

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ennistymon Community Hospital
Centre ID:	OSV-0000608
Centre address:	Dough, Ennistymon, Clare.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Mary Costelloe
Support inspector(s):	Catherine Sweeney
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 May 2019 09:30	15 May 2019 16:30
16 May 2019 09:00	16 May 2019 14:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Compliant
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

During this inspection inspectors focused on the care of residents with dementia. Inspectors met with residents, relatives, and staff members during the inspection. Inspectors tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspectors also reviewed documentation such as care plans, medical records, staff files and relevant policies.

Overall, inspectors found the provider and person in charge were very committed to providing a high quality service for residents with dementia. There was a culture among nursing management and staff on providing positive connective and person centered care to residents.

The physical environment had been greatly enhanced in recent years with the

completion of large new extensions and redevelopment works to the older areas of the building. This had led to improvements in the overall quality of life for residents particularly in relation to independence, choice, privacy and dignity, it had created a bright, clean and clutter free environment where residents with dementia could flourish. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspectors found the residents were enabled to move around as they wished, and there was access to an enclosed safe garden area. The staffing levels and size of the unit allowed for supervision of and time to spend with the residents. Signs and colours had been used in the centre to support residents to be orientated to where they were.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. Staff and volunteers continued to provide a range of meaningful and interesting activities for residents. All staff fulfilled a role in meeting the social needs of residents and inspectors observed that staff connected with residents as individuals. Further works in providing additional communal recreational spaces for residents were at an advanced stage. Many staff were involved in completing this project which was being designed and furnished specifically in line with best practice in dementia care to ensure that the environment was interesting with plenty of objects to engage and interest residents.

Residents were observed to be relaxed and comfortable in the company of staff. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses. Arrangements were in place to support the civil, religious and political rights of residents with dementia.

The centre was compliant in all six Outcomes

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

Outcome 01: Health and Social Care Needs

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 inspectors found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Further improvements to the nursing documentation had been implemented following the last inspection.

All residents had access to a general practitioner (GP) services. The GP visited the centre five days a week. There was an out-of-hours GP service available. The inspectors reviewed a sample of files and found that the GP reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services, tissue viability and psychiatry of later life. Chiropody and optical services were also provided. Residents were supported to attend a local dentist when required. Eligible residents were supported to avail of the national health screening programme. The inspectors reviewed a sample of residents' records and found that residents had been referred to these services, regularly reviewed and results of appointments were written up in the residents' notes.

There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency and moving and handling.

The inspectors noted that care plans were in place for all identified issues. Care plans guided care and were regularly reviewed. Care plans were person centered and

individualised. Recommendations from allied health services such as SALT were reflected in residents care plans. There was evidence of relative and resident involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs. Care plans were regularly audited by nursing management team.

Staff and volunteers continued to provide a range of meaningful and interesting activities for residents. There were detailed individualised social care plans in place which reflected individual residents interests and capabilities. Residents who preferred to spend time in their rooms had care plans in place to ensure that they did not become socially isolated.

The inspectors were satisfied that residents weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspectors that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspectors confirmed this to be the case. Care plans in place were found to be person centered and very comprehensive. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

Menus were clearly displayed in a number of locations in the centre and displayed what food choices and dishes were available for each meal. The 'Ragairne' room located in the original building had been converted to provide a dining room for residents. The room was bright, warm and decorated in a homely style. Round tables seating up to four residents and comfortable chairs with arm rests were provided. Some of the tables were height adjustable to facilitate residents with specialised chairs. The table settings were attractive with fresh flower centrepieces. Mealtimes in the dining room were observed to be unhurried social occasions. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. Meals appeared to be wholesome and nutritious and served in an appetising manner. Inspectors observed staff offering choice, encouragement and assistance to residents in a discrete and sensitive manner. Residents spoken with were complimentary regarding the food offered. Residents spoken with stated that they liked having their meals in the dining room. While meals were served from the main kitchen, the dining room contained a kitchenette which facilitated the provision of tea, coffee and snacks throughout the day. Water and juices were accessible throughout the centre.

There was a reported low incidence of falls in the centre. The inspectors reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds, crash mats, chair and bed sensor alarms were in use for some residents. The inspectors noted that the communal areas were supervised by staff at all times. The physiotherapist was available to review residents on request.

There was a reported low incidence of wound development and the inspectors saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment was in use. The inspectors noted adequate wound assessment and wound care charts in place. Staff had access to support from the tissue viability nurse if required.

The inspectors were satisfied that caring for residents at end of life was regarded as an integral part of the care service provided.

There was a comprehensive end-of-life policy in place. Staff confirmed that support and advice was available from the palliative home care team. Nursing staff had received training on the use of syringe drivers and staff had attended end of life training. There was a dedicated palliative care suite available in the centre. Families were facilitated to be with a resident when they were at end of life. Residents individual wishes regarding their preferred priorities of care were outlined in their care plans.

Staff and volunteers continued to provide a range of meaningful and interesting activities for residents. The monthly schedule of planned and varied activities was clearly displayed on the engagement board. The hours worked by the activities coordinator had been recently changed following requests from residents for additional activities to take place at weekends. Staff were committed to providing a range of suitable and meaningful activities for residents. There was on going consultation with residents as regards their preferred interests along with suggestions for new ideas. The inspectors saw that feedback from recent surveys was used to inform the schedule, for example, weekly day trips to places of local interest were now included. Staff in the centre were involved in developing a number of initiatives involving local communities. Inspectors observed residents taking part in an intergenerational project involving visiting local school children. Residents were seen smiling and engaging positively with the children. Residents spoken with stated that they enjoyed the variety of activities taking place.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that appropriate measures were in place to safeguard residents in the centre. There was a policy and procedures in place in relation to safeguarding vulnerable adults. All staff had received training in relation to safeguarding and demonstrated an awareness and understanding in relation to identifying and responding to safeguarding issues. Residents reported that they felt safe within the

centre.

The person in charge confirmed that Garda vetting (police clearance) was in place for all staff and persons who provided services in the centre. Garda vetting was available in the sample of staff files reviewed by the inspectors.

The centre had robust policies and procedures in place in relation to the management of resident's finances. The centre acted as a pension agent for two residents. The inspectors were satisfied that there were robust and transparent arrangements in place for the management of residents' finances.

Residents with dementia were provided with person-centred support that promoted a positive approach to the behavioural and psychological symptoms of their dementia. Staff spoken with demonstrated an awareness of recognizing the underlying causes of these symptoms and developing an appropriate care plan. A restraint-free environment was promoted within the centre. The person in charge was in the process of further reducing the number of bed rails used. Interventions such as beds that could be lowered to a low level, sensor mats and crash mats were among the alternatives used to reduce the risk.

Many staff spoken with and training records reviewed indicated that staff had attended training on the management of responsive behaviour and restraint.

Inspectors reviewed the risk register and confirmed that there was a process in place to identify and manage risk within the centre. A staff meeting to discuss risk was scheduled monthly. Many staff had recently completed risk management training.

The inspectors observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Relatives spoken with felt their relatives were being supported by excellent staff and received very good care.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents were consulted in the organisation of the centre, that their privacy and dignity was respected and their rights upheld.

Residents' committee meetings continued to be held on a regular basis. Minutes of meetings were recorded and displayed. Issues discussed at the most recent meeting included management team and new staff, complaints procedure, safeguarding officer, advocacy, activities, day trips, fire safety education, pharmacy visit, catering, resident surveys and information available for residents. There was evidence that issues raised by residents at previous meetings had been acted upon. Regular resident satisfaction surveys were completed in regard to the care and service provided. The results of surveys were displayed and used to inform improvements to the service.

Residents had access to a wide range of information and there was a resident education plan in place. A wide range of information was readily accessible to residents including the statement of purpose, residents' guide, the annual review on the quality and safety of care in the centre, previous inspection reports and the results of audits. Residents had recently attended fire safety education sessions and further education was planned in relation to health promotion, falls, medication compliance, diabetes, diet control, improving cholesterol levels, inhaler technique and infection control.

The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Adequate screening curtains were provided in shared bedrooms.

Consent was obtained from all residents where possible. Residents, who could not sign a consent form, had their verbal consent documented. Procedures, which included consultation with residents representatives and the resident's doctor, were in place for residents who were unable to give consent.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear.

Inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents were supported to eat their meals at their preferred location.

Residents' religious and political rights were facilitated. Prayer services were held weekly, Mass was celebrated monthly in the centre and Holy communion was distributed daily by a Eucharistic Minister. Residents told inspectors how they enjoyed recited the rosary most evenings. Residents were facilitated to vote in-house, inspectors observed this taking place on the day of inspection.

Residents continued to be supported to maintain links with the local community. Initiatives included residents attending local events such as a singing circle, interactions with day care attendees, attending local nursing home events, day trips to places of local interest including local national schools and pet farm, visits from local school

children and musicians.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the home.

As part of the inspection, inspectors spent periods of time observing staff interactions with residents. The inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place for a total of one and half hours during of the inspection day. An overview of the observations is provided below:

The inspector found that for 100% of the observation period (total observation period of 60 minutes) the quality of interaction score was +2 (positive connective care). Staff knew the residents well and they connected with each resident on a personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks and food, choice of preferred place to sit and choice to partake in activities. Residents were observed to enjoy the company of staff, some smiling, laughing and being affectionate towards staff. Staff sat beside residents and were observed offering assistance in a respectful and dignified manner to residents who required assistance with eating.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that any complaints made in the centre were listened to and acted upon in a timely manner. There was a national complaints policy which was implemented locally. The person in charge had recently completed training in complaints management. The complaints procedure was displayed prominently throughout the centre. Large font was used to make the procedure accessible. The complaint procedure identified an appropriate nominated person to ensure that all complaints were fully investigated and it included an appeals process.

Details of the complaints procedure were included in the statement of purpose and residents' guide, it had also been discussed at a recent residents forum meeting.

Inspectors spoke with a number of residents who confirmed that they were aware of the procedure in relation to making a complaint and would feel confident to do so , if needed.

Inspectors reviewed the complaints log. A record was kept of all complaints. Complainants' were updated promptly of the outcome of the complaints. All complaints were reviewed by the person in charge and areas for improvement and learning were identified and discussed at staff meetings.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

On the day of inspection there were 25 residents living in the centre. There were fifteen long stay residents, four respite residents, four short stay residents and one resident receiving end of life care. Residents dependency levels were assessed using a recognised validated tool. There were nine maximum, four high, seven medium and five residents of low dependency level, one resident was in hospital at the time of inspection.

Inspectors were satisfied that there was an appropriate number and skill mix of staff on duty to meet the holistic and assessed needs of the residents. Staff delivered care in a respectful, timely and safe manner. There were four nurses, a clinical nurse manager (CNM2) and two health care assistants on duty during the morning time and afternoon, two nurses and two health care assistants on duty in the evening time and two nurses and one health care assistant on duty at night time. The person in charge and CNM2 were normally on duty during the day time Monday to Friday. The inspectors reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included the activities coordinator, catering, housekeeping, administration and general operative staff.

The inspectors were satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. The inspectors reviewed a sample of staff files including recently recruited staff which were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction, orientation and training certificates were noted on staff files.

The roles and responsibilities of volunteers were set out and Garda Síochána vetting was in place.

The management team were committed to providing on going training to staff. There was a training plan in place for 2019. All staff had completed up to date mandatory training. Recent training included management of responsive behaviour, dysphagia, infection control and hand hygiene, food safety management, risk management, open disclosure and palliative care. Further training was scheduled to include wound management, health and safety, and medication management.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The layout and design of the centre was suitable for its stated purpose and met the needs of the residents. The design and layout of the new extension promoted the physical and psychological well being, dignity and independence of the people who lived there. The person in charge continued to admit residents in line with the statement of purpose. All continuing care residents were accommodated in single or twin bedrooms with en suite shower and toilet facilities located in the new extension. Residents who required short stay respite or convalescent care were accommodated in two four bedded rooms and two single bedrooms in the older building.

Accommodation for residents was provided on the ground floor. There was a variety of communal day spaces including day room, dining room, smoking room, front conservatory, visitors room, oratory and historical area. Residents were observed using all of the areas. The communal areas were bright, had a variety of comfortable furnishings. Residents spoken with told the inspectors how they enjoyed spending time in the communal day areas and looking at the beautiful views over the surrounding countryside and gardens.

Further improvements to providing additional communal recreational space for residents were at an advanced stage. This new communal space included a memory lane style coffee shop, bar, shop and cinema. Many staff were involved in this initiative which was being designed and furnished specifically in line with best practice in dementia care to ensure that the environment was interesting with plenty of objects to engage and interest residents. Staff had been involved in sourcing and collecting a wide range of memorabilia including old style china, kettles, clocks, lamps, record players, cameras,

telephone, and butter churn. This project was due for completion in July 2019.

Residents had access to a safe enclosed garden courtyard area. The enclosed garden area was easily accessible from the corridor areas and some bedrooms had direct access to the outdoor space. The garden area was paved and landscaped.

The corridors were wide and bright and allowed for freedom of movement. There were pictures and textured wall hangings positioned on the corridors at eye level for residents to engage with. Corridors were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. Seating areas were provided at intervals along the corridors. All areas were bright and well lit. Floor covering was safe, non slip and consistent in colour conducive to residents with a dementia.

Appropriate directional signage was provided on doors and corridors, there was a sign with a word and a picture for bathrooms, dining room, day rooms, oratory and garden. The aim of these were to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for.

Bedrooms were large and bright. Each bedroom had sufficient storage space for residents personal belongings including a secure lockable storage unit. All bedrooms had a clock, wall mounted television and call bell. It was observed that there was adequate room in the bedrooms for furniture including a bed, a chair and storage. Residents were encouraged to personalise their rooms and some had photographs and other personal belongings in their bedrooms.

All bathrooms and toilets were fitted with contrasting coloured grab rails and toilet seats to help residents with dementia orientate better.

There was a range of equipment in the centre to aid mobility. All bedrooms in the new extension were provided with ceiling mounted hoists. Hoists and other equipment seen in the centre were in working order, and records showed they had been regularly serviced.

CCTV cameras were located at the main entrance and external yard areas. There was a policy in place and clear signage displayed indicating the use of CCTV.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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