01/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

The majority of residents are accommodated in four bedded rooms therefore the option of a single room in the event of more than one resident requiring end of life care could not always be guaranteed for residents.

3. Action Required:

Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident's condition, with the resident's consent. Permit them to be with the resident and provide suitable facilities for them.

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

End of life room to be decorated to ensure that resident have privacy at the end of life.

Proposed Timescale: 28/02/2016