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Cahercalla Community Hospital and hospice, OSV-0000444, 17 January 2018

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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:	Cahercalla Community Hospital & Hospice
Centre ID:	OSV-0000444
Centre address:	Cahercalla Road, Ennis, Clare.
Telephone number:	065 682 4388
Email address:	info@cahercalla.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cahercalla Community Hospital Limited
Lead inspector:	John Greaney
Support inspector(s):	Noel Sheehan
Type of inspection	Announced
Number of residents on the date of inspection:	99
Number of vacancies on the date of inspection:	7

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 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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
17 January 2018 10:30	17 January 2018 17:30
18 January 2018 09:00	18 January 2018 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Cahercalla Community Hospital and Hospice is located on the outskirts of the town of Ennis. It provides care to long-term, respite, and convalescence residents and also has five designated hospice beds. The centre was originally opened as a hospital in 1951, and while there had been significant extensions and renovations since then, the overall the design and layout of the premises was largely reflective of a hospital from this period. A major refurbishment of the premises was undertaken by the provider and completed in 2013. The refurbishment was completed to a high standard and substantially addressed the issue of multi-occupancy bedrooms, and all residents were now accommodated in either single or twin bedrooms.

This report sets out the findings of an announced inspection. The inspection was carried to assess compliance with regulations and standards as part of the process of

renewing the registration of the centre, which is due to expire on 11 June 2018. As part of the inspection, inspectors met with the chairperson of the board of management, a director from the board of manager, the recently appointed general manager, the person in charge, the financial accountant, clinical nurse managers, residents, relatives, and other staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, inspectors were satisfied that residents received care to a good standard. Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their roles and responsibilities. Residents had control over their daytime routine, including when to get up in the morning, when to go to bed and when to have breakfast. A number of questionnaires were received from residents and relatives and inspectors spoke to many residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided.

While care was provided to a good standard, some improvements were required. For example, there continued to be significant deficits in access the dining, communal, and recreational space in The Ground Floor, St. Joseph's and Sacred Hear Units. Communal space in each of these units comprised a combined sitting room and dining room, that were inadequate in design and layout and did not provide an environment conducive to resident leaving their bedrooms. This is supported by the findings of this inspection that many residents spend considerable periods of time in their bedrooms. While there was a large external garden with a secure perimeter, the grounds were uninviting and lacking in shrubs or areas of interest. In addition, the garden was a considerable distance away from some parts of the centre, making it difficult to access, particularly for residents with reduced mobility.

Improvements were also required in relation to the assessment and supervision of residents that smoked. For example, risk assessments did not incorporate an objective assessment of the residents physical and psychological capacity to smoke independently and care plans did not provide adequate detail of the level of supervision while smoking.

Other required improvements included:

- the contract of care did not adequately address fees for additional services
- there was not full compliance with department of social protection guidance in relation to pension agent funds
- the risk management policy required review
- not all care plans contained adequate detail of the care to be provided

The action plan at the end of this report identifies where improvements are needed to meet the requirements of 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.

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

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that outlined the aims and objectives of the centre and detailed the facilities and services provided for residents. It contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Compliant

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:

There were adequate resources to support the effective delivery of care. The centre is managed on behalf of the local community by a voluntary board of directors, and members of the board are from a range of professional backgrounds. Day to day operation of the centre is the responsibility of a general manager and clinical care is

supervised by a director of nursing. There were also three clinical nurse managers and plans were in place to increase this to five, one for each unit in the centre.

There were adequate reporting arrangements to support the effective monitoring of the quality and safety of care. There were regular staff meetings, which were attended by members of all disciplines of staff employed in the centre. Any issues of concern raised at these meetings were discussed at quality and safety meetings, and membership of this committee comprised the general manager, the person in charge, the accountant, catering manager, clinical nurse managers, maintenance manager and night supervisor. Issues discussed at these meetings included results of audits, quality metrics, accidents and incidents, maintenance and staffing. Reports from external organisations such as HIQA and environmental health were also discussed at these meetings. Members of the board had recently commenced sitting in on these meetings as an additional means of keeping themselves informed. There were also management team meetings held monthly and membership of this included the general manager, the person in charge, the accountant and catering manager. The board of directors met monthly and the general manager attended this meeting to provide a comprehensive report of activities in the previous month.

There was a comprehensive programme of audits on issues such as infection prevention and control, medication management, health and safety, cleaning, and accidents and incidents. Where the audits identified areas of required improvement, there was an associated action plan identifying who was responsible for implementing the improvement and a date for when it should be completed. There was an annual review of the quality and safety of care for 2016 and the 2017 review was not yet compiled. The annual review included consultation and feedback from residents.

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):

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

Findings:

There was a guide to the centre available for residents. The guide provided a summary of the services in the centre and a summary of the terms relating to residency in the centre.

Each resident had a contract of care, which was agreed on admission and addressed the care and welfare of residents in the centre. The contract was updated since the previous inspection to include the terms relating to the bedroom in which the resident was accommodated and whether or not it was a shared room. While this new contract was issued to all new residents, the contract for existing residents had not been updated to reflect this change. The contract set out the fees to be charged, however, it did not adequately address fees for additional services. For example, there was a weekly service charge, but it was not clearly stated what services were provided for this charge in order for them to make an informed decision about the fee.

Judgment:

Non Compliant - Moderate

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:

The person in charge was a registered nurse and has been employed in the centre since 1980. The person in charge is an experienced nurse who is suitably qualified and evidence of current registration with the relevant regulatory body was in place. The person in charge worked full time and was present in the centre each day from Monday to Friday. It was evident that the person in charge was involved in the day-to-day operation of the centre, was knowledgeable of individual resident's needs, and residents were able to identify the person in charge. The person in charge visited each unit in the morning to get feedback from night staff of any changes to residents overnight.

The person in charge was supported by clinical nurse managers on a day to day basis and there were adequate arrangements in place for the management of the centre in the absence of the person in charge.

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:

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were generally maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The centre was insured against accidents or injury to residents, staff and visitors. The centre had 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.

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:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Residents and relatives spoken with by the inspector were very complimentary of staff and of the care provided. Residents spoken with by inspectors stated that they felt safe in the centre and relatives stated that staff were kind and caring to residents. The inspector observed staff interacting with residents in an appropriate and respectful manner. Training records indicated that all staff had received up-to-date training in recognising and responding to abuse. Staff spoken with by the inspector were knowledgeable of what constitutes abuse and knew what to do in the

event of an allegation, suspicion or disclosure of abuse, including to whom any incidents should be reported. Records indicated that there were no barriers to staff or residents disclosing any concerns in relation to staff performance. Where there were suspicions or allegations of abuse, these were appropriately investigated.

There was a policy on, and procedures in place, for managing responsive behaviour. Where there was evidence of responsive behaviour, care plans contained adequate detail in relation to the communication needs of residents and identified any antecedents to responsive behaviour and de-escalation techniques. Training records viewed by inspectors indicated that a small number of staff did not have up-to-date training in responsive behaviour.

A restraint free environment was promoted. The only form of restraint evident in the centre on the days of inspection was in the form of bedrails and these were in place for eleven residents. Where bedrails were in place, there was a risk assessment completed prior to the use of restraint, and safety checks while restraint was in place. There was evidence of efforts to minimise the use of restraint, such as the use of low low beds and crash mats.

The centre was a pension agent for a number of residents. A process had been instigated whereby all monies received from residents' pensions would be lodged in a residents' account, separate to the centre's own bank account. While progress was being made, this was not yet in place and the centre was deemed to be not in compliance with department of social protection guidance.

Where transactions were made by or on behalf of residents, there were two signatures, including the residents' signatures, where possible. receipts were also available for expenditures made on behalf of residents.

Judgment:

Substantially Compliant

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

Theme:

Safe care and support

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

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

Findings:

There was an up-to-date safety statement. There was a risk management policy and associated risk register that included clinical, operational and environmental risks. The risk management policy, however, required review as it did not address all of the risks specified in the regulations, such as self harm and abuse. There was evidence of the on-

going review of risks and the risk register was updated regularly. There was an emergency plan that gave clear guidance to staff as to their responsibilities in the event of various emergencies, including the evacuation of the centre.

There were measures in place for the prevention and control of infection, such as wash hand basins and hand gel dispensers located at suitable intervals throughout the centre. There were adequate measures in place to prevent accidents, such as suitable floor covering and hand rails located throughout the centre. There were adequate procedures in place for learning from accidents and incidents to minimise the risk of reoccurrence. These were trended and discussed at quality and safety meetings.

The Inspectors reviewed the fire safety register. Fire equipment and the fire alarm preventive maintenance was up-to-date and carried out at the recommended frequency. However, emergency lighting was not serviced quarterly as recommended and records indicated it was last serviced in 2016. This had been identified by the provider prior to the inspection and a technician was on-site on the first day of the inspection. Training records indicated that all staff had attended annual fire safety training. There records of fire drills that outlined the scenario practiced and the number of staff involved. Improvements, however, were required as records available did not always detail the actual time taken to simulate the evacuation of residents. Additionally, each drill only simulated the evacuation of one or two residents and it was not possible to ascertain how long it would take staff to evacuate a full compartment. Staff members spoken with by inspectors were knowledgeable of their responsibilities in the event of a fire, including horizontal evacuation. Personal emergency evacuation plans (PEEPS) were in place for all residents and ski sheets were in place under mattresses to support the evacuation of non-ambulatory residents.

There was a smoking room that was ventilated to the external air by natural and mechanical means and contained a call bell. A fire retardant smoking apron and a fire blanket were also available in the room. The provider was requested to review the type and location of the nearest fire extinguisher to ensure it was suitable and accessible in the event of a fire. There were three residents that smoked. Inspectors were not satisfied that smoking risk assessments took account of the cognitive and physical ability of residents to smoke or to identify the level of supervision required while smoking. The risk assessment for one resident was not reviewed for a number of years to ensure it reflected the current status of the resident. Additionally, the risk assessment did not take account of the location of the smoking room and its remoteness in relation to the rest of the centre and the lack of informal supervision that a smoking room would receive in a less remote location. Care plans for residents that smoked did not provide adequate specifics in relation to the supervision of individual residents while they smoked. The provider was also requested to review the suitability of the furniture in the room to ensure it was smoke retardant. It was noted that the upholstery on two of the chairs was damaged, which may impact on the fire retardant qualities of furniture.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a medication management policy for ordering, prescribing, storing and administration of medicines. The inspector viewed a sample of residents' prescriptions and all contained appropriate information including a recent photograph of the resident; the name, dosage and route of administration for all medicines; and the maximum dosage for prn (as required) medications. There was a system in place to ensure that medications delivered to the centre matched what was prescribed.

The inspector found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. Nurses routinely transcribed medications and based on a sample of prescriptions viewed, there were two nurses signature and a GP signature for each medicine transcribed.

There were regular medication audits carried out by staff in the centre and also by a visiting pharmacist; improvements were made as a result of issues identified. Medication errors were recorded and actions identified to minimise the risk of reoccurrence. There was evidence of attendance at medication management training by nursing staff.

Medications requiring special control measures were managed appropriately. Records indicated that these were counted by two nurses at the end of each shift. Medications requiring refrigeration were stored appropriately. The temperature of the fridge and the ambient temperature in the room was monitored and recorded. There was an adequate system in place for the return of unused and out-of-date medicines to the pharmacy.

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):

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

Findings:

Inspectors found that residents' healthcare needs were met to a good standard and had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. Based on a sample of records reviewed, GPs visited the centre on a regular basis to review residents.

Residents had good access to allied health/specialist services. Dietetic and speech and language services were provided by a nutritional supply company and there was evidence of appropriate referral, assessment and review. A physiotherapist was present in the centre for two days each week to provide individual assessments and also to lead on group exercise activities. Records indicated a review by occupational therapy, opticians and chiropody. Records also indicated that any advice and recommendations were incorporated into care plans.

Inspectors reviewed a sample of residents' records, including the records of residents with restraint measures in place, at high risk of falls, at risk of malnutrition, and with wounds. Residents received a comprehensive assessment at admission using evidence based assessment tools for issues such as the risk of falls, the risk of malnutrition and the risk of developing a pressure sore. Care plans were developed based on issues identified on assessment. The care planning process had recently been reviewed and new care plans were in the process of being introduced. Based on a sample of new care plans reviewed, these new care plans were found to be person centred and provided adequate guidance on the care to be delivered. However, these were only in place for a small number of residents. Similar to the findings of the previous inspection, the older care plans did not provide adequate guidance of the nursing care to be delivered and risk assessments did not adequately contribute to the overall development of the plan. Additionally, information was difficult to retrieve from the older plans.

The inspectors were satisfied that weight loss was closely monitored. Residents were weighed monthly or more frequently if staff had concerns about weight loss. Appropriate referrals were made and advice followed. The inspectors reviewed the files of residents who were at high risk of falls and some who had fallen recently. There was evidence that falls risk assessments and falls care plans in place were updated following falls. Additional measures including low low beds and crash mats had been put in place for some residents. There was evidence of adequate wound assessments, care plans and wound progress notes in place. A number of staff had attended training in wound management and the advice of specialised wound services was obtained where relevant.

Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

There was a programme of meaningful and interesting activities available for residents and this is discussed in more detail under Outcome 16.

Judgment:

Non Compliant - Moderate

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:

Cahercalla Community Hospital and Hospice is located on the outskirts of the town of Ennis. It provides care to long-term, respite, and convalescence residents and also has five designated hospice beds. The centre was originally opened as a hospital in 1951, and while there had been significant extensions and renovations since then, the overall the design and layout of the premises was largely reflective of a hospital from this period. A major refurbishment of the premises was undertaken by the provider and completed in 2013. The refurbishment was completed to a high standard and substantially addressed the issue of multi-occupancy bedrooms, and all residents were now accommodated in either single or twin bedrooms.

The centre comprises five units in two buildings and was previously registered to accommodate 109 residents, but this was recently reduced to 106, following the conversion of a three bedded room to a sitting room. There is accommodation for 66 residents in the first building, of which 20 beds are on the Ground Floor, 26 beds are on St. Joseph's (first floor), and 20 beds are on Sacred Heart (second floor). There is accommodation for 40 residents in the second building, known as The Garden Wing, of which 19 beds are on the ground floor and 21 beds are on the first floor. Overall, there are 62 single bedrooms, of which 32 are en suite with shower, toilet and wash hand basin and there are 22 twin bedrooms, of which 20 are en suite, also with shower, toilet and wash hand basin.

On the days of the inspection the centre was bright, clean, warm, and in a good state of repair. A programme of redecoration had taken place since the last inspection, and issues such as chipped woodwork and damaged paintwork had been largely addressed. Many of the bedrooms viewed by inspectors were personalised with photos, pictures and other personal items. At the last inspection, and on previous inspections, it was identified that there was inadequate sitting, dining, and recreational space to meet the needs of the number of residents accommodated in the centre. Since the last inspection, significant improvements were noted in the Garden Wing first floor, following the decommissioning of a three-bedded room and its conversion to a sitting room. This room was decorated to a high standard with comfortable armchairs, a couch and a bookcase. This room provided an inviting and comfortable environment for residents to spend time away from their bedrooms.

There continued to be significant deficits in access the dining, communal, and recreational space in The Ground Floor, St. Joseph's and Sacred Hear Units. Communal space here comprised a combined sitting room and dining room that were inadequate in design and layout and did not provide an environment conducive to resident leaving their bedrooms. This is supported by the findings of this inspection that many residents spend considerable periods of time in their bedrooms. This is further discussed in Outcome 16 of this report. Outdoor space comprised a garden on the ground floor that was enclosed by a secure perimeter. As identified at the last inspection, the grounds were uninviting and lacking in shrubs or areas of interest. Inspectors were informed that garden furniture had been removed due to the inclement weather but would be returned when the weather improved. In addition to the uninviting nature of the garden, it was a considerable distance away from some parts of the centre, making it difficult to access, particularly for residents with reduced mobility. While efforts had been made to improve storage facilities, this continued to be inadequate and a number of the sluice rooms were cluttered with commodes and linen trolleys, making it difficult to access equipment such as bedpan washers.

There was a functioning call bell system in place and call bells were seen to be accessible from each resident's bed and in each room used by residents. Inspectors observed that call bells were answered in a timely manner. At the last inspection it was identified that an intercom system used to alert staff, for example to phone calls, sounded quite loud and potentially was intrusive particularly for some residents. Inspectors were informed that the intercom was now only used minimally, such as to alert staff and residents to a fire alarm test. This was supported by the findings of this inspection.

There was appropriate equipment provided to meet the needs of residents, hoists were maintained and used as required. There was a chapel available in the centre that was well maintained and was well used by residents, their visitors and members of the community on a regular basis.

The catering facility was monitored by the relevant Environmental Health Officer and inspection reports and records of actions taken by the provider in response to them were available for inspection.

Judgment:

Non Compliant - Moderate

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:

There were policies and procedures in place for the management of complaints. The policy identified the complaints officer, an independent appeals process and a person responsible for oversight of the complaints to ensure all complaints are responded to and that adequate records are maintained. Residents were aware of the process which was displayed at the main entrance to the centre.

Inspectors reviewed the complaints log that contained a record of the complaint and included verbal complaints. Records indicated that each of the complaints were resolved and were reviewed by the person in charge. The record also included the satisfaction, or otherwise, of the complainant with the outcome of the complaints process. Residents and relatives spoken with by inspectors stated they had no problem in discussing any matter with the person in charge or any member of staff.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

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

Findings:

Residents were consulted about how the centre was planned and run through residents' meetings, which were held monthly. These meetings were usually chaired by the activities coordinator and there were records indicating that issues raised were brought to the attention of the person in charge and the general manager to be addressed. Residents had control over their routine, such as when to get up in the morning and when to go to bed. Inspectors noted that residents were not disturbed in the morning, if they were sleeping and were facilitated with a late breakfast, if they so wished. Visitors were seen to come and go throughout the day and it was obvious there was no restriction on visiting times.

Prior to this inspection a number of questionnaires in relation to the quality of care and services were given to residents and relatives. Seventeen completed questionnaires were returned and feedback was overwhelmingly positive. This was supported by feedback from residents and relatives to the inspectors throughout the two days of the inspection. Residents and relatives spoken with by inspectors were complimentary of staff and of the care provided. Inspectors observed staff interacting with residents in a caring and respectful manner.

There were three activities coordinators employed in the centre and two of these were present in the centre on three days each week, with one activities person present for two days. There was a comprehensive programme of activities that included arts and crafts, pet therapy, knitting, flower arranging, music, bingo, quizzes, reminiscence, and exercises. The activities coordinators were supported by a number of volunteers that predominantly provided one-to-one activities for residents that were unable or unwilling to participate in group activities. These one-to-one sessions included activities such as reading to sight impaired residents, hand and head massage, and general chats.

The venue for the group activities was rotated to the communal rooms of the five units on different days each week and residents from the other units were assisted to attend. Inspectors observed that attendees at these activities on the days of inspection numbered between 25 and 30 residents. While there was a broad range of activities available and inspectors observed residents actively participating in activities, there were a large number of residents that spent a significant amount of time in their bedrooms. For example, on the afternoon of the first day of the inspection, the inspectors saw that there were at least 30 residents out of a total of 46 residents in their rooms in two of the units visited. While it is acknowledged that residents bedrooms were bright and spacious and many provided good views of the surrounding environment, communal space was not adequate to support the occupation and recreation of the residents living in the centre.

Inspectors were informed that residents spiritual needs were met through daily rosary and Mass was celebrated in the centre's chapel on six days each week. Inspectors were informed that any other religious denominations were catered for as necessary. Outside of religious ceremonies, the chapel was available as a quiet space for residents to pray and reflect.

Residents had access to a number of informative documents including copies of the

HIQA standards, copies of REACH (HIQA newsletter for residents in residential care), there were details of a national advocacy agency available and copies of the local community/parish newsletter were also available.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There were adequate numbers of staff and skill mix to meet the needs of residents, and to the size and layout of the centre. An actual and planned roster was maintained in the centre with any changes clearly indicated. Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their roles and responsibilities.

The training matrix was made available and the inspector found that there was a good level of appropriate training provided to staff and staff were supported to deliver care that reflected contemporary evidence based practice. Records viewed by the inspector confirmed all staff had attended mandatory training in areas such as fire safety, safeguarding and manual handling. Staff also had access to a range of education on areas such as infection prevention and control, medication management, care planning, and cardiopulmonary resuscitation (CPR)..

The centre had a process of staff appraisal. Staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. A sample of staff files reviewed contained all of the requirements of the regulations.

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:

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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:	Cahercalla Community Hospital & Hospice
Centre ID:	OSV-0000444
Date of inspection:	17/01/2018 and 18/01/2018
Date of response:	22/02/2018

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 03: Information for residents

Theme:

Governance, Leadership and Management

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

The contract of care was updated since the previous inspection to include the terms relating to the bedroom in which the resident was accommodated and whether or not it was a shared room. While this new contract was issued to all new residents, the contract for existing residents had not been updated to reflect this change.

1. Action Required:

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

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

An amendment to be made on existing contracts to reflect the type of accommodation each resident is in.

Proposed Timescale: 22/02/2018

Theme:

Governance, Leadership and Management

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

The contract of care set out the fees to be charged, however, it did not adequately address fees for additional services. For example, there was a weekly service charge, but it was not clearly stated what services were provided for this charge in order for them to make an informed decision about the fee.

2. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

Services will be clearly stated for each resident

Proposed Timescale: 22/02/2018

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Training records viewed by inspectors indicated that a small number of staff did not have up-to-date training in responsive behaviour.

3. Action Required:

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

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

Remaining staff to complete training in Challenging Behaviour

Proposed Timescale: 01/05/2018

Theme:

Safe care and support

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

A process had been instigated whereby all monies received from residents' pensions would be lodged in a residents' account, separate to the centre's own bank account. While progress was being made, this was not yet in place and the centre was deemed to be not in compliance with department of social protection guidance.

4. Action Required:

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

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

All monies received from residents' pensions will be lodged in separate residents accounts from 2nd March 2018

Proposed Timescale: 02/03/2018

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk management policy required review as it did not address all of the risks specified in the regulations, such as self harm and abuse.

5. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

Risk management policy under review since inspection, relevant changes to be made to address self harm and abuse.

Proposed Timescale: 30/04/2018

Theme:

Safe care and support

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

Improvements were required in relation to the management of smoking. For example:

- the provider was requested to review the type and location of the nearest fire extinguisher to the smoking room to ensure it was suitable and accessible in the event of a fire
- inspectors were not satisfied that smoking risk assessments took account of the cognitive and physical ability of residents to smoke or to identify the level of supervision required while smoking
- the risk assessment for one resident was not reviewed for a number of years to ensure it reflected the current status of the resident
- the smoking risk assessments did not take account of the location of the smoking room and its remoteness in relation to the rest of the centre and the lack of informal supervision that a smoking room would receive in a less remote location
- the provider was requested to review the suitability of the furniture in the room to ensure it was smoke retardant. It was noted that the upholstery on two of the chairs was damaged, which may impact on the fire retardant qualities of furniture
- care plans for residents that smoked did not provide adequate specifics in relation to the supervision of individual residents while they smoked.

6. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- New fire extinguisher to be put in the smoking area by 27/02/18
- All smoking assessments of our 4 residents that smoke to be reassessed immediately paying particular attention to their cognitive/physical ability also finding out if they need supervision whilst smoking.01/03/2018
- Architects have been contacted in relation to construction of a more suitable smoking area that will be more visible when residents smoking.
- Damaged furniture removed.22/02/2018.
- Care plans reviewed in relation to supervision.01/03/2018

Proposed Timescale: 01/09/2018

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:

Based on a sample of care plans reviewed, new care plans were found to be person centred and provided adequate guidance on the care to be delivered. However, these were only in place for a small number of residents. Similar to the findings of the previous inspection, the older care plans did not provide adequate guidance of the nursing care to be delivered and risk assessments did not adequately contribute to the

overall development of the plan. Additionally, information was difficult to retrieve from the older plans.

7. Action Required:

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

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

All residents will have the new version of our care plans

80% of residents now have new care plan format.

Remaining 20% in progress, all new residents will have new format.

Proposed Timescale: 30/04/2018

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

There continued to be significant deficits in relation to the premises. For example:

- communal and dining space was inadequate in design and layout and did not provide an environment conducive to resident leaving their bedrooms
- the external grounds were uninviting and lacking in shrubs or areas of interest
- secure outdoor space is a considerable distance away from some parts of the centre, making it difficult to access, particularly for residents with reduced mobility
- storage facilities were inadequate and a number of the sluice rooms were cluttered with commodes and linen trolleys, making it difficult to access equipment such as bedpan washers.

8. 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:

- There is an unoccupied building adjacent to the Ground floor residents which we intend to convert to dining/living room space, this would encourage residents to interact.31/12/2018
- Physio room to be vacated once works on ground floor completed, this room to be changed to sitting room for St Joseph residents.01/02/19.
- Residents of Sacred Heart ward to be invited to go to communal areas on other floors until structure built to accommodate them on their own floor.01/06/19
- Landscape gardener to address this by 31/05/2018
- Outdoor area beside Garden Wing to be made secure and inviting for residents/families by 31/08/2018.

- Storage areas to be also addressed with refurbishment of unoccupied building on Ground floor.

Proposed Timescale: 01/06/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Improvements were required in relation to facilities for occupation and recreation. For example:

- while there was a broad range of activities available and inspectors observed residents actively participating in activities, there were a large number of residents that spent a significant amount of time in their bedrooms. For example, on the afternoon of the first day of the inspection, the inspectors saw that there were at least 30 residents out of a total of 46 residents in their rooms in two of the units visited.
- while it is acknowledged that residents bedrooms were bright and spacious and many provided good views of the surrounding environment, communal space was not adequate to support the occupation and recreation of the residents living in the centre.

9. Action Required:

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

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

- By increasing our communal space from our previous actions, we would hope residents would prefer to come out of their bedrooms for a portion of the day, this would be most beneficial to residents on the Ground floor areas.31/12/2018
- With an increase in communal space on St Josephs it will allow our activity team to carry out their programme on that area rather than moving them around the Nursing Home. Residents from Sacred Heart could also avail of this space.01/02/2019.
- We will also review our activity programme to tailor it more to residents who are bedbound or prefer to stay longer in their rooms.31/05/2018
- We are fortunate to have a dedicated team for activities, this is also complimented by a large number of volunteers who visit residents who are bed bound, or residents who prefer one to one contact rather than group activities, they carry out activities such as reading to individuals, massage and visit from dog handler with dog.
- We are also in the process of improving our wifi/broadband/telephone network to meet the needs of residents and their families.
- We are advertising for a specific Activities co-ordinator this week.01/03/2018

Proposed Timescale: 01/02/2019

