

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Youghal Community Hospital
Centre ID:	ORG-0000577
Centre address:	Cork Hill, Youghal, Cork.
Telephone number:	024 92106
Email address:	youghalcommunityhospital@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa O'Donovan
Person in charge:	Anne O'Dwyer
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	0

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 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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 April 2014 07:30 To: 10 April 2014 15:30

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

Outcome 12: Safe and Suitable Premises
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Outcome 14: End of Life Care

Outcome 15: Food and Nutrition

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection the person in charge attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector met residents, relatives and staff and observed practice on inspection. Documents were also reviewed such as training records, care plans, medication management charts, complaints log, minutes of residents' meetings. The person in charge who completed the provider self-assessment tool judged that the centre had minor non compliances regarding end-of-life care and food and nutrition relating to policies and care planning documentation.

The inspector found that the person in charge had accurately assessed the service and acknowledged that the lack of a designated dining space severely curtailed the dining experience of residents.

Residents were very complimentary of the food, the daily choice of menu. There was evidence of improvements arising from the findings of the self-assessment questionnaires including a review of the care plan documentation and meal times. Staff were observed assisting and caring for residents in a respectful manner while maintaining residents' privacy and dignity. Both the person in charge and the key senior manager (clinical nurse manager CNM2) displayed a commitment to the delivery of person-centred care and continuous improvement.

Issues which were identified to enhance the service provided to ensure compliance 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 include:

- 1) policies and procedures
- 2) care plans documentation
- 3) premises
- 4) meal times.

Section 41(1)(c) of the Health Act 2007 Compliance 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.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The lack of dining facilities and suitable private space for residents will be discussed under Outcomes 14 and 15.

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Findings:

The provider's self-assessment of compliance with Outcome 14 and Standard 16 identified a minor non-compliance. This minor non-compliance referred to the status of the residents' care plans. The inspector reviewed a sample of care plans and noted that while there was documentation relating to residents' spiritual preferences and choices, matters relating to the future were not addressed in any of the care plans reviewed. The person in charge and clinical nurse manager outlined that a new care plan was being introduced and this was evidenced on inspection. It contained more detailed person-centred questions relating to all aspects of daily living as well as end-of-life care which would help staff to glean appropriate and valuable information to inform quality care and ensure residents' wishes.

Staff training records indicated that all staff had completed the Irish Hospice Training programme 'The Final Journey, What matters to me'. Staff spoken to confirmed they had attended this training but that further support was necessary for appropriate implementation of the valuable learnings from this education. This was discussed in detail by the inspector, person in charge, clinical nurse manager and four nurses at the feedback meeting. Support for staff was evident and staff acknowledged the importance of completing these care plans which would reflect the wishes of residents in their care.

Other training which staff completed to enhance the delivery of care included compassion and caring, spirituality and dying, and the use of a syringe driver (a mechanical pump used to administer medications) in symptom management. One nurse had completed the higher diploma in palliative care.

The inspector reviewed the centre's policy on end-of-life care and noted that the policy had been reviewed and was up to date; it contained details of resident care before, during and after death. Residents' inventories were in place as part of their care plan documentation and there was a protocol for the return of personal possessions to next-of-kin.

There was evidence that residents received care at the end of their life which met their physical, emotional, social and spiritual needs. Residents who spoke to the inspector spoke in a positive manner with regard to their care.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre, and ministers from a range of religious denominations visited.

Tea/coffee/snacks facilities were provided for relatives in the day room and while this was a new initiative, the person in charge stated there was a very positive response to it. Open visiting was facilitated and this was evidenced during inspection with visitors calling throughout the morning and afternoon. Visitors spoken with stated they were welcome to call at any time and staff knew them by name. Family and friends were encouraged to be with the resident throughout their stay as well as at end of life. However, provision of private facilities was totally inadequate as there was no private sitting area within the centre for families. This was discussed with the person in charge. The person in charge outlined that the lodge at the entrance to the centre was in the process of being refurbished to accommodate family members wishing to stay close by their relative, and was near completion. This would comprise a sleeping area, kitchenette and relaxation area and would greatly enhance facilitation of relatives being with their family member.

The person in charge confirmed that residents had access to the local specialist palliative care service, when required, and records reviewed evidenced this. Staff outlined that there was easy access to general practitioner (GP) services as well as out-of-hours GP services. There was evidence that medication management was regularly reviewed and monitored by the GP, consultant geriatrician who attended every six weeks, and the consultant psychiatrist.

Upon the death of a resident, their family or representatives were offered practical information (verbally and in writing by means of a leaflet) on what to do following the death and on understanding loss and bereavement and this included information on how to access bereavement and counselling services, a local bereavement group and Irish Hospice information leaflets.

Documentation indicated that, within the last two years, 100% of deceased residents had their end-of-life care needs addressed without the need for transfer to an acute hospital.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Findings:

The inspector reviewed the person in charge's self-assessment questionnaire of compliance with Regulation 20 and Standard 19. The person in charge had assessed the centre as being minor non-compliant. The inspector concurred with this assessment.

The centre had an up-to-date policy on food and nutrition. The environmental health officer (EHO) had visited a few weeks prior to this inspection and this report was not yet available. The previous EHO report requested that regular audits were completed on items related to the kitchen and completed audits were evidenced.

A record of staff training reviewed by the inspector indicated that staff had attended food preparation, storage and food hygiene training. The training matrix indicated that further training in food management as well as hand hygiene and infection prevention and control were schedule for 2014.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. As there were no dining facilities in the centre, residents only option for their breakfast was either served in bed or at their bedside. Breakfast was served at 07:30hrs and most residents had breakfast then. Feedback from residents regarding the early serving of breakfasts was non-committal. A few had breakfast at 08:00hrs and one resident was observed having his breakfast at 10:30hrs. Early breakfasts was discussed with the person in charge who outlined that additional staff were due to be added to the duty roster which would facilitate later breakfast choice. She stated that breakfasts

would be served after 08:00hrs when the new roster comes into place shortly. Mid-morning and mid-afternoon snacks and hot and cold drinks were served at 10:30hrs and 15:00hrs and fresh drinking water was replenished throughout the day. The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. Residents having their meals were appropriately assisted and received their meal in a timely manner.

The inspector met with the chef who confirmed that she received information pertinent to their nutrition from the staff on a daily basis when necessary. The dietician and speech and language therapist also liaised with the chef regarding dietary requirements and food consistency for residents. The notice board in the kitchen displayed the specialist diets of diabetic, low fat, high calorific and different consistency diets as well as residents' likes and dislikes. The chef outlined that she sought feedback on a daily basis from the residents with regard to the meals served as well as observing portions to ensure residents received the amount requested. The chef had an in-depth knowledge of residents' likes and dislikes relating to menu choice and portion size.

Documentation submitted to the Authority indicated that:

- 2 were on a low fat diet
- 8 were on a diabetic diet
- 4 were on high calorie diet
- 3 were on a soft diet
- 7 were on a semi-soft diet
- 13 residents were on nutritional supplements.

A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed by the general practitioner for residents were administered accordingly.

Lunch was served from 12.30hrs. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Gravies/sauces were served separately. Staff informed the inspector that residents could choose to have their meal in the day room on a bed-table or at their bedside.

Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner and meal times were unhurried. Residents' relatives were able to assist their relative at mealtime and this was observed during the inspection.

Evening tea was served from 17:00hrs. The inspector was informed by staff that the residents had access to dietetic services, speech and language therapy services and occupational therapy and there was evidence of this in residents' care plans. Reports and instruction from allied services were incorporated into residents' nursing notes.

There was evidence that residents had a nutritional risk assessment on admission. A sample of care plans reviewed demonstrated that these were not always reviewed three-monthly. There was evidence that staff completed a daily record of residents' nutritional and fluid intake/output when their condition warranted. Residents' weights were completed monthly or more often if necessary. While weights were documented,

there were three possible places to record weights, in the observation sheet, the nutritional risk assessment or in the risk assessment for skin integrity and pressure making it difficult to trend weights.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Youghal Community Hospital
Centre ID:	ORG-0000577
Date of inspection:	10/04/2014
Date of response:	30/04/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

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 lack of a designated dining space severely curtailed the dining experience of residents.

Action Required:

Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

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

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and

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

we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue and we will advise local inspectors of any updates available to us.

Proposed Timescale: Ongoing

Outcome 14: End of Life Care

Theme: Person-centred care and support

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

Provision of private facilities was totally inadequate as there was no private sitting area within the centre for families.

Action Required:

Under Regulation 14 (2) (c) you are required to: Facilitate each residents family and friends to be with them when they are dying and provide overnight facilities for their use.

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

Over night facilities will be provided within the hospital campus; a room, kitchenette and bathroom are currently being redecorated and furnished.

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue and we will advise local inspectors of any updates available to us.

Proposed Timescale: 30/06/2014

Theme: Person-centred care and support

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

The inspector reviewed a sample of care plans and noted that while there was documentation relating to residents' spiritual preferences and choices, matters relating to the future were not addressed, to enable person-centred procedures to be in place for each resident.

Action Required:

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

Revised care plans are being introduced which will greatly enhance the end of life care plans. Education on end of life care will continue within the hospital and regular monitoring of care plans will occur.

Proposed Timescale: 01/06/2014

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

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

Breakfast was served at 7.30am and most residents had breakfast then.

Action Required:

Under Regulation 20 (5) you are required to: Provide meals, collations and refreshments at times as may reasonably be required by residents.

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

Revised rosters for nursing staff and care assistants are presently being developed and when introduced will allow for breakfasts to commence at 8.10am or at times most suitable to the resident.

Proposed Timescale: 31/07/2014