

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |                              |
|---|------------------------------|
| <b>Centre name:</b>                                   | St. Patrick's Hospital       |
| <b>Centre ID:</b>                                     | ORG-0000589                  |
| <b>Centre address:</b>                                | Cashel,<br>Tipperary.        |
| <b>Telephone number:</b>                              | 062 61100 Ext 201            |
| <b>Email address:</b>                                 | mary.prendergast2@hse.ie     |
| <b>Type of centre:</b>                                | The Health Service Executive |
| <b>Registered provider:</b>                           | Health Service Executive     |
| <b>Provider Nominee:</b>                              | Bridget Farrell              |
| <b>Person in charge:</b>                              | Mary Prendergast             |
| <b>Lead inspector:</b>                                | Louisa Power                 |
| <b>Support inspector(s):</b>                          | Mairead Harrington           |
| <b>Type of inspection</b>                             | Announced                    |
| <b>Number of residents on the date of inspection:</b> | 124                          |
| <b>Number of vacancies on the date of inspection:</b> | 9                            |

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

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

**The inspection took place over the following dates and times**

|                   |                   |
|-------------------|-------------------|
| From:             | To:               |
| 15 May 2014 11:00 | 15 May 2014 17:30 |
| 16 May 2014 08:30 | 16 May 2014 12:30 |

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

|                                |
|--------------------------------|
| Outcome 14: End of Life Care   |
| Outcome 15: Food and Nutrition |

**Summary of findings from this inspection**

In preparation for this thematic inspection provider received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed questionnaires which relatives had submitted to the Authority prior to the inspection.

As part of the inspection the inspectors met with the providers, the person in charge, residents, relatives, nurses, relatives and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, complaints log, policies and procedures and records of residents' meetings. The person in charge had completed the self-assessment tool and had noted some areas for improvement in respect of end of life care, and had devised an action plan to address these.

The inspector found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), and the National Quality Standards for Residential Care Settings for Older People in Ireland, in the area of food and nutrition, and in end of life care but improvements were identified to enhance good practice. The required improvements are set out in detail in the action plan at the end of this report

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The centre-specific policy on end of life care was made available to inspectors and was reviewed in August 2012. This policy was augmented by a number of other centre-specific policies which covered areas such as the use of a syringe driver and an automated defibrillator device (AED). Inspectors noted that these policies were comprehensive and evidence based.

In the provider self-assessment, the person in charge had identified a number of specific areas for improvement in respect to end of life care, including staff training and development of a more user friendly end of life care plans. There was evidence that these specific improvements were in progress.

Inspectors reviewed a selection of care plans of deceased residents and noted that residents had received appropriate care and their emotional, physiological and spiritual needs had been met. A number of residents had died at the weekend and inspectors saw evidence that there was not timely recognition that a resident was dying, appropriate referral was not made to specialist services and physical needs were not always met. This was discussed with the person in charge who made a draft pathway for end of life available to inspectors which would aid staff to identify residents who are nearing end of life sooner and be able to implement the appropriate care pathway.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre on a daily basis. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit. Members of a pastoral care team visited the centre regularly.

Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team for cancer care.

Questionnaires, asking relatives' opinions regarding end of life care, were sent to the relatives of deceased residents. The response rate was 90%. While most responses reflected satisfaction with the care received, other responses included references to the lack of availability of a single room.

Of the sample of files reviewed by the inspectors, it was clear that attempts had been made where relevant to identify the wishes of the resident with regard to end of life, including place of death. However, inspectors observed that a single room was not always available. The centre-specific policy stated and staff confirmed that, if possible, the option to go home for end of life care was facilitated.

Family and friends were facilitated to be with the resident at end of life. Overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times from the kitchenettes located on each unit.

A comprehensive end of life assessment and care plan had been completed for all residents which ascertained the resident's wishes and would guide care. Residents and relatives with whom inspectors spoke confirmed that end of life wishes had been ascertained in a sensitive manner. Some residents expressed to the inspectors that in the event of becoming unwell, they would prefer to go to the acute services while other residents stated that they would choose to stay in the centre. Inspectors saw that this information was recorded in the resident's care plan and the care plans were reviewed and updated on a three monthly basis or more frequently if a resident's needs changed.

Inspectors noted that practices after death respected the remains of the deceased person and family members were consulted for removal of remains and funeral arrangements. Staff with whom the inspectors spoke confirmed that staff members and residents were all informed and support was given by the pastoral care team. Residents were offered the opportunity to pay their respects to the deceased resident and were facilitated to attend the funeral. Residents and staff could attend the annual remembrance service held in the hospital church and deceased residents were remembered at residents' committee meetings.

Family members were also given practical information with regard to registering a death. The end of life policy stated that personal possessions were returned in a sensitive manner and the staff showed inspectors the handover bag used for this purpose. Staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

Records were made available to inspectors which confirmed that all staff had received training in end of life care in January 2013 and April 2014.

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**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

There were centre-specific policies in place in relation to meeting the nutritional needs of residents and inspectors noted that the policies informed practice among nursing and healthcare staff.

In completing the self-assessment prior to the inspection, the person in charge had not identified any actions to ensure compliance.

An environmental health inspection of February 2014 had identified areas for improvement which had been addressed by the provider and person in charge. An internal hygiene and food safety audit had been undertaken in February 2014. The minutes of relatives' and residents' meetings were made available to the inspectors and reflected satisfaction with the quality of food and beverage as did the annual residents' satisfaction survey. Of the complaints recorded in the complaints log, none was concerned with food quality.

The food served was sufficient in quantity nutritious and wholesome and was of an adequate standard. Meals were not prepared in the centre but inspectors saw that the food was kept warm and sauces were served separately. The staff were very knowledgeable about residents' preferences and dietary needs. A selection of prescription charts were reviewed by the inspectors and nutritional supplements were prescribed and administered appropriately. It was observed that efforts were made to present modified diets in an attractive manner but, in some areas, these meals were served in a plastic bowl on a plate which not appealing.

Breakfast was served to residents between the hours of 08:30 hrs to 09:30 hrs. There was evidence that choice was available to residents for breakfast, lunch and evening tea. Residents had a choice for breakfast; hot/cold cereals, breads, toast and beverages. All had the option of having their breakfast served in bed, in the dining rooms or at their bedside and at a time of their choosing.

Inspectors noted that lunch and the evening meal were very sociable occasions with

assistance being offered in a discreet and respectful manner. Gentle encouragement was given to residents who were reluctant to eat. Residents with whom the inspectors spoke were complimentary of the meals and snacks served. Residents were provided with adequate dining space with the majority of residents choosing to attend the dining room for lunch and evening meal.

In between main meals, the inspector saw that residents were provided with a range of hot and cold drinks; fresh water was available at all times in the communal areas. Snacks were also seen to be provided. Staff demonstrated awareness of residents' preferences and the inspector observed a choice of snacks being made available. Night staff had access to the kitchen to make hot drinks and a light snack for residents.

On reviewing the staff roster and from observation on inspection, inspectors noted that there were sufficient staff to meet the needs of residents during mealtimes.

Based on a sample reviewed by inspectors, care plans reflected assessment of nutritional needs on admission. Residents' weights were monitored regularly and the Malnutrition Universal Screening Tool (MUST) was also utilised in practice. The inspectors saw that residents looked well, weights were stable and nursing staff understood the relevance of weight loss when computing the MUST. Inspectors saw that the advice of occupational therapist, dentist dietician and speech and language therapist was accessed, documented, communicated and observed.

Inspectors noted that staff had received training in specific training in food and nutrition in February and March 2014.

## **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Louisa Power  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

|                            |                        |
|----------------------------|------------------------|
| <b>Centre name:</b>        | St. Patrick's Hospital |
| <b>Centre ID:</b>          | ORG-0000589            |
| <b>Date of inspection:</b> | 15/05/2014             |
| <b>Date of response:</b>   | 12/06/2014             |

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 14: End of Life Care

**Theme:** Person-centred care and support

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

There was not timely recognition that a resident was dying, appropriate referral was not made to specialist services and physical needs were not always met.

**Action Required:**

Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

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

Palliative Care Home Care Services team have now agreed to extend its remit to life-limiting illness. Hence referrals can be made as indicated by the Medical Officer.

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



**Proposed Timescale:** 30/06/2014

**Theme:** Person-centred care and support

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

A single room was not always available.

**Action Required:**

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

Single rooms available will be offered to residents at end of life as is our policy and their choices will be respected. Immediate response taken 17/05/2014.

Residents will be given the option of using an end-of-life care room which will be available in the hospital. Completed 06/06/2014.

**Proposed Timescale:** 06/06/2014

### **Outcome 15: Food and Nutrition**

**Theme:** Person-centred care and support

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

Modified consistency meals were served in a plastic disposable bowl on a plate.

**Action Required:**

Under Regulation 20 (2) part 1 you are required to: Provide each resident with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each residents individual needs.

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

We will revert to our own home cooked food served in an attractive manner. In doing so we can make each portion identifiable to the patient e.g. carrot, potato etc.

**Proposed Timescale:** 30/06/2014