

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Unit 1 St Stephen's Hospital
<b>Centre ID:</b>	OSV-0000715
<b>Centre address:</b>	Sarsfield Court, Glanmire, Cork.
<b>Telephone number:</b>	021 482 1411
<b>Email address:</b>	grettam.crowley@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Gretta Crowley
<b>Lead inspector:</b>	Breeda Desmond
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	13
<b>Number of vacancies on the date of inspection:</b>	10

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 un-announced and took place over 1 day(s).

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

From: 06 August 2014 08:30 To: 06 August 2014 16:00

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care (EOL care) and Food and Nutrition. In preparation for this thematic inspection the person in charge received evidence-based guidance and undertook a self-assessment in relation to both outcomes. Prior to the inspection the inspector reviewed the Food and Nutrition and EOL care policies and the self-assessments. The inspector met residents, relatives, and staff and observed practice on inspection. Documents were also reviewed such as training records, care plans, medication management charts, complaints log, minutes of residents' meetings.

The person in charge who completed the provider self-assessment judged that the centre was compliant regarding food and nutrition and had a minor non-compliance with end-of-life care. The person in charge identified the policies in relation to end-of-life care required attention and this was remedied at the time of inspection. Following review of care plans the inspector concurred however, the non-compliance related to care plans.

Overall, the inspector noted a warm and calm atmosphere in the centre. The centre was clean and appeared well maintained. There was an enclosed courtyard with seating and raised shrub/flower beds which residents were observed enjoying. Relatives and residents spoken with voiced how happy they were with the centre and were very complimentary of the quality of food, choice and meal times.

There was evidence of improvements arising from the findings of the self-assessment

and these will be discussed under the relevant outcomes in the report. Staff spoken with by the inspector exhibited an in-depth knowledge about the residents and their care needs including food and nutrition and end of life wishes. The nurse in charge and staff displayed a commitment to the delivery of person-centred care and continuous improvement.

The actions necessary to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland are detailed 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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 05: Documentation to be kept at a designated centre**

*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Findings were discussed under Outcome 15, Food and Nutrition.

**Judgment:**

Non Compliant - Minor

**Outcome 11: Health and Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Person-centred care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Findings were discussed under Outcome 14 End of Life Care.

**Judgment:**

Non Compliant - Minor

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Findings were discussed under Outcome 15 Food and Nutrition.

**Judgment:**

Non Compliant - Minor

**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The provider's self-assessment and overall assessment of compliance identified minor non-compliance with Outcome 14 and Standard 16 End-of-life care (EOL) and the inspector concurred with this evaluation.

Following completion of the self-assessments, a staff meeting was convened to discuss the end-of-life care policy. They identified several items for inclusion in their policy to ensure it was in line with best practice. The inspector reviewed the updated policy on inspection and overall, the policy was comprehensive and directed staff to give a high standard of evidence-based appropriate care to residents and their relatives at any stage of end-of-life care from a practical, emotional and spiritual perspective.

The self assessment demonstrated that staff had not undertaken end-of-life-care training; this was now remedied whereby six staff had received training in end-of-life care to date.

Questionnaires were sent to relatives but none were returned at the time of inspection. Relatives who spoke to the inspector relayed very positive feedback with regard to their care, access to the staff and their freedom to speak with staff regarding any issue.

Evidence was demonstrated to show that planning of care was done in consultation with family members. The medical team discussed decisions and care wishes with next-of-kin and these meetings were recorded in the residents' medical notes. Two of the three nursing care plan notes had this information documented in their end-of-life care plans, however, the third did not have it included.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre every other Wednesday. Ministers from a range of religious denominations visited upon request.

A separate family room was available and comprised a seating and dining space with kitchenette; this was situated alongside the single room which was designated for end-of-life care. The nurse in charge relayed that this was invaluable for families during the difficult time of end-of-life care.

This service was a consultant psychiatrist-lead service where residents had open access to the on-site medical team. Medical notes were reviewed which demonstrated that residents had regular access to medical attention. Referrals to specialist services were evidenced with subsequent reports detailing interventions such as dietary consistency, positioning and high risk food types. Residents were reviewed in-house by the dietician, speech and language specialist services and occupational therapist; residents had in-house access to dental assessments but went off-site if intervention treatment was necessary; diagnostic services and diabetic services were available off-site upon request. Residents had access to consultant palliative care services and the home-care team. Notes of deceased residents were unavailable as they were maintained off-site. The nurse in charge relayed that residents were reviewed in-house with timely access to the palliative care team; residents had interventions and follow-ups from this service to enable appropriate care, monitoring and adjustment of treatment.

A sample of residents' care plan documentation was reviewed. Previously it was identified that care plans were not person-centred and relatives were not involved in care planning. This was now remedied with signatures of next-of-kin recorded in care plan documentation. Relatives spoken with concurred that they were involved in discussions relating to all aspects of care. Assessments and care plans were based on the activities of daily living. Two of the three care plans reviewed had excellent person-centred information documented. There was also a two page synopsis of the specific daily routine for a resident with significant challenging behaviour which identified triggers to be avoided and possible interventions to diffuse behaviours. Information gleaned by medical staff regarding end-of-life care was recorded in two of the care plans examined. The third care plan did not have this information transferred and this was highlighted at the feedback meeting. Previously it was identified that the risk management policy did not contain all the items listed in the Regulations. In response to this the risk management policy was updated to include self-harm. They also introduced a self-harm indicator risk assessment tool to enhance their assessments and while this was a valuable tool to inform care, it was not completed appropriately in the care plan reviewed.

The inspector accompanied a nurse on a medication round which was carried out in line

with professional guidelines. There were no residents receiving controlled drugs at the time of inspection so controlled drugs management was reviewed. The nurse and pharmacist co-signed for the drugs upon receipt of controlled medications. While there were two nurse signatures for administration of controlled drugs however, routine checking of controlled drugs at the end of each shift with two nurse signatures was not evident. Professional guidelines outlined that controlled drugs 2 and controlled drugs 3 be maintained separately. Previously it was identified that these were not maintained separately. This was now remedied where controlled drugs 3 were now ordered and recorded in a separate book from controlled drugs 2 in line with best practice. Partial administration/disposal of controlled medication could not be recorded in the controlled drug book and this was discussed at the feedback meeting. Residents' prescription charts were examined. Photographic identification was in place for residents. Prescriptions were regularly reviewed and the maximum dosage for PRN (as required) medicines was included in the sample of prescriptions viewed. Transcription of medications did not occur in the centre.

**Judgment:**

Non Compliant - Minor

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the person in charge's self-assessment questionnaire of compliance with Regulation 20 and Standard 19 Food and Nutrition. The person in charge had assessed the centre compliant regarding food and nutrition, however, the inspector judged this to be minor non-compliant.

The centre had an up-to-date policy on food and nutrition and this was reviewed prior to inspection. While this policy outlined many of aspects of best practice however, it did not include specific details of the process of referral to the dietician or speech and language therapist or medical management.

Staff records reviewed demonstrated that staff had completed the following courses in 2013/2014:

- 1) food consistencies
- 2) dysphagia (swallowing difficulty)
- 3) nutrition for the older adult.



Specialist dietary requirements relating to consistencies and medical diagnoses were catered for and the nurse in charge communicated changes to residents' needs as well as speech and language reports. Menus with choice were displayed in the dining room.

A nutritional assessment tool was part of the documentation within current records maintained in residents' notes. There was evidence that staff completed a daily record of residents' nutritional and fluid intake/output when the resident's condition warranted. Residents' weights were recorded three-monthly or more often if indicated; rationale for non-recording of weights was documented, for example, residents' refusal.

The dining room could accommodate the present number of residents. In the event of the centre reaching full capacity, extra tables would be required and the room could facilitate this.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Residents had their breakfast from 09:15hrs onwards either in bed or in the dining room. Residents were given choice of cereals and juices, bread and toast at breakfast. Approximately half the residents required assistance with their meals and timely assistance was given. Mid-morning and mid-afternoon snacks and hot and cold drinks were served and fresh drinking water was offered throughout the day. Lunch was served from 12:30hrs and staff were observed giving assistance in a respectful discrete manner.

Questionnaires were distributed in June 2014 to next-of-kin to obtain their feedback on each aspect of care and welfare in the centre. Eleven of the questionnaires were returned and the inspector reviewed these. All gave positive feedback regarding care including food and nutrition.

The complaints log was reviewed and there were none relating to food and nutrition. Issues raised were dealt with in a timely manner, however, the outcome as to whether the complainant was satisfied or not was not recorded. The name of the complaints officer was displayed at main reception alongside a leaflet holder which contained the HSE pamphlet 'Your Service Your Say' however, the complaints procedure was not displayed. The complaints policy was reviewed and it did not contain all the detail as listed in the Regulations including documentation of whether the complainant was satisfied or not with the outcome of the complaint. Feedback forms were available at main reception with a box alongside for completed complaints/compliments.

Hand hygiene opportunities were observed to be taken by staff and completed in line with best practice. There were adequate hand wash sinks and hand foam dispensers throughout with the appropriate hand hygiene advisory signage. However, a domestic bin was not available in the sluice room to dispose used paper towels following drying of hands.

**Judgment:**  
Non Compliant - Minor

## 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:***

Breeda Desmond  
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>	Unit 1 St Stephen's Hospital
<b>Centre ID:</b>	OSV-0000715
<b>Date of inspection:</b>	06/08/2014
<b>Date of response:</b>	02/10/2014

### Requirements

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

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

### Outcome 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

The centre had an up-to-date policy on food and nutrition. While it outlined many of aspects of best practice, it did not include specific details of the process of referral to the dietician or speech and language therapist or medical management.

#### Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement

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

policies and procedures on the matters set out in Schedule 5.

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

Nutrition policy has now been updated and it includes the process of referral to the dietician, speech and language therapist or medical team.

**Proposed Timescale:** 24/09/2014

**Outcome 11: Health and Social Care Needs**

**Theme:**

Person-centred care and support

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

Information gleaned by medical staff regarding end-of-life care wishes was not always transferred to residents' end-of-life care plans to inform staff.

**Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All information gleaned by medical staff regarding End-of-Life Care wishes are now transferred to resident's End-of-Life Care Plans.

**Proposed Timescale:** 24/09/2014

**Theme:**

Person-centred care and support

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

The self-harm indicator risk assessment tool was not completed appropriately in the care plan reviewed.

**Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Self-harm indicator Risk Assessment Tool has been completed appropriately in all Care Plans.

**Proposed Timescale:** 08/08/2014

**Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

The complaints procedure was not displayed in a prominent position in the centre.

**Action Required:**

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

Complaints procedure is now displayed in a prominent position in the centre.

**Proposed Timescale:** 07/08/2014

**Theme:**

Person-centred care and support

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

The outcome of the complaint and whether or not the complainant was satisfied, was not recorded.

**Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Complaints form now includes outcomes of the complaint and whether or not the complainant was satisfied.

**Proposed Timescale:** 07/08/2014

**Theme:**

Person-centred care and support

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

While there was a named nominated person to deal with complaints, the name was not

included in the complaints policy.

**Action Required:**

Under Regulation 34(1)(c) you are required to: Nominate a person who is not involved in the matter of the subject of the complaint to deal with complaints.

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

The nominated person to deal with complaints is now included in the Complaints Policy.

**Proposed Timescale:** 07/08/2014