

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ospideal Pobal Chorca Dhuibhne (West Kerry Community Hospital)
Centre ID:	OSV-0000569
Centre address:	Mail Road, Dingle, Kerry.
Telephone number:	066 915 0350
Email address:	dch@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Ber Power
Lead inspector:	Mairead Harrington
Support inspector(s):	Mary O'Mahony
Type of inspection	Announced
Number of residents on the date of inspection:	46
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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 July 2016 09:15	11 July 2016 18:30
12 July 2016 09:30	12 July 2016 14:45

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

Summary of findings from this inspection

This was an announced inspection, carried out over two days, for the purposes of informing a decision to renew the registration of this designated centre.

Documentation required as part of the registration renewal process was submitted in a timely and ordered manner. As part of the inspection the inspectors met with residents, the service provider, the person in charge, staff nurses, relatives and other

staff members. The inspectors reviewed the policies and procedures in the centre and examined documentation which covered issues such as staff training, complaints and advocacy, and health and safety risk management.

Previous inspection findings for this centre were substantially compliant and where regulatory non-compliances had been identified the provider and person in charge demonstrated a willingness and capacity to implement the required improvements. The last inspection was focused on the themes of food and nutrition and end of life care on 16 October 2014. The centre was found to be compliant on that inspection and the a copy of the report is at www.hiqa.ie.

In summary, the person in charge and management team were found to be actively involved in the day-to-day running of the centre and were readily available and accessible to both residents and staff. There was evidence of individual residents' needs being met and that the staff supported residents in choices around fulfilling their individual interests.

The centre was co-located on the site of a regional primary care facility which supported access to a number of allied healthcare professional services such as occupational and physiotherapy and also the facility of a pharmacy. The inspectors observed good practice during the course of the inspection and there was evidence that a high standard of care was delivered in a person-centred manner. The centre also had good access to general practitioner (GP) services and palliative care. This inspection again established substantial compliance overall with areas for some improvement identified in relation to privacy and dignity and documentation.

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):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed the statement of purpose which declared the aims, objectives and ethos of the centre and summarised the admission criteria, facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under regular review and it had been appropriately amended to reflect circumstances in relation to the application to vary conditions and increase occupancy from 46 to 54.

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:

Service at this centre was provided by the Health and Safety Executive with a well established system of governance in place. The organisational structure included the

necessary deputising arrangements and was resourced to deliver a service in keeping with that described in the statement of purpose. Care was directed through the person in charge who reported to a nominated person responsible for representing the service provider entity.

Staff spoken with were aware of the requirements in relation to the regulations and a copy of the national standards was available and accessible at the centre. Those staff spoken with were found to be committed to providing quality, person-centred care to their residents. Evidence of consultation with residents was also available with regular resident council meetings that were minuted for reference. Those residents spoken with explained that they had an opportunity to engage with management in decision making around activities and initiatives at the centre. The residents spoken with by inspectors spoke highly of their experience of service delivery at the centre. Questionnaires on the quality of care completed by both residents and relatives were also reviewed during the inspection and all provided consistently positive returns on the service, particularly in relation to staff and the approachability of the person in charge. There was also evidence that resources were dedicated on a consistent basis to the continuous professional development of staff ensuring a high standard of evidence based care.

Effective quality management systems were in place to ensure the delivery of service was safe and consistent. Appropriate monitoring mechanisms were also in place to assess and review these systems including regular and relevant auditing procedures. Where learning issues were identified as a result of these reviews measures were in place to ensure that such learning, and any related practice or procedure improvements, were relayed to staff accordingly. A comprehensive annual quality review had been completed that reflected standards of care and provided a plan on progressing quality improvement initiatives.

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:

A guide outlining the services and facilities of the centre was available to residents. The inspectors reviewed a sample of resident contracts that included details of the overall fees to be paid and services to be provided in relation to care and welfare. The sample of contracts reviewed had been signed and dated.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge was a long standing member of staff who held the post full-time and was a registered nurse with experience appropriate to the role. Care was directed through the person in charge and a clear and regular reporting system was in place. Residents and staff spoken with could identify the person in charge and understood that the role carried responsibility and accountability for the service and that issues and concerns could be addressed to the person in charge for action if necessary. In the course of the inspection the person in charge demonstrated a sound knowledge and understanding 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. The person in charge also understood the regulatory responsibilities associated with the role and demonstrated an ongoing commitment to person-centred care, continuous professional development and compliance with the statutory requirements.

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):

No actions were required from the previous inspection.

Findings:

Up-to-date, site-specific policies in keeping with Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place and included a comprehensive policy and procedure in relation to emergency planning and response. Policies were regularly reviewed. Copies of the relevant standards and regulations were maintained on site. Staff spoken with demonstrated a satisfactory understanding of the policies discussed and their application in practice; for example managing safeguarding reporting mechanisms and responding to emergencies including fire and evacuation procedures. However, some policies required amendment to accurately reflect practice such as reference to guidance around chemical restraint in the restraint policy and current practice in managing resident finances in relation to the property policy. Maintenance records for equipment including hoists and fire-fighting equipment were in place. Records and documentation were securely controlled, maintained in good order and easily retrievable for monitoring purposes.

Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were in keeping with requirements. However, there were some gaps in the employment records of a small number of employees. Other records required to be maintained by a centre as per Schedule 4 of the regulations such as a complaints' log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained.

Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by the inspector and found to contain comprehensive details in relation to each resident such as name, contact details for relatives and contact details for their general practitioner (GP).

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:

Both the provider and person in charge understood the statutory requirements in relation to the timely notification of any instances of absence by the person in charge that exceed 28 days; and also the appropriate arrangements for management of the designated centre during such an absence. There had been no such period of absence by the person in charge since the last inspection.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse that had been reviewed and appropriately referenced national policy in relation to the safeguarding of vulnerable adults. Those members of staff spoken with were clear in their understanding of what constituted abuse and, in the event of such an allegation or incident, also understood the procedure for reporting the information. A review of the training matrix indicated all staff had received the required training in safeguarding. Residents spoken with stated that they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise.

A current policy and procedure was in place in relation to managing responsive behaviours and staff spoken with demonstrated the appropriate skills and knowledge to respond to, and manage, behaviour in these circumstances. The centre actively promoted the independence of residents with a policy on restraint that indicated it be used only as a last resort and following consideration of all alternatives. Where restraints such as bed-rails were in use appropriate risk assessments had been undertaken. Care plans reviewed by the inspectors contained documented assessments and consent forms. Restraint assessment forms were in use and a restraint register was in place that reflected regular monitoring.

A policy was in place to cover personal property and processes for managing residents' belongings and ensuring their safe storage and return were in place. Secure storage was provided in residents' rooms for the safekeeping of personal items and finances. Where the centre acted as agents for residents in relation to monies records were appropriately maintained with receipts retained and documentation counter-signed.

Judgment:
Compliant

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

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Policies and procedures relating to health and safety were site-specific and up-to-date. A risk management policy covering the required areas in relation to unauthorised absence, assault, accidental injury, aggression, violence and self-harm was in place. An emergency plan was in place and management had recently introduced personal emergency evacuation plans which highlighted key information such as the mobility status of the resident. The impact of the new wing had been appropriately considered and both staffing levels and fire evacuation procedures had been revised to reflect the change in circumstances.

A fire safety register was in place which demonstrated that daily, weekly and monthly checks were completed to ensure effective fire safety precautions. Fire drills were conducted regularly in keeping with statutory requirements. Regular fire training was provided and records indicated fire training for all staff was up-to-date. Suitable fire equipment was available throughout the centre which was regularly maintained and serviced and documentation was available to confirm this. Regular checks of fire prevention and response equipment were in place including emergency lighting and fire extinguishers. Adequate measures were in place to prevent accidents throughout the premises such as grab-rails in toilets and hand rails along corridors. Call bells were fitted in all rooms where required. Emergency exits were clearly marked and unobstructed. Routine health and safety checks were undertaken including regular reviews of the risk register and control measures for risks identified.

The inspectors saw evidence of a regular cleaning routine and practices that protected against cross contamination included the use of a colour coded cleaning system. An external service provided a laundering facility for bed linen. Staff were appropriately trained in infection control. Sluice rooms and bathrooms were appropriately equipped

and hazardous substances were securely stored. Staff spoken with understood infection control practices and staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff.

Judgment:
Compliant

Outcome 09: Medication Management

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

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

A centre specific medication management policy was in place which outlined the procedures in place for prescribing medication, administration, recording, storage, disposal, crushing and self-administration. An inspector viewed the medication storage areas and found that all medications were in date and securely stored. The medication fridge temperature was within the required range and regularly monitored.

A sample of medication prescription sheets was reviewed; all charts had resident photographic identification and a nurse signature sheet. The medication administration times matched the times on the medication prescription sheet. Nursing staff checked and recorded the balance of controlled drug medications twice daily at the start of each shift. An inspector conducted a spot check on several controlled drug balances and found that these matched the controlled drug register.

An inspector observed practice and spoke with staff who were knowledgeable on all aspects of medication management. The centre had access to on-site pharmacy services and medications were regularly reviewed by attending GP's. Review procedures were in place with records indicating audits of medication management were routinely conducted.

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector reviewed the incident log which was well maintained and clearly recorded all the relevant information around the circumstances and impact of incidents. Incidents requiring formal notification were submitted in keeping with statutory timeframes. Quarterly returns were also provided in accordance with the regulations.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 11: Health and Social Care Needs</i> <i>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.</i></p>
<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Current and site-specific policies and procedures were in place in relation to the care and welfare of residents. The inspectors reviewed a selection of care plans which were well laid out and easy to follow with entries clearly recorded. Each care plan had a comprehensive pre-admission assessment undertaken for all residents. On admission activities of daily living such as mobility, cognition, nutrition and communication were assessed. Where particular needs were identified the circumstances were recorded and a plan of care was clearly set out. There was evidence that these plans of care were regularly reviewed in keeping with statutory requirements, or as assessed needs indicated. Residents spoken with indicated that they were consulted with, and participated in, communication and decisions around healthy living choices including how they spent their day and personal preferences such as food and when or where they took their meals. The person in charge explained the transition arrangements for the schedule of admissions to the new wing which would occur over a phased period admitting up to two residents per week.</p> <p>The person in charge confirmed that a medical practitioner attended the centre regularly and that some residents had retained the services of their own GP. The centre was able to access related health services on-site such as physiotherapy, speech and language</p>

therapy and occupational therapy. Care plans that were reviewed contained recorded assessments using standardised tools and referrals based on these assessments were made in a timely manner. Care plans also included a record of vital signs, daily nursing notes and the property record. Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible.

Staff and management at the centre demonstrated an active commitment to person-centred care. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the needs and personal circumstances around individual residents.

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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre comfortably met the individual and collective needs of the resident profile in keeping with the centre's statement of purpose. The building was of a modern design and contemporary style. The building was well constructed and the interior maintained to a high standard with residents' rooms individually decorated and personalised. Parking adequate to the service was available on site. Provisions were in place to address health and safety hazards with a risk register in place that was subject to ongoing review.

Since the last inspection the premises had been extended to increase occupancy at the centre from 46 to 54 residents. The new wing was finished to a high standard and provided a further eight single ensuite rooms; additional facilities included a small open plan dining area, an extra communal sitting area and a quiet multisensory room. There was adequate space for residents to meet visitors in private and appropriate sluice and utility facilities were also in place.

The centre was located on the outskirts of Dingle town set in substantial grounds with access to secure external space including a courtyard with raised flower beds for gardening activities. Residents were also seen regularly taking walks around the centre.

There was ample communal space including an activity room, visitors' room and residents also had access to an oratory and quiet space.

Including the new wing, accommodation comprised 26 single bedrooms eight of which were ensuite. There were eight twin-bedded rooms of which four were ensuite and three four-bedded rooms with wash-hand basins. Room dimensions exceeded the minimum statutory requirements and all provided adequate space for staff to both assist residents and use assistive equipment if required. All rooms were fitted with overhead hoists. Each room had suitable storage for residents' belongings including a lockable unit and a chair. There was a functioning call bell system in place throughout the centre. The centre provided appropriate facilities including an adequate number of toilets, bathrooms and showers. Where rooms were shared measures were in place to reduce the impact on the individual privacy and dignity of residents, such as the use of screens. However, this benefit was limited and where residents were sharing in up to four bedded rooms there was necessarily an impact in relation to privacy and dignity in the conduct of personal care, for example in circumstances where the use of a commode was required. Action in this regard is recorded at Outcome 16 on residents' rights and dignity. There were suitable staff facilities for changing and storage. There was a separate kitchen facility adjacent to the main dining area that was appropriately equipped and staffed to meet the needs of the centre. There were adequate sluicing facilities provided and arrangements were in place for the proper disposal of domestic and clinical waste. A laundry facility was well equipped and staffed and effective systems were in place to manage infection control and segregate clothing.

There was suitable assistive equipment provided including electric beds, hoists, wheelchairs, walking frames, pressure relieving air cushions and mattresses. Staff had received training or instruction in relation to how to use equipment correctly. There was ample storage space and equipment was stored safely and securely.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
A site specific complaints policy and procedure was in place which covered both written and verbal complaints. The policy cited relevant legislation and provided a clear outline of the procedure to follow in making a complaint, including expected time frames for

resolution. A copy of the complaints policy and procedure was clearly on display and identified an independent complaints officer as part of the appeals process. Residents spoken with were aware of how to make a complaint should they so wish though residents reported that communication with staff and management was very good with opportunities to raise issues at residents' meetings also. In general any requests or issues were usually addressed on an ongoing basis without the need to escalate matters via the complaints process. A complaints' log was maintained which recorded the necessary information around the complainant, nature of complaint, action taken and whether the outcome was resolved satisfactorily.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre had been the subject of a thematic inspection focusing on end of life in October 2014 when it was found compliant with requirements. A comprehensive policy on end-of-life care was in place which covered the emotional, psychological and physical aspects of resident care and also provided direction on respect for remains and the procedure for post-death verification. Guidance was also included on managing religious preferences and the availability of pastoral care if required. Management and staff spoken with were clear in their understanding and commitment to the support of residents' wishes. Members of management spoken with explained an approach which involved both residents and family in the regular review of care planning, including end of life, on request or when there was a change in the condition of a resident.

Good care practices and facilities were observed to be in place so that residents could receive end-of-life care in a way that met their individual needs and wishes. For example residents could avail of a private room or had the choice to go home if possible and the relatives of residents had access to self-contained accommodation on site should they need it. Effective support was available from both GP services and a palliative care team. The inspectors reviewed a sample of care plans and noted that appropriate assessment around spirituality and dying was addressed as part of the admission process. A specific end of life care plan was in place. Residents were regularly reviewed by a general practitioner (GP) and discussion was recorded around the change of circumstances in relation to health and the wishes of the resident.

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 centre had been the subject of a thematic inspection in October 2014 that focussed around food and nutrition and had been found compliant at that time. There were current, site-specific policies on food, nutrition and related care that provided appropriate guidance to staff around assessment, monitoring and documentation of residents' nutritional and fluid intake.

In accordance with policy residents' food, nutrition and hydration needs were comprehensively assessed on admission which formed the basis of ongoing review through the monitoring of weight and the calculation of scores using a specified nutritional assessment tool. The centre was well supported in access to allied healthcare professionals - a sample of care plans reviewed indicated the regular attendance and review of a dietician and/or speech and language therapist. Where residents were assessed as at risk in relation to food and nutrition appropriate care plans were implemented and weight monitoring was in place. A comprehensive menu plan was in place that described calorific and nutritional content and also provided information on allergen content.

Dining areas were bright with tables set for individuals and small groups. Residents could dine in their rooms if they wished. Tables were decorated with flowers and well laid with cutlery, napkins and ware. Staffing levels were appropriate with care staff available to provide assistance with eating for residents as required. Residents were provided with a choice of meals which were freshly prepared, nutritious and appetising in presentation. The inspectors observed staff providing assistance to residents where required and noted that the manner and attitude of staff was patient, helpful and courteous with appropriate techniques being used throughout. Catering It was evident that the staff had a good understanding of the residents' likes and dislikes and meal trays were seen to be individualised according to the requirements and preferences of residents. Feedback from residents was positive about food quality and choice. Light snacks were available throughout the day and drinking water was readily available. The inspectors spoke with kitchen staff who were appropriately trained in food hygiene and handling. Effective communication systems were in operation between the kitchen

and care staff around the needs of residents with records of dietary requirements documented and maintained in a folder for reference. This folder was routinely updated and also on admission of a new resident. The kitchen facilities were well maintained and in keeping with the requirements of the size and occupancy of the centre. Audit procedures were in place.

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):
No actions were required from the previous inspection.

Findings:

There was a policy on providing information to residents and a relevant residents' guide was available and up to date. The centre provided access to independent advocacy services with all staff having a duty of advocacy for residents in the first instance. The person in charge operated a routine of daily consultation with residents and staff. Regular residents' council meetings were held and management also surveyed resident feedback through questionnaires.

The inspectors found the atmosphere at the centre was friendly and interactive with both residents and relatives commenting positively on the attitude and standard of care provided by staff. Staff spoken with understood and demonstrated appropriate techniques in managing communication where residents had a cognitive impairment or other difficulties communicating. Documentation in care plans contained relevant information around the life and circumstances of residents and both the person in charge and staff demonstrated a good knowledge and understanding of individual residents' backgrounds and personal interests.

The centre had dedicated staff resources for managing the activities programme which included life stories, bingo, arts and crafts, card playing and music and song. Management actively fostered cultural links to the community with appropriate consideration given to communication in the first language of residents from the local Gaeltacht area. The centre was also involved in local festivals and transition year students had participated in the creation of a mural art project on-site. Residents said they felt well cared for and supported in their choices. Residents were supported in civic

duties such as voting and the centre provided appropriate access to religious services and pastoral care as required. Residents were seen to enjoy a level of independence appropriate to their assessed abilities. Residents could take exercise around the grounds and raised plant beds were used for gardening activities.

The centre provided facilities for residents to meet with visitors in private and no restrictions on visiting hours were imposed. Residents were facilitated to visit the local town when they wished.

The statement of purpose described the aims of care at the centre and stated that services "are tailored to meet the needs of individual residents" and "to giving residents the right to maintain independence, individuality and dignity at all times". The inspectors found that this ethos and person-centred approach was actively promoted by both management and staff throughout. However, as outlined at Outcome 12 constraints in relation to premises and the use of multi-occupancy rooms for up to four residents did not support the receipt of personal care in a manner that protected privacy and dignity.

Judgment:
Substantially Compliant

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):
No actions were required from the previous inspection.

Findings:
A policy on residents' personal property and possessions was in place and residents were encouraged to maintain control over their belongings and possessions and an inventory of items was maintained. Appropriate laundering processes were in place with effective systems for identifying ownership that ensured residents clothing items could be returned to them safely.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the staff rota and were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. At time of inspection the system of supervision was directed through the person in charge with designated administrative support and appropriate deputising arrangements for suitably qualified staff to provide cover. Management systems were in place to ensure that information was communicated effectively and minutes of staff meetings were available for reference. There was a clearly defined management structure that identified the lines of authority and accountability. A schedule of staff appraisals was in place. Supervision was also implemented through monitoring and control procedures such as audit and review. An appropriately qualified, registered nurse was on duty at all times. Copies of the standards and regulations were readily available and accessible by staff. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents.

The inspectors viewed the training records in the centre which were well organised and accessible. Records indicated a commitment by management to the professional development of staff. Staff told inspectors that they were facilitated to attend training courses and training opportunities were available in relation to gerontology, dementia care, infection control and safe eating and swallowing for example. All staff were appropriately trained in mandatory areas such as elder abuse, fire procedures and manual handling.

The centre had appropriate policies on recruitment, training and vetting which described the screening and induction of new employees and also referenced job description requirements, the recruitment process and probation reviews. The inspectors reviewed a sample of staff personnel files and were satisfied that the requirements of Schedule 2 of the Regulations were generally observed; where there were minor omissions these are recorded for action against Outcome 5 on Documentation. Up to date an Bord Altranais registration was also in place for all members of nursing staff. At the time of inspection there were no volunteers at the centre and the person in charge understood the requirements in relation to documentation for volunteers.

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:

Mairead Harrington
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:	Ospideal Pobal Chorca Dhuibhne (West Kerry Community Hospital)
Centre ID:	OSV-0000569
Date of inspection:	11/07/2016
Date of response:	23/08/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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 property policy required review to reflect current practice and the restraint policy required review to provide guidance and definition around the use of chemical restraint.

1. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures

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

referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

1. The property Policy has been updated and now outlines the new practice in relation to management of resident finances.
2. The restraint policy has been updated and includes reference for staff in relation to the definition of Chemical Restraint and guidance to staff in the use of same.

Proposed Timescale: 18/08/2016

Theme:

Governance, Leadership and Management

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

There were some gaps in the employment records of a small number of employees.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The gaps in the Curriculum Vitas of the staff identified have been filled.

Proposed Timescale: 15/07/2016

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 use of multi-occupancy rooms for up to four residents did not support the receipt of personal care in a manner that protected privacy and dignity.

3. 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:

The HSE proposes over the coming two years to review residential units with a view to evaluating environmental compliance with HIQA residential care standards and regulations. We are currently adhering to the regulations as per No. 4 in S.I No. 293 of

2016 (amendment of Schedule 6 to the Principal Regulations).
In the meantime any resident requiring bedside assistance with toileting needs will be allocated a single room where possible.

Proposed Timescale: 2018

Proposed Timescale: