



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Ennistymon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Dough, Ennistymon, Clare
Type of inspection:	Unannounced
Date of inspection:	18 May 2022
Centre ID:	OSV-0000608
Fieldwork ID:	MON-0036926

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Ennistymon Community Hospital is operated by the Health Service Executive (HSE). The building is situated in a rural setting close to the town of Ennistymon. The centre can accommodate 27 residents. The service provides 24-hour nursing care to both male and female residents. Long-term care, short stay and palliative care is provided mainly to older adults. Bedroom accommodation is provided in single, twin and four bedded rooms. All bedrooms have en suite shower and toilet facilities. There is a variety of communal day spaces available to residents including day room, dining room, front conservatory, visitors room, oratory, historical area and memory lane village. Residents have access to an enclosed garden courtyard area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 May 2022	09:00hrs to 17:00hrs	Claire McGinley	Lead

What residents told us and what inspectors observed

This was an unannounced risk inspection. On the day of inspection, the inspector met with the person in charge who guided them through the infection prevention and control measures in place in the centre. On the day of inspection there were no residents with COVID-19. Following an introductory meeting, the inspector walked around the centre with the person in charge.

Ennistymon Community Hospital is a two-storey building, with accommodation for 27 residents provided on the ground floor in single or twin bedrooms. On the day of inspection, there were 16 residents in the centre. The original building dates back to the 1800's, the historic area of the building contains a replica of the original building for residents and visitors to view and reminisce about.

On the morning of the inspection, the inspector observed that residents had been served their breakfasts in their bedrooms, some residents were sitting by their bed sides and some residents remained in bed during this time. There was a pleasant, relaxed atmosphere throughout the centre and the inspector observed that staff knew the residents well and communicated with them in a polite manner.

The inspector had been informed that the activities person was not on duty, however, a staff member was observed performing some light exercises with the residents in the day room before lunch. An activities schedule was in place. Residents had access to tv, radio, newspapers, and the internet. All resident had access to a call bell system and residents in the day room were provided access to a call system to attract attention of staff when the area was not supervised. A resident satisfaction survey had been completed in 2021.

Residents were observed to be comfortable and relaxed when sitting in the day room, where some residents were colouring, others listened to music, and others read the daily newspaper. A number of residents spoke with the inspector stating that they 'find everything OK', they 'have no complaints', and that 'the food is good'. All residents spoken with were aware of who to make a complaint to, should they need to. Residents were observed to have their personal care needs attended to, and were well-presented.

The design and layout of the premises was generally suitable for its stated purpose and met the residents' individual and collective needs. However, the inspector observed that there were areas of the premises that were visibly unclean, and that there were internal surfaces not amenable to cleaning, for example, exposed concrete window sills.

There was a variety of internal communal spaces available for residents, including a day room, dining room, library, conservatory, visitors' room, oratory and memory lane village. The communal areas in use were bright and airy, with variety of colourful, comfortable furnishings. The corridors were wide, with hand rails, chairs

were spaced at intervals along the corridor so residents could sit and take a break, if required. There were colourful landscape pictures on the walls. However, on the day of inspection, clutter and inappropriate storage was observed in resident vacant rooms, and in the reminiscence area, called memory lane village. The cinema area, in the memory lane village area was being relocated and this space was not available to resident at the time of inspection. Externally, residents had access to three different outdoor areas, one well maintained, secure, internal courtyard, the other two areas were in a poor state of repair.

The inspector observed the resident bedrooms, and found that that some of the rooms had been personalised. In one twin room, which accommodated two residents, there was no privacy screen available between the residents. Two other twin rooms were observed to have a gap between the screens which meant that the resident's privacy was not ensured. The screens between the beds in shared accommodation trailed on the floor which posed an infection control risk.

The inspector observed the residents' lunchtime experience. The inspector was informed that residents were given a choice of menu the day before. Food was observed to be well proportioned and appetising. Staff were observed facilitating residents with their meals, however, some staff were observed to be standing over residents when assisting residents impacting on the dignity and respect of the resident during this time.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The inspector followed up on the action taken to address the findings of the previous inspection on 7 July 2021 and on notifications received by the Chief Inspector.

The findings of this inspection were that some non-compliance's from the previous inspection had not been addressed as stated in the compliance plan submitted by the provider following the last inspection. The inspector found that record keeping, individualised assessment and care planning, infection prevention and control, and the maintenance of the premises were not in line with regulatory requirements.

The previous inspection on the 7 July 2021 had identified non-compliance's with the Birch Suite. The inspector had identified that a glass panel wall and a glass door did not provide adequate privacy. The window openings were defective and could not be closed securely. There was no interesting view from the room as it overlooked a narrow passageway and grey concrete wall. The compliance plan submitted

following the inspection had detailed these issues would be rectified by the 29 October 2021, this had not been completed.

The staffing level on the day of inspection was appropriate for the size and layout of the centre, and the assessed needs of the residents. There was a good skill-mix of staff nurses and care staff on duty. The inspector was informed that there was a deficit of multi-task assistants and nurses from the roster, however, the inspector acknowledged that there is a continued recruitment drive to replace staff.

The training matrix provided on the day of inspection identified the wide range of training that had occurred in the centre, which included infection control training, applying a human rights approach to care, and falls assessment and prevention.

The registered provider of the centre is the Health Service Executive. There was a general manager who provided management oversight to the centre. The centre had a person in charge, and was supported by a clinical nurse manager who provided management support. The clinical nurse manager deputised for the person in charge when absent. The nursing management demonstrated a good awareness of the resident's needs and preferences.

There was an clinical and environmental auditing system in place to ensure the service delivered was safe and effective. Completed audits identified where improvements were required, and records showed that the action plans from these audits were communicated to the relevant staff.

The inspector was informed that there were no complaints available to review. A complaints policy was in place, and the complaints process within the centre was on display in the foyer of the centre.

Regulation 15: Staffing

A review of the roster found that there was sufficient staff, with an appropriate skill mix on duty on to meet the assessed needs of the 16 residents present on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were adequately supervised, and had access to appropriate training in the service.

Judgment: Compliant

Regulation 21: Records

Information governance arrangements and record keeping was not effectively monitored. This is evidenced by:

- Resident records were not maintained in line with Regulation 21(6) as the cabinet they were stored in was not locked and the nurses' office where they were stored was also observed to be unlocked.
- Servicing records for equipment was not consistently available.
- Staff training records provided on inspection found gaps in annual fire safety update training, training in the management of responsive behaviours, and in adult safeguarding training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that the governance systems in place to ensure the service delivered was safe and consistent were not effective. This is evidenced by:

- The provider had failed to take the appropriate measures to address the compliance plan from the previous inspection.
- The monitoring and oversight of areas such as the premises, infection prevention and control, and records management were not effective, and did not ensure the well-being of the resident.
- There was no clear plan on when the memory lane village would be available to residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was reviewed by the inspector. All incidents reviewed had been reported to the Chief Inspector within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were managed in line with the requirements under regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures were not reviewed in line with regulatory requirements. For example, the risk management policy and the recruitment policy.

Judgment: Substantially compliant

Quality and safety

The inspector found that, overall, the care and support residents received was of a good standard, and ensured that the residents were safe and well-supported. Residents' medical and health care needs were met.

Staff reported that they had received a range of infection prevention and control training. The provider had a COVID-19 folder in place, however, the folder provided was not updated with the latest guidance. A number of issues were identified on the day of inspection which were not in line with effective infection prevention and control. Further findings are discussed under Regulation 27: Infection control.

Activities were available to the residents five days per week, and they included group as well as one-to-one activities. There was an activity schedule in place, and residents appeared to be socially engaged throughout the day of the inspection. The inspector found that there was little opportunity for residents to be consulted on issues related to the centre or have their voice or opinion heard. There had been no resident meeting scheduled for over 12 months.

There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident throughout the day. While the mealtime was observed to be a pleasant experience for most residents, the inspector observed that some staff were standing over the resident when facilitating them with their meal, impacting on the social and enjoyable aspect to mealtimes.

The inspector reviewed a sample of resident care plans, and found that the care plans reviewed did not consistently provide details required to direct the care of the residents. Two care plans reviewed did not appropriately assess the needs of the

residents prior to or on admission. Further findings are discussed under Regulation 5: Individual assessment and care plan.

Residents had access to a general practitioner on a daily basis. Residents had access to specialist services and equipment as needed.

Staff spoken with had received training appropriate to their role, and demonstrated the required knowledge and skills on how to respond to and manage behaviours that are challenging.

The design and layout of the premises was generally suitable for its stated purpose, and met the residents' individual and collective needs. However, the inspector observed inadequate storage for resident equipment. Further findings are discussed under Regulation 17: Premises.

There were arrangements in place for residents to receive their visitors in the designated centre. Visitors of the residents who resided in twin room were required to book visits to ensure that if both residents were receiving visitors this could be facilitated in a safe manner.

Regulation 11: Visits

The centre was facilitating visiting in line with the centre's own policy.

Judgment: Compliant

Regulation 17: Premises

On the day of inspection, the inspector found parts the premises that did not meet the requirements of the regulation. For example:

- The compliance's plan in relation to adequate resident privacy, defective window openings and the view from the room onto a grey concrete wall in the Birch Suite were not completed by 29 October 2021, in line with compliance plan submitted to the office of the Chief Inspector.
- There was inappropriate storage in parts of the premises, such as empty boxes in sluice room, resident equipment in the memory lane area and in resident's bathrooms, inappropriate storage of incontinence wear, and paint and clutter in the plant room.
- There was no effective privacy screens available between the beds in three twin rooms.
- Two external outdoor spaces were in a poor state of repair.
- Some resident equipment, such as pressure relieving cushions, were worn

and not amenable to cleaning.

Judgment: Not compliant

Regulation 27: Infection control

A number of issues were identified which were not consistent with effective infection prevention and control measure during the course of the inspection. This was evidenced by;

- Parts of the premises were visibly unclean with dust and debris behind doors, radiators and corners particularly in the dining room.
- The microwaves and toaster in the dining room were not visibly clean.
- Hand gel trays were not visible clean, with a build up of residual gel.
- The cleaning trolley was not visibly clean, and there was no system in place to ensure that the trolley would be cleaned as part of the cleaning schedule.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident care plan documentation and found;

- Some care plans were not developed from an assessment prior to, or on admission.
- Care plans had not been reviewed to reflect the residents current needs, for example, social care plans.
- Care plans did not contain the detail required to guide care, for example, a resident who required enteral feeding did not have this integrated into their care plan.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with unrestricted access to a general practitioner (GP) on a daily basis. Residents had access to allied health care professionals such as physiotherapy, speech and language therapy, dietitian and podiatry services, as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with had the relevant knowledge appropriate to their roles to respond to and manage behaviours that is challenging.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had not consistently ensured that resident's were consulted about and participated in the organisation of the designated centre. The inspector was informed that resident meetings had not occurred for the past year.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ennistymon Community Hospital OSV-0000608

Inspection ID: MON-0036926

Date of inspection: 18/05/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Actions completed: All staff are aware of the importance of maintaining resident's information in a secure and confidential manner. Staff have been reminded of the importance of locking the office door when they exit the offices where the resident's files are located. All doors to the nursing offices are secured with key coded locks. This will be referenced each day at handover as a reminder to secure the office areas.</p> <p>Actions to be completed :</p> <p>Servicing of equipment: a comprehensive list of all equipment is being compiled and when the service of same is due. This file will be available for the inspector on request when completed by the 31st August 2022</p> <p>Training: Staff training on responsive behavior is scheduled for Sept 2022 .By the 28th October 2022 all staff involved with direct resident care will have received training in same.</p> <p>On line adult safe guarding has been completed by all staff. In addition, onsite training has been booked for the 25th August and the 2nd of September 2022.</p> <p>Fire training- three staff require fire training. This will be completed by the 31st August 2022.</p>	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Actions completed :

A number of works that were identified for action from the previous inspection have been completed for example internal painting in the resident's sitting room, window locks have been repaired.

Memory Lane is open for the residents and activities are scheduled there on a regular basis. These are included in the monthly activities calendar, such as Reminiscence sessions and Afternoon tea parties. Engagement has commenced with local artists in relation to Autumn Activities in Memory Lane.

Actions to be completed :

Building works have commenced on February 2022 in relation to the construction of six bedrooms in the designated center to bring up to standard. Any outstanding issues will be addressed as part of this capital project.

The privacy glass for the doors and the blinds for the Birch Unit have been ordered. Works are expected to be completed by 30th September 2022.

A local artist has been engaged in relation to the mural that is planned for the external wall . This will commence on the week of the 15th of August

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Actions completed :

The recruitment policy has been updated.

An audit has been completed on all policies, this audit will be used as an aid to ensure all policies are current and up to date going forward

Actions to be completed :

All policies and procedures are currently under review and being updated. The updated risk management policy is currently with the Quality, Safety and Service Improvement Department and is expected to be delivered to the unit by 24th October 2022

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

Actions completed :

A number of works that were identified for action from the previous inspection have been completed for example internal painting in the resident's sitting room, window locks have been repaired.

Memory Lane is open for the residents and activities are scheduled there on a regular bases. These are included in the monthly activities calendar, such as Reminiscence sessions and Afternoon tea parties. Engagement has commenced with local artists in relation to Autumn Activities in Memory Lane.

External gardens have been attended to and weeding completed.

Actions to be completed :

Privacy curtains in the shared rooms have been addressed and new curtain rails have been ordered, lead time for delivery of same is approximately two months

Storage issues identified during the inspection have been addressed. Extra equipment and stock that was delivered at the start of the Covid 19 pandemic has been identified for collection .

The privacy glass for the doors and the blinds for the Birch Unit have been ordered. Works are expected to be completed by 30th September 2022.

A local artist has been engaged in relation to the mural that is planned for the external wall and substantial progress has been made with this will commence on the week of the 15th of August

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

Actions completed :

A review of the cleaning schedule has taken place and the daily cleaning form has been updated to address issues that were identified during the inspection. This form guides the staff in relation to the daily cleaning and is signed by both cleaning staff and a staff nurse at the end of shift.

Issues with resident's pressure relieving cushions have been addressed, any cushion not fit for purpose has been disposed of and replacement cushions have been ordered, the cushions will be inspected on a monthly basis by the Infection Prevention and Control (IPC) Link Practitioner going forward. Two staff have completed the Link Practitioner IPC course while another nurse is completing her diploma in Infection Prevention and Control

The Covid 19 contingency folder has been updated and contains the latest guidelines from the HSE, and is available in the nurses station for all staff to access when required

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Actions completed :</p> <p>A review of the care planning system is under way and the resident's assessment booklet and guide to care have been reviewed and updated .</p> <p>Regular audits of care plans will continue, to ensure the current needs of the residents are reflective in the nursing care plans.</p> <p>Actions to be completed :</p> <p>All care plans will be person centered and completed to reflect current care needs by the 22nd of August</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Actions completed:</p> <p>Resident forum meetings are part of the activities calendar and have recommenced from July 2022, minutes of same recorded. The Director of Nursing has a visible presence on the unit and all residents know they may speak with her if they have any concerns.</p> <p>Residents satisfaction survey was completed in May 2022</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	29/10/2022
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	31/08/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	01/08/2022
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/09/2022

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (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.	Substantially Compliant	Yellow	30/09/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a	Substantially Compliant	Yellow	22/08/2022

	resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	22/08/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	22/08/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre	Substantially Compliant	Yellow	22/08/2022

	concerned.			
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