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Gorey District Hospital, Mc Curtin Street, Gorey, 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:	Gorey District Hospital
Centre ID:	OSV-0000676
Centre address:	Mc Curtin Street, Gorey, Wexford.
Telephone number:	053 942 1102
Email address:	Barbara.Murphy@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	10

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 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:
18 November 2014 10:30	18 November 2014 18:00
19 November 2014 09:00	19 November 2014 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report set out the findings of an announced registration inspection that took place over two days on the 18 and 19 November 2014. This was the fourth inspection of Gorey District Hospital by the Health Information and Quality Authority's Regulation Directorate. As part of the inspection the inspector met with the person in charge, residents, the clinical nurse manager, nurses, relatives and numerous staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The provider had applied for registration. The centre had not been registered previously by the authority as the centre provided care for short stay residents for

example residents admitted for respite, convalescent, palliative care and residents waiting long stay placements. The centre is required to be registered under the Health Act 2007. The person in charge and members of the management team displayed a good knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centred care to the residents.

A number of questionnaires from residents and relatives were returned to the inspector and the inspector spoke to a number of residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the staff and care provided. However a number of residents and relatives did identify issues in relation to the decoration of the centre and the lack of social stimulation for residents. Residents and relatives comments are reflected throughout this report.

The inspector found that Gorey District Hospital was generally clean and bright. Residents received a good standard of healthcare and a system was in place to review the quality and safety of care. There was good communication between staff and residents and relatives. There were systems in place to protect residents. Staff demonstrated clinical competency, kindness and a respect for residents. There was a commitment to the training and professional development of staff which had improved since the last inspection. There was evidence of the involvement of the dietician, physiotherapist and other members of the multidisciplinary team on a regular basis in the residents care, with good access to GP services.

There were a large number of actions required from the previous inspection and although a number had been addressed some completed, some partially completed and there were a number that remained outstanding and these are discussed throughout the report. As on the previous inspections the inspector found that the premises posed numerous challenges in the provision of care to due to the lack of private and communal space and facilities for residents. The majority of residents were accommodated in multi-bedded rooms. There was no dining room and there were insufficient sitting areas for residents. The social needs of residents were not adequately addressed or catered for as there were no staff designated as activities coordinator and residents were offered little opportunity to engage in meaningful activities. Mealtimes were found not to be social occasions for the majority of residents and generally residents spent their day by their bedsides in multi occupancy rooms. These improvements and others improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland . Improvements required are described under each outcome statement and are set out in detail in the action plan at the end of this report.

These included improvements in the following areas:

- numerous issues with the premises
- provision of a secure garden
- provision of contracts of care
- provision of meaningful activities for residents
- staffing levels and segregation of roles

- privacy and dignity
- risk management policy

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 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):

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

Findings:

The inspector viewed the statement of purpose, which had been updated since the previous inspection. It outlined the ethos and aims of Gorey District Hospital and described the services and facilities that are provided. It outlined the staffing complement and the organisational structure. It also described the arrangements for consulting residents about the operation of the centre and the development and review of their care plans.

The statement of purpose and function did meet all the requirements of 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:

The management team is comprised of the provider nominee who is based in Waterford, the person in charge and a CNM1 in the centre. Interviews were conducted with the provider nominee, person in charge and CNM 1 during this and other inspections and they displayed a good knowledge of the standards and regulatory requirements in relation to their relevant roles. The provider and person in charge told the inspector they have identified the need for the CNM2 post to be filled to ensure effective governance of the centre.

There was appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses. The person in charge outlined the plans to renovate the hospital and provide a dining room and other upgrade work as required by regulation however resources for the provision of upgrade work had not been identified to date.

There was evidence of some quality improvement strategies and monitoring of the services.

Since the last inspection a resident satisfaction survey had been undertaken. The inspector saw the results which were very positive towards the staff and the service. The inspector viewed audits completed by the CNM, the infection prevention control nurse, the pharmacist and the management team. A health and safety audit had also been completed. Further auditing and development of the quality monitoring system is required to ensure that the quality of care is monitored and developed on an ongoing basis.

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):

No actions were required from the previous inspection.

Findings:

The residents guide was viewed by the inspectors to be easily available to residents. It was found to be comprehensive and met all the criteria required in the legislation.

There were no contracts of care available in the centre for any of the residents at the time of the inspection. The regulations identify that the provider shall agree in writing with each resident on admission the terms on which the resident shall reside in the centre. Therefore the provider is required to agree a written contract of care with all residents which include details of the services to be provided for that resident and the

fees to be charged to meet the requirements of legislation. This was not in place.

Judgment:

Non Compliant - Major

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 worked full time in the centre, she demonstrated that she had the clinical knowledge to ensure the suitability and safety of care to residents. She is a registered nurse and had also completed a degree in nursing, a master's degree in health service management and a higher diploma in gerontological nursing. Training records confirmed she had kept her clinical knowledge current showing that she had attended relevant training courses, including train the trainer courses in restraint and in elder abuse.

She was very involved in the day-to-day management of the organisation. The nursing and care staff all reported to her. The person in charge visited the clinical care areas on a regular basis and was knowledgeable about the residents and their care needs. She was found to be committed to quality improvement and the provision of person centred care.

Residents, relatives and staff identified the person in charge as the one with overall authority and responsibility for the service. She displayed a good knowledge of 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.

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):

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

Findings:

The inspector was satisfied that 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 maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

The inspectors viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

The inspector viewed that policies, procedures and guidelines were reviewed on a regular basis. However they were not all available in line with Schedule 5, there was not a policy on staff recruitment, on staff training and development and on the provision of information to residents available in the centre, which is a requirement of schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Non Compliant - Moderate

***Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

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 period of 28 days or more when the person in charge was absent from the centre and it was demonstrated that the providers were aware of the obligation to inform the Chief Inspector if there is any proposed absence.

The CNM was interviewed by the inspector and was found to be an experienced nurse with managerial experience. The CNM will act up in the absence of the person in charge as she has done in the past. The inspector was satisfied that she demonstrated an awareness of her responsibilities in being in charge of the centre under the legislation.

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:

Inspectors found that there were measures in place to protect residents from suffering harm or abuse. There was a generic HSE policy on the prevention, detection and response to elder abuse which had additional centre specific guidelines. Staff interviewed by the inspector demonstrated a good understanding of elder abuse and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The person in charge told the inspector that she had completed a train the trainer course and that she monitored the training records of staff. Records showed that since the last inspection staff had received update elder abuse training as is required by legislation.

Records of residents' finances and invoicing for care were maintained in accordance with HSE policy and best practice guidelines which were also the subject of regular external audit. On the last inspection it was identified that the records maintained of money and valuables handed in by a resident/relative for safekeeping at the ward level was not sufficiently robust. Money was stored in a locked cupboard and transactions were not signed and witnessed by resident/relative and staff members which did not safeguard resident's finances. On this inspection the inspector saw that there was a robust system now in place, all entries were signed and witnessed and was in accordance with the requirements of Schedule 4.

There was a policy on challenging behaviour which formed part of the dementia policy and this needs to be a stand alone policy. The inspector met a Community Psychiatric Nurse (CPN) who was visiting residents at the time of the inspection. The CPN told the inspector that he regularly reviewed residents and particularly residents who presented with any behaviour that challenged. He advised on treatment and positive behavioural

plans. The CPN confirmed that he provided training to staff on behaviours that challenge, medication management and monitoring and is available for advice and support.

The inspector saw that bed rails were currently being used for a number of residents in the centre, some who have requested them for their comfort others were used for restraint purposes. The inspector saw that assessments for the use of bed rails were being completed on residents and some alternatives had been tried. These assessments were reviewed on a regular basis and there was evidence that residents were being checked and these checks were documented.

The policy on restraint viewed by the inspector was dated 2014, on the previous inspection there were issues on the way consent forms were being completed and on this inspection the consent form was reviewed to show families were not consenting but were being informed when restraint was in use.

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):

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

Findings:

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire" throughout the building. The inspector viewed records which showed that fire training was provided to staff on 30 October 2014. Certification was available to show that the fire the alarm system and fire fighting equipment were tested in September 2014. Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire and that fire drills were being held on a regular basis as is required by legislation.

There was a no smoking policy implemented throughout the hospital and in the grounds of the hospital since the last inspection. At the time of the inspection there were no residents that smoked.

A health and safety audit was undertaken by the regional health and safety officer in July 2014. A quality improvement plan was outlined as a result with time frames for the end of December 2014.

There was a centre-specific health and safety statement in place dated 2014. There was also a risk management policy and a register of risks, detailing the precautions in place to control them. Arrangements were in place for investigating and learning from serious/adverse events involving residents. However the risk management policy did not meet the requirements of legislation as it did not have the measures in place to control the following specified risks

- abuse
- the unexplained absence of a resident
- accidental injury to residents, visitors or staff
- aggression and violence
- self harm

Measures had been put in place to facilitate the mobility of residents and to prevent accidents. These included the provision of handrails in circulation areas, grab-rails in assisted toilets and safe flooring in toilets and bathrooms. The centre had a wide corridor enabling easy access for residents in wheelchairs and those people using walking frames or other mobility appliances. The centre had a large, well-maintained garden to the front and an area with a tarmac surface to the rear. Seating was provided for residents and visitors. However, the gardens were not safe and secure due to car parking areas and unrestricted access to the main road going through the town.

The inspector viewed training records which showed that staff had received current training in moving and handling. There were a number of different hoists available in the centre. These hoists were serviced on a regular basis as required by legislation and records of same were seen by the inspector. The inspector observed staff assisting residents using the hoists which was completed in a safe manner following best practice guidelines.

Personal protective equipment, such as gloves and aprons, and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. A staff member had undertaken train the trainer in infection control and was providing training and education to staff.

The emergency plan had been updated since the last inspection and it now is a centre-specific emergency plan that take into account all emergency situations and where residents could be relocated to in the event of being unable to return to the centre.

Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency, continence, moving and handling.

The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced.

The inspector saw that there was a comprehensive log of all accidents and incidents that took place. Residents' accidents and incidents were documented in their nursing notes and the entries corresponded with the accident and incident log.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

The inspector observed a nurse administering the medications, and this was carried out in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidelines 2007. Medications are prescribed and disposed of appropriately in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007).

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift. The nurses spoken to displayed a good knowledge of medications and the procedure outlined for administration.

There was a centre-specific policy on medication management in place. It was signed and dated by the person in charge and by nursing staff.

Medications were ordered from the pharmacy in Wexford General Hospital and generally delivered on one day per week. Medications could also be delivered at short notice from Monday to Friday. The person in charge told an inspector that an arrangement was in place with a local pharmacy in Gorey to supply medication at the weekend if required and that there was access to a pharmacist in Wexford General Hospital in the case of an emergency. A general stock of medications was maintained for all residents with the exception of residents' receiving respite care, who brought their own medications with them.

The inspector viewed the medication records. Medications were prescribed and disposed of appropriately in line with professional guidelines. There were photographs of the residents on the prescriptions sheet and medications to be crushed were prescribed by the general practitioner (GP) as is required by legislation. Nursing staff did not transcribe medications. There was a GP's signature for each medication prescribed and discontinued. The prescription sheets were designed so that they had to be renewed every 12 weeks.

Medications were stored in the drugs trolleys, which were secured in the treatment room

when not in use. Medication was also stored in a locked cabinet. There was a fridge available for items requiring cool storage and the temperature was recorded and maintained.

Medication management was the subject of audit by the staff and hospital pharmacist.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

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

Findings:

The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

On the last inspection incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) had not been reported in accordance with the requirements of the legislation. On this inspection all items were notified to the authority in compliance with legislation.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

The centre had sufficient GP cover and an out of hour's service was also provided. A contract was in place with three GP practices in the town of Gorey. Each practice was responsible during a month period for assessing newly admitted residents during that period. Residents were seen by a GP within 24 hours of admission. Records confirmed that residents were reviewed regularly by a GP which included regular medication reviews and the GPs visited very frequently if a resident was receiving palliative end of life care.

Residents had access to a range of other health and social care services. There was evidence of regular visits to residents by a dietician and the inspector met and spoke to the dietician during a previous inspection who confirmed individual dietary plans were in place for residents which were seen in their notes. Chiropody services were provided in the centre as required. There was a physiotherapy unit located to the rear of the centre and physiotherapy was available one day a week in the centre for assessment and the implementation of treatment plans. Consultant geriatrician services were provided from two consultants based in Wexford general hospital services. There was also evidence that residents had access to the local mental health services and the inspector met the community psychiatric nurse who was visiting residents on the day of the inspection.

The inspector was satisfied that facilities were in place so that each resident's wellbeing and welfare was maintained by a good standard of evidence-based nursing care and appropriate medical and allied health care. Residents and relatives said they were satisfied with the healthcare services provided.

Residents had assessments completed on admission which included; dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination. These assessments were generally repeated on a three-monthly basis or sooner if the residents' condition had required it. The person in charge and staff demonstrated an in-depth knowledge of the residents and their needs and this was reflected in the care plans. There was evidence of resident/ relative involvement in the residents care and in care planning.

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:

Gorey District Hospital was observed to be bright and clean. However the inspector identified on this and all previous inspections that the premises posed numerous difficulties in the provision of care due to the lack of private and communal space and facilities for residents. The inspector found that the centre required a number of actions to ensure it met the requirements of legislation. The majority of residents were accommodated in two eight-bedded rooms which afforded little space, privacy or room for personal storage. These and other multi-bedded rooms were not personalised. In many cases, lockers and wardrobes were quite small and did not accommodate sufficient clothing to allow residents to exercise choice. There was no lockable storage for residents. There was insufficient communal seating for residents in the day room and there was no separate dining room or separate room for activities.

The inspector noted that there were not enough sockets above resident's beds and one resident was unable to have a call bell plugged in as the socket was used for the purpose of an alarm mat. There was also a lack of overhead bedside lamps required for residents in a number of rooms.

The inspector noted that there were a number of areas around the centre where there was paint coming off the walls particularly around window areas and bed areas. The person in charge informed the inspector fund raising money had been identified to fund the redecoration of the centre but this had not commenced at the time of the inspection.

There were a sufficient number of bathrooms, shower rooms and toilets. There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses, a chair scales, wheelchairs and walking frames. There was an assisted bathroom, which contained a specialist bath that was accessible from both sides. There was ample storage space for special equipment, which was in good condition and had been serviced by an external contractor within the past year. The treatment room, laundry, hairdressing salon and two sluice rooms all had appropriate facilities. The main and side corridors were free of obstacles.

There was a staff changing room, which was clean and had sufficient lockers and toilets. Access to garden facilities was discussed under outcome 8.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

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

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The HSE policy and procedure for comments, compliments and complaints – “Your Service Your Say” was in operation and a local policy was implemented identifying the person in charge as the complaints officer. Leaflets outlining the policy and procedures and giving advice on how to make a complaint were available in a stand in the reception area.</p> <p>Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspectors viewed a comprehensive complaints log and saw that complaints, investigations, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 14: End of Life Care</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were three single rooms which are dedicated palliative care rooms in the centre which have en suite shower, toilet and wash-hand basin facilities. They also contain reclining chairs for visitors who are facilitated to stay overnight if required. One of the rooms has an adjoining door leading to a room for relatives which has a table and chairs and facilities to prepare drinks and snacks. These were seen to be furnished to a high standard.</p> <p>Religious needs were facilitated for residents of a Roman Catholic faith with mass taking place in the centre on a weekly basis. Residents are visited by the local priest and the inspector met the pries on the day of the inspection. Residents from other religious denominations were visited by their ministers as required.</p> <p>Care practices and facilities in place were designed to ensure residents received end of</p>

life care in a way that met their individual needs and wishes and respected their dignity and autonomy. These practices were the subject of ongoing review and improvement and the policy has been changed to commence planning for end of life earlier. The staff had initiated more active discussions with residents and relatives to ensure their wishes are taken fully into account and end of life care planning are instigated for residents. End of life care plans were seen in resident's files. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were at end of life stage.

Links were maintained with the community palliative care team who visited as required. The centre stocks its own equipment such as syringe drivers to be used at end of life. A number of the staff are trained in palliative and end of life care and training in palliative care is ongoing in the centre for qualified staff. The provider told the inspector they were looking into providing end of life care for all care and multitask attendants.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector observed that mealtimes were not social occasions. Although there was a table in the day room available for residents use the majority of the residents had their meals by their beds in their bedrooms. As previously described two of these rooms were eight bedded this did not afford residents any space or dignity during mealtimes. Staff said that staffing difficulties and lack of availability of care staff did not help with the encouragement of residents to move to another area to enjoy her meals the action in relation to this is covered under premises.

The food was cooked in Wexford General Hospital. The food was seen to be nutritious and residents stated they had choice and adequate portions. There was a three-week menu cycle. The kitchen staff told inspectors that they advised the cook/chill supplies department in the general hospital of their requirements in advance. There was a choice of main courses on the day and residents told inspectors that they always have choices available to them. Picture menus were available for residents. The dietary needs of residents were conveyed by nursing staff to the kitchen staff.

Many residents required assistance and the inspector observed that this assistance was provided in an appropriate manner.

The inspector observed that residents had access to drinking water at all times. Jugs of drinking water and glasses were present by the bedsides of residents. Water was available in the day room throughout the day and at meals. Residents told inspectors that water is always available and that they are offered a choice of drinks and snacks during the day.

There was a policy on nutrition and as discussed previously the dietician was fully involved in nutritional planning for residents. The Inspector viewed a number of residents' care plans and observed that the weight of each resident was taken regularly and that the Malnutrition Universal Screening tool (MUST) was completed.

The kitchen was clean. There was a food safety management system in place and there was no evidence non-compliance with the requirements of food safety authorities. Kitchen staff had received food handling training.

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 who spoke to the inspector said that staff addressed them respectfully and they screening curtains were used in shared rooms when personal care was being delivered. However, the inspector found that residents did not have sufficient space and privacy. On the last inspection there were two nine-bedded rooms, the size and layout of the rooms meant that there was very little space between some of the residents' beds. On this inspection although these were reduced by one bed to eight bedded rooms the issues remained. The inspector observed that some residents were trying to rest while another resident was talking loudly alongside them.

On previous inspections there had been a residents/family committee meeting held once

a month, but this was no longer ongoing. Currently the person in charge said she talks to residents on a daily basis and asks them if they have any issues which she records in a diary. The person in charge commenced a resident survey to ensure that residents are consulted with and participate in the organisation of the centre as is required by legislation.

A national newspaper was made available to residents each day and local weekly newspapers were also provided. There was also a small library in the day room which provided access to a supply of books and a number of residents expressed their enjoyment of reading. Residents had access to televisions and radios. Some of the residents had their own mobile phones. A public telephone was available near the entrance and a nurse told an inspector that residents were facilitated to use a phone in the nurses' office when they needed to make or receive a call in private.

Relatives told the inspector that the staff kept them informed regarding the healthcare and general well being of their relatives and that they were welcome in the centre at any time. A small quiet room was available to see relatives in private if required. An oratory was available upstairs but could only be accessed by residents who were mobile. Mass took place weekly in the day room.

A hairdresser visited weekly but apart from that the inspector found as on the previous inspection that there was little emphasis on the social needs of residents and there was no programme of activities in place. The inspector observed that the majority of residents spent the day by their beds except for a few who spent part of the day in the day room. The CNM informed the inspector that during the summer they had a work experience student who provided various activities and social stimulation to the residents which was well received by all. However since the placement finished this was no longer available. The inspector observed the residents spent long periods of the day with no social stimulation provided for them apart from reading or watching the television. The inspector also found that, for those residents with dementia, there was little evidence of sufficient activity-focused care to enhance interaction and communication. Residents and relatives also identified the lack of activities and social stimulation as an issue for them and an area they would like to see improvement in.

Judgment:

Non Compliant - Major

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

Theme:

Person-centred care and support

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

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

Findings:

There was a policy on residents' property and possessions in place. However residents did not have adequate storage space for their clothes and possessions.

Inspectors viewed a number of residents' bedrooms. The majority of the residents share multi-bedded rooms where there was insufficient space for personal possessions and no lockable storage. The action for this is covered under premises outcome 12.

Laundry facilities were provided on the premises and these were adequate. Some of the residents told an inspector that they were very satisfied with the service provided. Other residents told inspectors that they had their laundry done by family members instead.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

Inspectors observed warm and appropriate interactions between staff and residents and they observed staff chatting easily with residents. Residents and relatives told the inspector that staff were very kind and caring.

On the previous inspection the inspector found that staffing levels and skills-mix of staff were not sufficient to meet the care needs of residents. It was evidence on the day of inspection that the role of the multi task assistant did not best meet the needs of the residents. Following providing personal care for the first two hours of duty the multitask assistants then moved onto cleaning and other duties at around 10am. This left two nursing staff to provide direct care to the residents unless there is a health care assistant on duty who is also only assigned to providing care. Residents did not have receive social stimulation and most remained by their beds for the day. The inspector

identified that further segregation of roles was required to ensure consistent care for residents and to allow for more socialisation for residents. This would also provide more consistency for the purpose of cleaning. On this inspection the staffing situation remained the same however the provider and person in charge told the inspector there had been progress made towards the division of the roles. The plan in place is for separation of the roles on the 01 January 2015 and all staff with qualifications in healthcare will work as care staff. Staff that spoke to the inspector said they were looking forward to having more defined roles and feel it will be better for resident care.

Recruitment was not carried out at a local level. There was a national HSE policy for the recruitment, selection and Garda Síochána vetting of staff. The current registration details were maintained for all nursing staff. The inspector viewed a sample of five personnel files. The files were well organised and the files contained all the documentation required under Schedule 2.

Staff told inspectors that copies of the regulations and the standards had been made available to them and that these were also discussed at staff meetings. The inspector viewed minutes of staff meetings and saw that issues covered by the legislation and standards were on the agendas. Minutes of the staff meetings were posted in the staff room.

The inspector viewed the staff training and education records. An overall training matrix was in place and individual records were maintained. The records showed that since the last inspection staff had received mandatory training in fire safety, basic life support, update training in moving and handling and elder abuse training. Training records also showed that staff had attended training in dementia care, training in palliative care, training in stroke management, wound care and Gerontology. One nurse specialised in venapuncture and had provided training and supervision to other nursing staff. One staff had also completed train the trainer in infection control and was rolling the training out for all staff.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Gorey District Hospital
Centre ID:	OSV-0000676
Date of inspection:	18/11/2014
Date of response:	30/12/2014

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

There were no contracts of care available in the centre for any of the residents at the time of the inspection.

Action Required:

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.

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

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

A short stay contract of care is been developed to ensure that it covers the needs of the clients

Proposed Timescale: 31/01/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The inspector viewed that policies, procedures and guidelines were not all available in line with Schedule 5, there was not a policy on staff recruitment, on staff training and development and on the provision of information to residents available in the centre

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

The named policies have been developed and implementation has commenced

Proposed Timescale: 12/01/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk management policy did not meet the requirements of legislation as it did not have the measures in place to control the following specified risks

- abuse
- the unexplained absence of a resident
- accidental injury to residents, visitors or staff
- aggression and violence
- self harm

Action Required:

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

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

The risk management policy has been reviewed and all risks have been included and process to roll out policy is in place

Proposed Timescale: 31/01/2015

Theme:

Safe care and support

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

The gardens were not safe and secure due to car parking areas and unrestricted access to the main road going through the town.

Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

A secure garden to be developed to ensure that accidental issues are prevented to residents staff and visitors

Proposed Timescale: 31/03/2015

Outcome 12: Safe and Suitable Premises**Theme:**

Effective care and support

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

The inspector found that the centre required a number of actions to ensure it met the requirements of legislation. The majority of residents were accommodated in two eight-bedded rooms which afforded little space, privacy or room for personal storage. These and other multi-bedded rooms were not personalised. In many cases, lockers and wardrobes were quite small and did not accommodate sufficient clothing to allow residents to exercise choice. There was no lockable storage for residents. There was insufficient communal seating for residents in the day room and there was no separate dining room or separate room for activities.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Plan has been drawn up for separate sitting room and dining room to ensure that centre meet regulation 17(1) and awaiting capital funding to complete works

Proposed Timescale: 31/03/2015

Theme:

Effective care and support

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

The inspector noted that there were not enough sockets above resident's beds and one resident was unable to have a call bell plugged in as the socket was used for the purpose of an alarm mat. There was also a lack of overhead bedside lamps required for residents in a number of rooms.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A costing plan has been submitted for capital funding to complete necessary works to ensure compliance with regulation 17(2)

Proposed Timescale: 31/03/2015

Theme:

Effective care and support

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

There were a number of areas around the centre where there was paint coming off the walls particularly around window areas and bed areas.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A costing plan has been submitted for capital funding to complete necessary works to ensure compliance with regulation 17(2)

Proposed Timescale: 31/03/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The inspector observed the residents spent long periods of the day with no social stimulation provided for them apart from reading or watching the television. The inspector also found that, for those residents with dementia, there was little evidence of sufficient activity-focused care to enhance interaction and communication.

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:

Activity plan to be put in place and staff member to be allocated to provide activities

Proposed Timescale: 31/01/2015

Theme:

Person-centred care and support

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

Residents did not have sufficient space and privacy in the eight bedded multi occupancy rooms..

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

A Plan to be developed to look at the eight bedded occupancy rooms to ensure that residents have sufficient space and privacy to comply with Regulation 09(3) (b)

Proposed Timescale: 28/02/2015

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Residents did not have adequate storage space for their clothes and possessions.

The majority of the residents share multi-bedded rooms where there was insufficient space for personal possessions and no lockable storage.

Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

Lockable storage has been provided since 20th November 2014 but plan is to be developed to ensure that further space for each resident is provided

Proposed Timescale: 28/02/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The inspector found that the skill mix of staff was not appropriate to meet the needs of the residents.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The separation of roles is to commence in January 2015

Proposed Timescale: 12/01/2015