



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Caherciveen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Caherciveen, Kerry
Type of inspection:	Announced
Date of inspection:	03 July 2024
Centre ID:	OSV-0000562
Fieldwork ID:	MON-0044074

About the designated centre

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

Caherciveen Community Hospital is a 33 bedded facility situated on the outskirts of the Cahersiveen town, in South Kerry. Bedroom accommodation comprises eleven single bedrooms, five twin bedrooms and four triple bedrooms. Two of the single bedrooms are reserved for palliative care purposes and are self-contained in a separate wing that also includes a bedroom for relatives and a small sitting room with tea/coffee making facilities. The centre has a large recreational/sitting room, a dining room and two internal courtyards. The service provides care for residents requiring long-term care, respite, convalescent or palliative care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
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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 3 July 2024	09:25hrs to 16:50hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

During this inspection the inspector observed that residents living in Cahersiveen Community Hospital were supported to enjoy a good quality of life where their rights were respected by a team of staff who were attentive and caring. Feedback received from residents was overwhelmingly positive in relation to their relationship with the staff in the centre. The inspector met the majority of the 29 residents during this one day announced inspection, and spoke in more detail with eight residents to gain an insight into their lived experiences. Resident told the inspector that they felt safe, they were comfortable and very well cared for.

Cahersiveen Community Hospital is a designated centre for older people which is registered to accommodate 33 residents. There were 29 residents living in the centre, on the day of this inspection. The centre is set over two floors, the ground floor accommodating residents and on the first floor there are staff facilities and offices. The local community day care centre and physiotherapy services are in the same building, however, are not part of the registered designated centre. The close proximity of these services had a positive impact on residents as they could use day care facilities if they wished and the physiotherapist was available to residents on a daily basis.

Bedroom accommodation within the centre comprises of eleven single bedrooms, five twin bedrooms and four triple bedrooms. The inspector saw that bedrooms were clean and well maintained. The centre has a section of the premises dedicated for palliative care. In this area there was a single en-suite bedroom for a family member, if they wished to stay. This area of the centre also had a visitors/residents meeting room and a small sitting room with tea/coffee making facilities.

The inspector observed that there was ample communal space available to residents in the centre, including a dining room, a recreation room and a quiet room. There were also three secure gardens, one which was to the front of the premises and it had been upgraded with seating and planting since the previous inspection. Overall, the inspector found that the premises was well maintained and the external spaces were inviting and accessible for residents.

As part of this announced inspection process, residents and visitors were provided with questionnaires to complete to obtain their feedback on the service. In total, eight residents completed the questionnaires. All residents conveyed that they were satisfied with the care they received. Residents described staff as exceptional, good communicators and stated that staff respected them and promoted their independence. One resident wrote that they "trusted the carers and nurses" and another said there was "nothing they would change in the centre". All residents wrote that they were very happy with the range of activities available and one resident stated that there was "plenty to entertain them in the centre". Others stated they loved playing cards, the sing songs in the centre and taking part in

planting in the gardens.

Residents spoke positively to the inspector about their experience of living in the centre and detailed how staff supported them to engage in activities of their choosing. There was a staff member responsible for activities on the day of the inspection. They were observed to know resident's personal preferences, interests and ability very well. The inspector saw an interactive session in the morning with 15 residents where they discussed and reminisced about places around the world that they had visited and local town lands and the history of them. After lunch there was a mass in the recreational room where approximately 45 people were in attendance. This included people from the local area who were attending the day care centre on that day. Residents were actively involved in the mass and some said readings and prayers of the faithful. Many residents expressed their happiness that they had religious services available to them in the centre. Some residents chose not to take part in activities and were observed reading and watching television in their bedroom and being visited by staff for chat. A couple of residents informed the inspector that they had requested days out of the centre and discussions with management indicated that plans were in place to arrange these over the summer months.

It was evident throughout the day that residents exercised choice with regard to their life in the centre such as when to get up and where to have their meals. The inspector observed respectful interactions between staff and residents throughout the day. Staff chatted to residents about local news, sports and their families. It was evident that staff knew residents well and promoted their independence and quality of life. Residents informed the inspector that staff were always attentive and responded to their requests for assistance, in a timely manner. The inspector had the opportunity to meet with four visitors on the day, who all praised the kindness and compassion of staff. A local volunteer was also working in the centre on the day of this inspection and were observed having positive interactions with residents, playing cards with them and sitting down chatting about local affairs.

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

Capacity and capability

This announced inspection was carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). This inspection found that Cahersiveen Community Hospital was a well-managed centre where residents were supported and facilitated to have a good quality of life. Residents were in receipt of a high standard of care by staff that were responsive to their needs. Some actions were required in fire precautions, care planning and the implementation of policies. These will be further

detailed under the relevant regulations.

The registered provider of Cahersiveen Community Hospital is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by a clinical nurse manager and a staff team of nursing, health care, household, catering, activity and maintenance staff. The person in charge reported to a General Manager in the HSE, who was available for consultation and support on a daily basis. The service is also supported by centralised departments, such as human resources, fire and estates and practice development. There was evidence of good communication via quality and patient safety meetings, to discuss all areas of governance.

On the day of the inspection there were adequate resources, in terms of staffing, to ensure the effective delivery of care in accordance with the statement of purpose and to meet residents' individual needs. There were clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable. Incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector, within the required time frame.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits, weekly monitoring of quality of care indicators and trending of incidents involving residents. Information arising from incidents and resident feedback was used to inform service improvements and communicated to staff during meetings and at daily handovers.

Policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre. These were reviewed at intervals not exceeding three years, as per regulatory requirements. However, the inspector found that the HSE national policy pertaining to residents finances for whom the provider is a pension agent for had not been implemented, which is actions under regulation 4. All requested documents were made readily available to the inspector throughout the inspection. There were a number of volunteers who attended the centre and these individuals were recruited in line with the regulation. The inspector viewed a sample of complaints and found that they had been managed in line with the centre's policy.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector since the previous inspection and included all information required, as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary management experience as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and were articulate regarding governance and management of the service. The person in charge was well known to residents and their families and displayed good knowledge of the residents' needs and a good oversight of the service.

Judgment: Compliant

Regulation 15: Staffing

From review of the roster and from speaking with staff and residents it was apparent that the staff compliment and skill-mix was sufficient to meet the care needs of the 29 residents on the day of inspection. Residents and visitors spoke very positively about staff reporting they were kind, caring and respectful.

Judgment: Compliant

Regulation 23: Governance and management

The provider has ensured there were adequate resources in place to operate the centre. A comprehensive annual review of the quality and safety of care was complied by the service and was available to residents and it also included their feedback on the service. Systems in place ensured that service delivery to residents was safe and effective through the ongoing audit and monitoring of outcomes.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These contracts clearly outlined the room the resident occupied and the fees for services, as per regulatory requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose, as per regulatory requirements and it contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

People that attended the centre on a voluntary basis had their roles and responsibilities outlined, as per regulatory requirements. Each also had An Garda Siochana (police) vetting and references obtained, prior to commencing employment.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, as per regulatory requirements, within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centres' policies.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. There was evidence that residents and relatives were satisfied with measures put in place in response to issues raised. The complaints process was on display throughout the centre to inform residents and visitors the procedure for making a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

The HSE policy in relation to the management of residents finances had not been implemented. Although residents money was retained securely and there were robust monitoring systems in place by the provider evident, for a number of residents monies had been retained in the providers account for longer than the policy indicated.

Judgment: Substantially compliant

Quality and safety

Findings of this inspection were that residents were in receipt of a high standard of care in Cahersiveen Community Hospital by staff that were responsive to their needs. Residents spoke positively about the care and support they received from staff and told the inspector that their rights were respected and they felt safe in their home. Some actions were required in relation to the fire precautions and care planning which will be detailed under the relevant regulations.

Residents had access to appropriate medical and allied health services. There was evidence of regular medical reviews and referrals to specialist services as required such as a physiotherapist, speech and language therapy, dietetics, and chiropody. Residents were comprehensively assessed on admission and at regular intervals thereafter, using evidence-based assessment tools. The inspectors saw that all residents had a care plan in place, as per the requirements of the regulations and information contained in these records was person centred. However, not all care plans were updated when the needs of the resident changed, which is discussed in more detail under regulation 5 of this report.

The inspector followed up on the findings of the previous inspection with regards to fire evacuation drills, specifically of the largest compartment. Although fire training was provided to all staff in the centre on a yearly basis and drills were taking place, these did not evidence that the two compartments of ten residents could be evacuated when staffing levels were at their lowest. This is further detailed under regulation 28.

The provider had systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and an emergency plan was in place, with an appropriate response for all emergency situations.

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. The centre promoted a restraint free environment and there was one resident allocated bedrails on the day of this inspection.

Safeguarding training was provided for all staff. The centre was a pension agent for some residents living in the centre at the time of this inspection.

Arrangements were in place for the service to provide compassionate end-of-life care to residents in accordance with resident's preferences and wishes. Staff had access to specialise palliative care services for additional support and guidance to ensure residents end-of-life care needs could be met. Management and staff promoted and respected the rights and choices of resident's in the centre. Resident meetings were frequent and well attended and issues identified were addressed. Dedicated activity staff implemented a varied and interesting activities programme. Residents had access to the Internet as well as daily newspapers, televisions and radios.

Regulation 10: Communication difficulties

Residents with communication difficulties were facilitated to communicate freely and care plans detailed communication requirements of residents. Staff were familiar with residents communication needs, and were observed providing appropriate care and support.

Judgment: Compliant

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends. There was ample space for residents to receive visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished. Residents clothes were laundered on site and residents told the inspector and submitted in their questionnaires that they were satisfied with the laundry services in the centre.

Judgment: Compliant

Regulation 13: End of life

A good standard of care was provided to residents at their end of life. Residents' care preferences for their end of life were discussed with them and recorded in their care plan. Detailed information on physical, psychological, social, spiritual preferences were recorded. The centre had two rooms allocated to accommodate residents at end of life which also had facilities for families to stay and a separate private sitting rooms with kitchen facilities.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises conformed to Schedule 6 of the regulation. The team of staff were adding additions to the premises such as decor to walls and new items of furniture to make the centre homely for residents.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Residents had clinical risk assessments completed and control measures were in place.

Judgment: Compliant

Regulation 28: Fire precautions

There were two compartments in the centre that can accommodate ten residents. Although fire drills were being undertaken the inspector was not assured from these drill records that residents could be evacuated in a timely manner, when staffing levels were at there lowest. A drill of both these compartments was submitted in the days following this inspection and some assurances were provided. However, the provider is required to regularly undertake these drills with all staff to ensure they

are competent to carry out a full compartmental evacuation, when staffing is at its lowest. This was also a finding on the previous inspection of this centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While some care planning documentation reviewed demonstrated comprehensive knowledge of residents' individualised needs and person-centred care, some further actions were required evidenced by the following findings:

- a resident who had required wound care treatment did not have sufficient detail in their skin integrity care plan to direct care delivery.
- one residents care plan had not been updated to reflect that their condition had changed in the last two weeks, therefore, it did not reflect care required.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health and social care professional support to meet their needs. Residents had a choice of general practitioner who attended the centre as required or requested. Residents were also supported with referral pathways an access to allied health and social care professionals. There was a very low incidence of pressure ulcer development in the centre and there were no residents being treated for pressure ulcers on the day of this inspection.

Judgment: Compliant

Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures or suspicions of abuse. Staff working in the centre received training on safeguarding vulnerable adults at a minimum of every two years. The provider was acting as a pension agent for seven residents on the day of this inspection and there were robust measures in place for the management of these finances. Prior to commencing employment in the centre, all staff were subject to An Garda Síochána (police) vetting.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were respected in Cahersiveen Community Hospital. The provider ensured that there were appropriate facilities for occupation and recreation available to residents and that opportunities for residents to participate in meaningful group and individual activities were facilitated. Staff were observed to support residents to exercise choice in how they led their daily lives. Residents had unrestricted access to television, radio, newspapers, telephones and the Internet. Residents also had access to advocacy services. Residents had access to day care facilities which were situated in a building were attached to the centre.

Judgment: 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Caherciveen Community Hospital OSV-0000562

Inspection ID: MON-0044074

Date of inspection: 03/07/2024

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The client's ledger will be regularly reviewed during the year and updated to remove inactive or deceased accounts. Where balances remain on inactive or deceased accounts the units will to make the necessary enquiries and pay the balances to the clients' next of kin or the Chief State Solicitor's Office (CSSO) as appropriate.</p> <p>This is a work in progress and under review with our colleagues in finance, it has been escalated to Head of Service and Head of Finance, the General Manager has been informed that it should be resolved by Quarter 1 of 2025</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Following the day of inspection, two fire drills were undertaken in the compartments that accommodate ten residents, and significant improvement in evacuation times</p> <p>Evacuation drills will continue to be undertaken on a regular basis by the person in charge and HSE training provider with all staff, to ensure that they are competent to carry out a full compartmental evacuation, when staffing is at its lowest.</p>	
Regulation 5: Individual assessment	Substantially Compliant

and care plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Identified persons care plan has since been transferred to the resident care record, we will monitor and manage same on an individual basis going forward</p> <p>Wound care assessment and care planning practices have been reviewed and going forward all wound care care plans will specify the minimum duration between photographic assessment and measurement of wounds. This individual minimal timeframe will be based on clinical assessment.</p> <p>This timeframe will be adhered to in accordance with the person's plan of care or undertaken more frequently if deemed clinically necessary. The wound care plan identified on the day of inspection has been updated in relation to same.</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 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/07/2024
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/03/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	10/07/2024

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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