Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St Mary's Hospital
Centre ID:	OSV-0000538
Centre address:	Dublin Road, Drogheda, Louth.
Telephone number:	041 989 3202
Email address:	seamus.mccaul@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maura Ward
Lead inspector:	Philip Daughen
Support inspector(s):	Leone Ewings;
Type of inspection	Announced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	5

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
27 May 2015 09:30	27 May 2015 17:30
28 May 2015 09:30	28 May 2015 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an 18 outcome inspection, which took place following an application to the Health, Information and Quality Authority (the Authority) to renew registration of this centre. As part of this inspection, the inspectors met with residents, relatives and staff members. The inspectors observed practices and reviewed documentation. The inspectors also reviewed residents questionnaires submitted to the Authority.

There were 33 residents residing in the designated centre on the date of inspection, with five vacancies. The person in charge was available and on site throughout the course of the inspection. The inspectors also met with the provider nominee both

during and at the conclusion of the inspection.

While evidence of good practice was found across all outcomes, areas of non-compliance with the Regulations were identified. These included, but were not limited to, governance arrangements for completing audits and ensuring services were reviewed, health and safety and risk management, the arrangements for meeting the health and social care needs of the residents, the premises and staffing. The non compliances are discussed in the body of the report and are included in the action plan at the end of this report.

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

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors found that there was a statement of purpose in place in the centre. The statement of purpose contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It described the services and facilities provided in the centre, the management and staffing and arrangements for the wellbeing of residents in place in the centre. The statement of purpose had been subject to review within the previous twelve months.

However, inspectors found on review that the information provided with respect of the staffing compliment did not match the application form for registration or the staff roster. Inspectors also found that the narrative description of the rooms in the designated centre was inaccurate in some cases with respect to the occupancy of some rooms.

Inspectors also found that the person in charge was recorded in the centre's staffing compliment as one full whole time equivalent, even though he also was a person in charge at another centre.

Judgment:
Substantially Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors found that there was a management structure in place. Inspectors determined that there was a lack of management and supervision resources between the frontline staff and the person in charge from review of documentation and observation of practice. This was also an issue due to the requirement of the person in charge to spend his time at other centres where he fulfils this function.

There was evidence of review of the quality and safety of care provided to residents in the form of a 'Quality Report' dated May 2015 prepared by the Person in Charge. This report collated the numbers of incidents, the types of incidents and the risk rating of incidents at the centre and identified trends in relation to same. The incident types included slips, trips, falls, clinical incidents and thefts amongst other types. The report identified downward trends in relation to these incident types. The report also included a satisfaction survey in relation to the food and details on the uptake of the influenza vaccination amongst residents. While the fact that the review had taken place was indicative of good practice, the focus of the review was narrow and did not adequately constitute of a review of the quality and safety of care of the residents as stipulated in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and in Standard 30 of the National Quality Standards for Residential Care Settings for Older People in Ireland. There was no indication that care plans for example had been audited or reviewed as part of the process.

Inspectors found records to indicate that residents and representatives were consulted in the form of residents and relatives meetings. However, there was no documentary evidence that the annual review was informed by these meetings or that improvement s or changes were made from feedback from these meetings.

There was also evidence to indicate there was insufficient staff to provide activities as outlined in Outcome 11.

Judgment:
Non Compliant - Moderate

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors found that a resident's guide was available for the benefit of the residents. The residents guide included the necessary information stipulated in the regulations.

Inspectors also found that each resident had a written contract and that the contract dealt with the care and welfare of the resident in the centre. The contract set out the services to be provided and the fees charged to the resident.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge had not changed since the last inspection, and was found to be a registered nurse with the requisite experience and qualifications. The person in charge demonstrated clinical knowledge and sufficient knowledge of the legislation and his statutory responsibilities. The person in charge is also the person in charge at another designated centre and as such, is required to split his time between the two centres.

Inspectors found from speaking to residents that some were not aware of who was in charge in the centre.

Judgment:
Compliant

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:
Inspectors found that in the main, complete records were maintained in the centre. Each resident had a care plan in place and there was a directory of residents which satisfied all the requirements of Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

A sample of staff files were reviewed during the inspection and were found to be compliant with the requirements of Schedule 2 of the regulations.

Improvements were required relating to Schedule 3 records of medication management which were not maintained fully in accordance with relevant professional guidelines, and described in Outcome 9 of this report.

The centre had the written policies and procedures listed in Schedule 5 of the regulations and these were available for inspection. It was found that the policy on prevention of elder abuse was yet to be updated to reflect Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedure December 2014.

It was found that the roster did not adequately describe the hours worked by the Person in Charge. While it described the hours worked by the Person in Charge, it did not detail how much time was spent as Person in Charge of this centre specifically and how much time was spent fulfilling his requirements with respect to other duties.

Inspectors also found that the centre was insured in compliance with Regulation 22 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 .

There was also documentary evidence of regular fire drills. However, the records did not indicate the nature of the drill such as the fire scenario simulated, whether it simulated day or night time conditions or any learning or conclusions from the fire drill.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors found that there were arrangements in place for the management of the centre in the absence of the person in charge. The deputising person in charge is a nurse with a minimum of 3 years experience in the area of geriatric nursing with in the previous 6 years and has extensive experience of providing care to older people and deputising when the person in charge was not available.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The inspector found evidence of good practice in relation to minimising the use of restrictive practices. The safeguarding policy was in place and informed and guided staff in the appropriate response to any reports. However, the policy had not been updated to reflect Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedure (December 2014). One notification relating to a report of physical abuse had been made to the Authority. The initial report had been responded to in a timely manner and in line with policy. The inspectors reviewed the documentation and confirmed that this report had been fully investigated in a robust manner by the provider and person in charge. The investigation could not be substantiated and the resident was fully safeguarded and supported throughout the process.

The inspectors reviewed systems in place to facilitate residents' access to their property and money, and found this was well managed. The documentation of each resident's financial records was fully in line with best practice and HSE national policy. Records and receipts were reviewed and residents who required any support with finances had this provided in a confidential and transparent manner.

Reviews of any restrictive practices notified were fully documented and in place. Alternatives to restrictive practices were trialled prior to the use of any form of restraint. An example of this related to the admission of a resident from another designated

centre, where bed rails had been used previously. However, further to the assessment completed, the use of a bed rail was identified as a potential hazard for the resident and alternatives relating to increased supervision of this resident were implemented. Details of the use of any bed rails were noted in each residents care plan and reviewed further to any change in condition.

A risk register and records relating to the use of any restrictive practices was fully maintained by the person in charge. Samples of written risk assessment documentation prior to the use of and reasons for physical restraints in place were viewed. Training records reviewed confirmed that staff working at the centre had completed mandatory training and were familiar with policy and practice.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
Inspectors found that the centre had the necessary plans and policies in place in relation to risk management and health and safety. There was also a risk register which demonstrated good risk management practice in that hazards were identified, risks were assessed and control measures implemented and monitored/reviewed on an on-going basis within the centre.

Good infection control practice was observed generally in the centre and the necessary facilities were in place in order to facilitate same. Inspectors found the centre to appear clean, hygienic and free from odour. Good practice was observed in the areas of hand washing, linen handling and the provision and use of protective clothing.

With respect to fire precautions, inspectors found that the fire precautions provided were adequate in many respects but that some areas of improvement were required.

The fire procedure was displayed throughout the centre along with drawings detailing the layout of the centre. The centre was provided throughout with emergency lighting, a fire alarm and fire fighting equipment in the form of extinguishers and hose reels. Inspectors found that the fire alarm was fully addressable but was unable to display their location of the fire in the event of an activation, instead displaying a code. Staff explained to inspectors that the repeater panel was unable to display any information pertaining to an activation of the system, thus rendering it ineffective. Both these issues could lead to a delay in the event of a fire in the centre as the staff are required to

determine the location of the fire if not immediately visually apparent.

Inspectors found the centre to be divided in to compartments with fire resistant construction. The centre was provided throughout with fire doors. The fire doors were equipped with all the necessary intumescent strips, cold smoke strips and self closing devices. The risk register had an entry relating to one fire door between adjacent fire compartments having an excessive gap between the door and the frame. This was in the process of being addressed. Inspectors found that generally the centre was adequately divided with fire resistant construction although further subdivision of the bedroom sub compartments is required in order to reduce the demand on staff in the event of a night time evacuation.

The escape routes were found to be sufficient in width and number. Staff when questioned were aware of the appropriate evacuation methods to be used. Inspectors found that some final exit doors had unnecessary door fastenings. For example, some doors provided with electro magnetic locks were also provided with push bar hardware. The push bars were unnecessary in this situation and could potentially lead to confusion in the event of an evacuation. Inspectors were informed that all electro magnetic locks on escape routes disengage upon activation of the fire alarm.

Inspectors found that staff training in relation to fire safety and manual handling were in place. Fire drill records were identified as requiring more detail as outlined in Outcome 5.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
Inspectors found that one action from a previous inspection relating to medication management practices in the centre had been satisfactorily implemented, and that medicines were now secured in a locked drugs trolley. Inspectors also reviewed a recent medication audit conducted to monitor medication management practices within the centre, which identified areas for improvement. For example, photographs of each resident were not in place with each residents' prescription and administration chart. However, this had not been fully addressed by the person in charge and each photograph was found to be attached to a folder and not the actual prescription chart.

The practices relating to the prescribing, administration and storage of medication were

found to be satisfactory. However, some improvements were necessary with regard to audit, records and arrangements for prescribing crushed medication for a small number of residents.

All controlled (MDA) medicines were stored in secure cabinets within each unit, and a register of these medicines was maintained with the stock balances checked and signed for by two nurses each day. Fridges were available to store all medicines or prescribed nutritional supplements that required refrigeration, and fridge temperatures were monitored on a daily basis. Medication reviews were conducted within the centre on a regular basis, and medication errors were appropriately recorded on incident report forms, and reported to the person in charge.

Medicines were supplied by a pharmacy wholesaler, and where appropriate, dispensed in the original packaging with appropriate instructions. The person in charge confirmed that there was timely access to pharmacy staff in the nearby acute hospital if required but did not visit the centre on a regular basis.

Inspectors reviewed medication prescription and administration sheets and identified that the prescriber had not indicated that crushing was authorised for each individual prescribed medicine, although a signed general order was clearly in place on top of the prescription. The name of the designated centre was not found to be written on each residents' prescription chart. The transcribing of medication took place and was signed by one nurse, and was then reviewed and signed by the General Practitioner, which was in line with the local prescribing policy. The practice of transcribing was not subject to detailed audit or review. The improvements in records are considered under Outcome 5 of this report.

Judgment:
Substantially Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
Records of incidents occurring in the designated centre were maintained and made available for review. Incidents were notified where required to the Chief Inspector in the correct format and in a timely fashion.

Judgment:
Compliant

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:
Effective care and support

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

Findings:
In general, inspectors were satisfied that residents' healthcare needs were met. All residents had access to medical care, the General Practitioner (GP) provided cover for each long term resident, and all residents had full access to the out of hours services. Efforts were confirmed to ensure residents when admitted to the service could retain their own GP to ensure and promote continuity of care. A full range of other services available on referral including physiotherapy, occupational therapy, speech and language therapy (SALT), dietetic services could be accessed on a sessional basis. Chiropody, dental and optical services were also facilitated. The inspector reviewed residents' records and found that residents had been referred to services and records and results of appointments were written up in the residents' notes in a timely manner. Improvements had taken place with regard to the availability of physiotherapy at the service in line with the statement of purpose. Physiotherapy sessions were documented and treatment plans put in place. The allied health professionals fully documented the assessments and reviews completed which in turn informed the nursing care plans. However, some feedback received indicated that some residents felt the provision of physiotherapy in the service was not sufficient to meet their needs.

The inspectors saw good examples of pre-admission assessments in place and nursing risk assessments completed for each resident. Nursing assessments, care plans and additional clinical risk assessments were found to be carried out and completed for each resident. Daily notes were being recorded in line with professional guidelines, and in a person centred manner and adequately described health needs. The care plans reviewed by the inspectors contained the required information to guide the care for residents, and were updated to reflect the residents changing care needs. Staff were seen to be working to address each residents assessed nursing and health care needs. However, training was required to clearly identify, assess, plan and fully implement the person-centred care required for each residents' social care plan. This findings of this Outcome are closely linked to staffing in Outcome 18, and the practices around the current provision of staffing, skill mix and need to undertake a staffing review.

Improvements had taken place further to the last inspection relating to involvement with relatives in end of life care plan and information about the process.

Arrangements to meet residents' needs were individually set out in a care plan with the involvement of the resident or relatives. However, improvements were required relating to the provision of meaningful activity, occupation and documentation of social care assessed needs. Inspectors observed residents during the two days. Inspectors observed activity such as music and some external staff leading short sessions of activity. The feedback received from some residents was that there was little meaningful activity planned for or to look forward to on a daily basis. Residents and relatives had communicated to the provider and person in charge through the relatives and residents meetings held on 10 March 2015 about the lack of activities available to both the men and women living at the centre. Inspectors found no adequate evidence of any response to their concerns. Each residents record had recorded activity which for many of the sample reviewed included 'watching tv' and 'listening to the radio'.

The feedback received from residents as a group relating to available meaningful activities was found to be variable. Respondents to the questionnaires named good activities such as games, exercises, Tai-chi and spiritual activities at the centre. Some external activity facilitators also contributed and were in place and some activities such as pet therapy and inputs from a visiting complimentary/massage therapist were mentioned. Access to activity outside the centre and on the grounds was limited to the enclosed garden which had appropriate seating and shelter. Inspectors were informed that plans were in place to create activity in a mens' shed and link in with community organisations, but this had not been fully implemented. The person in charge confirmed that funding had been sought for an activity co-ordinator post whose role it will be to address and manage the activity provision and seek input from residents to inform and guide changes and improvements to meaningful activity available.

There was a policy in place on falls prevention to guide staff. The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised and/or reviewed. Observation during the inspection hours confirmed that there was good supervision of residents in communal areas and adequate staffing levels on the day of the inspection to ensure resident safety was maintained. Neurological observations were completed when residents sustained an un witnessed fall.

The inspectors reviewed the records of residents at risk of skin breakdown, and reviewed residents assessed as being at risk of pressure ulcers and noted that there were adequate records of assessment and appropriate care plans in place to monitor care. An evidence-based policy was in place which was used to guide the practice of nursing and care staff. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers, and appropriate pressure reducing strategies and care was in place for residents assessed as at risk.

Residents nutritional care plans were in place and fully implemented.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
Previous inspection had determined that the drawers in the dining room required repair and that the radiators required thermostatic control. To that end, the faulty drawers had been replaced and the radiators had guarding installed.

Inspectors found the centre to be single storey with all accommodation located on ground floor. The premises was found generally to be clean and in a good state of repair with adequate heating and lighting. The premises was laid out with a male side and a female side located at opposite ends of the premises which were mirrors of each other. There were shared dining, visitor and oratory facilities and some shared ancillary facilities. Circulation space was generally adequate for the use of residents and their mobility aids. The centre was arranged around a central secure courtyard which was pleasantly decorated. This space was found to be accessible for the residents. The centre was found to be located on a well maintained site.

Sleeping accommodation was found to be provided through a mixture of single rooms, three bed rooms and four bed rooms. The single rooms were provided with a sink en suite. A number of these were checked by inspectors and it was found that the water was at an appropriate temperature. The rooms were also provided with a television. The rooms were between 9.5 - 10 square metres gross floor area and as such meet the criteria of 9.3 square metre minimum stipulated in the National Quality Standards for Residential Care Settings for Older People in Ireland for single rooms. However, it was noted that space within these rooms was limited where the resident had high mobility needs. There was also two spacious single rooms which inspectors were informed were dedicated for the provision of end of life care.

The rest of the sleeping accommodation was provided in three and four bed rooms with en suite toilet and wash hand basin. In many cases these rooms previously accommodated higher numbers of beds. However, when these rooms were depopulated the remaining beds were not relocated in a manner that maximised the space in the room, effectively leaving the remaining residents with the same limited amount of space they would have had before the room was depopulated. Furthermore, inspectors observed that the empty space left where the bed was removed was utilised in some

cases for the storage of mobility aids like wheelchairs and hoists. These rooms were not laid out in a manner that met the needs of the residents. Inspectors found that storage for the residents within these shared rooms was inadequate in many cases. This was confirmed through feedback from some residents. Their wardrobe and locker were of a size more typically associated with short stay acute setting. There was a television provided for the use of the residents although these televisions were not viewable by all residents in all cases. Curtains were provided primarily for privacy in these rooms with screens provided in addition to the curtains in some cases.

Communal facilities comprised of a day room for the male side and another for the female side, both containing a nurses station. These rooms were found to be pleasantly decorated although inspectors did observe that in the afternoon when these areas were being utilised by many residents, they could get quite crowded, particularly when the mobility aids were being stored there as was observed by inspectors.

There was a pleasant airy dining room provided and a kitchen adjacent to it in which food was prepared and cooked. This room was also utilised as a visitors room and an oratory with the use of removable partitions. Inspectors noted that due to these arrangements residents, particularly those from multiple occupancy rooms who wished to be alone, would be unable to receive visitors in private or have some quiet time if the space described above was being utilised. This is also highlighted under Outcome 16. This space was also being utilised for the storage of physiotherapy equipment.

Inspectors noted that there appeared to be a lack of suitable storage facilities generally and that there appeared to be many incidences of the storage of equipment and mobility aids in circulation spaces and in the residents communal and sleeping accommodation.

There were communal washing facilities provided in the form of accessible showers and also an assisted bath. These were found to be clean and in a good state of repair although inspectors noted that there appeared to be inadequate provision of grab rails and handrails within the accessible showers.

Inspectors found that the necessary assistive equipment was in place for residents and that service contracts were in place for same.

Judgment:
Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:
Inspectors found that there were policies and procedures in place for the management of complaints. There was a complaint register made available for viewing. It was found that complaints were recorded along with any associated investigations, responses and outcomes. The arrangements in place to make a complaint were displayed in the centre and also outlined in the residents guide. There was a nominated complaints officer in place.

Judgment:
Compliant

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

Findings:
All aspects of this Outcome were considered as part of the detailed thematic inspection which took place on 3 September 2014. One action further to this Outcome was found to be fully addressed by the provider in relation to documenting in care plans residents' emotional, social and psychological needs. The person in charge and nursing staff were observed to demonstrate and deliver sensitive and fully documented end of life care in line with best practice. Records of communication with residents and relatives inclusive of palliative care options available were clearly documented further to a review of a sample of resident's records.

Judgment:
Compliant

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:
All aspects of food and nutrition had been inspected against during the last thematic inspection which took place on 3 September 2014. The person in charge provided a training matrix and inspectors noted that not all staff had received or accessed appropriate training in relation to nutritional care, as outlined in Outcome 18 of this report within the agreed time frame.

During the inspection residents and staff were spoken with and documentation reviewed in relation to nutritional practice. The inspector found that residents were provided with food and drink adequate for their needs throughout the day. Residents confirmed they enjoyed the food choices available to them. Mealtimes were a social occasion and choice offered, drinks and snacks were observed to be available. A small number of residents were provided with their meals in their own rooms. Lunch service was observed by inspectors, and food choices provided were observed to be properly prepared, cooked and served. Practices around self service of drinks was not fully promoted to enable each residents independence.

The menus and choices were observed to be displayed on the tables in a small typed font and also displayed in written format on a board on arrival at the dining room. The inspectors recommend that a review of the written menus takes place and consideration is given to use of a pictorial menu to facilitate choice of all residents accommodated.

The inspector observed that in the main appropriate assistance was offered to residents at meal times in a discreet and sensitive manner. However, on the first day of inspection the inspectors observed examples of communication and practices which were not fully in line with person centred care and did not fully respect each residents' right to dignity and respect as outlined in Outcome 16.

Judgment:
Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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:

The action from the last inspection had been addressed and sufficient screening was now in place to allow for privacy in bedrooms overlooking the grounds of the designated centre.

Residents had been facilitated to vote in the recent referendum, and could exercise their religious and spiritual cultural practices in a supportive environment. Access to telephone, newspapers television and information about local matters. Visiting was encouraged and family contacts facilitated in line with the residents' wishes. Improvements relating to the environment, and provision of a separate visitors room was discussed with the person in charge.

Interventions to support and improve communication for individuals were fully implemented, and staff were courteous and addressed resident's by their preferred names.

Residents and relatives were found to be consulted with and records of resident's and relatives meeting were present. Feedback was sought at these meetings although it did not appear to have been acted on in all cases such as the example of the concerns about activities as described under Outcome 11.

Staff were respectful and demonstrated this by knocking on doors, and offering choice. Routines, practices and facilities did in general fully support each residents right to maximise their choices, independence and freedom. However, some examples of practice led by routine and resources were found by inspectors. For example, the lack of activities for residents, the lack of quiet personal space, and the inability to opt out of some activity provision as communal day space is used for activity. The inappropriate use of multiple occupancy bedrooms for storage of clinical items was also identified as a practice led by a resource constraint, in this case a lack of adequate storage in the centre.. Some staff appeared rushed and busy at times during the inspection, and some residents expressed concern about this. For example, one resident said she often has to wait for staff to finish attending to other tasks in the evening before she could be assisted to go to bed. The use of agency nurses not familiar with their nursing and care needs was also expressed as a concern. Inspectors were informed of an incident where a resident was assisted by two agency staff using a hoist who were not familiar with the operation of the hoist.

On the first day of inspection the inspectors observed examples of communication and practices which were not fully in line with person centred care and did not fully respect each residents' right to dignity and respect. These practices which included use of transport wheelchairs at the dinner table, and one resident waiting an unacceptable length of time to received appropriate assistance to eat their meal. These matters were communicated to the person in charge and the clinical nurse manager and were found to be addressed on the second day of the inspection.

Judgment:
Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
Inspectors found that appropriate records were kept in relation to the personal property of residents although these records were found to not be signed by the resident.

The arrangements for laundry involve residents either making their own arrangements through friends and family or the centre collecting the laundry for laundering off site and then returning it to the residents. This is done twice weekly and appeared to satisfy the needs of the residents in the main although one service user expressed dissatisfaction with the service.

Inspectors noted as detailed in Outcome 12 that some residents were provided with inadequate storage facilities for their clothing This was also reflected in feedback from service users.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Three of the five actions further to the last inspection on 3 September 2014 had been addressed in full. However, two actions were not found to have been actioned within the agreed time frames; the areas for improvement were relating to the recruitment of a clinical nurse manager 2, and provision of nutritional care training.

Staff files reviewed by inspectors met the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Inspectors found that that both the residents and their families were complimentary of staff in the main and they provided positive feedback about their interactions with staff. They found the staff to be friendly, approachable and respectful. Inspectors found that there was an actual and planned staff rota and there was a nurse on duty at all times in the centre. However, the hours worked at this designated centre were not clearly recorded on the roster for the person in charge. The staff training matrix was provided with records of staff training provision. All staff had received mandatory training. Information from the application to register relating to the qualifications of care staff indicates that the skill mix requires review in this area to further support care staff to continue to provide a high standard of care for residents with complex care need living at the centre.

There was some evidence that the staffing provision within the centre was impacting on the lives of residents, as outlined in Outcomes 11 and 16 of this report. The absence of management staff to coordinate the service provision within the service between the level of Person in Charge and the nursing staff was identified by inspectors, particularly given the Person in Charges' responsibilities at other centres. The vacant post of a clinical nurse manager 2 was identified as an non-compliance on the previous inspection. This had not been addressed within the agreed time frame, although inspectors were informed that this position was filled and the successful applicant was to commence employment in the immediate future. Nursing staff were skilled and demonstrated a high standard of evidence based nursing care. Provision of appropriate training to provide for social care needs was identified as a deficit in Outcome 11 of this report.

As detailed in Outcome 5, a selection of staff files were checked and found to comply with the provisions of Schedule 2 of the Regulations, including valid PIN numbers for nursing staff.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	St Mary's Hospital
Centre ID:	OSV-0000538
Date of inspection:	27/05/2015
Date of response:	08/07/2015

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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The details in relation to the staffing compliment in the statement of purpose did not match the roster and the application form for registration.

Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Provider recognises that there were errors in the Statement of Purpose. The Statement of Purpose has now been revised to incorporate all staff compliments, This has been issued to the Authority along with the application to renew Registration as requested

Proposed Timescale: 22/06/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The narrative description of the rooms in the designated centre is not accurate in respect of the occupancy of bedrooms.

Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Provider recognises that there were errors in the Statement of Purpose. The Statement of Purpose has now been revised to incorporate accurately the narrative description in respect of Occupancy, This has been issued to the Authority along with the application to renew Registration as requested

Proposed Timescale: 22/06/2015

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The systems in place do not ensure that the service provided is safe, consistent and effectively monitored. There is an absence of management and supervision resources in place between the frontline staff and the person in charge.

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The Clinical Nurse Manager II has now been appointed and has now all Regulatory Clearances. The Clinical Nurse Manager 2 will commence on 27th July 2015.

In the meantime, The Clinical Nurse Manager 1 on Meadowview is assuming Managerial Responsibility for One Unit, whilst a Senior Staff Nurse is also taking Clinical Nurse Manager responsibility for the Female Unit. The Person in Charge is also now relocated to an office on site and will be available on a daily basis to monitor and ensure a safe quality delivery of care.

The Director of Nursing post has been approved and will go for competition through the National Recruitment Service. This will enhance the governance and management of all sites and will support the PIC for each unit. The timeframe is for commencement in this position is September 2015.

Proposed Timescale: 30/07/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review of quality and safety of care did not meet the requirements of Regulation 23 (d) or Standard 30 of the National Quality Standards for Residential Care Settings for Older People in Ireland 2009.

Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
The Annual Review has now been completely revised. This was the second Review of Quality and Safety, the last being in November 2014. The report provided to the Authority was an interim six monthly report. However this has been completely revised in line with regulatory requirements and has been made available to Residents, staff and visitors to the Centre.

Proposed Timescale: 20/06/2015

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 prevention, detection and response to abuse policy requires review to fully reflect Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedure (December 2014).

Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(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.

Please state the actions you have taken or are planning to take:
The Policy, Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedure (December 2014) is available within the Centre. The Principal Social Worker has now been appointed within the Region. As the National Policy in terms of structures and processes proceeds over the Summer Months we will ensure that the Safeguarding Vulnerable Adults from Abuse Policy is in place and changed to reflect changes at Regional Level in line with the National Policy. In the meantime the Person in Charge is now the named person locally as per the policy to deal with initial screening of any allegations of Abuse. As the structures are put in place within this Social Care Area, then we will be able to proceed.

The prevention, detection and response to abuse policy will be reviewed fully to ensure it completely reflects the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedure (December 2014) by Friday 10th July 2015. In the interim, the following assurances as to the robustness of procedures for the Protection of Vulnerable Adults are in place as following;
The Policy, Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedure (December 2014) is available within the Centre. The Principal Social Worker has now been appointed within the Region. As the National Policy in terms of structures and processes proceeds over the Summer Months we will ensure that the Safeguarding Vulnerable Adults from Abuse Policy is in place and changed to reflect changes at Regional Level in line with the National Policy. In the meantime the Person in Charge is now the named person locally as per the policy Safeguarding Vulnerable Persons at Risk of Abuse National Policy to deal with initial screening of any allegations of Abuse. As the structures are put in place within this Social Care Area, then we will be able to proceed.

In the meantime the prevention of any form of abuse and safety of vulnerable in our care remains at the forefront of all of our activities. We will continue to audit and monitor the care environment to ensure that staff are clear on how to respond to and report any allegations of abuse. Staff within the Centre have access to the Elder Abuse Case worker. Staff will continue to receive training on Elder Abuse. Any suspicion or allegation of abuse will be investigated using Trust in Care Policy and Procedures. Any suspicion or allegation of Abuse will be reported through the Person in Charge to the Registered Provider and the General Manager for Louth Community Social Care Area. Any suspicion or allegation of Abuse will be notified to the Health Information and Quality Authority as per Regulations. Where there is found to be a suspicion or allegation of Abuse the General Manager for Louth Community Social Care Services will draw up Terms of Reference in relation to the Allegation and will appoint an investigation team to investigate the allegation. Residents and/or their families will be involved and included where there are any suspicions or allegations of abuse and will be notified of the outcomes of any investigation.

A safeguarding plan will be put in place immediately if there is any suspicion or allegation of Abuse.

Responsibility to ensure a safeguarding plan is developed rests with the Person in

Charge and the Registered Provider.
The outcome of the preliminary screening will be notified to the HSE Safeguarding and Protection Team (Vulnerable Persons) and actions after this point will be agreed with the HSE Safeguarding and Protection Team (Vulnerable Persons)
An Garda Síochána will be notified if the complaint/concern could be criminal in nature or if the Inquiry could interfere with the statutory responsibilities of An Garda Síochána.

The prevention, detection and response to abuse policy will be reviewed fully to ensure it reflects the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedure (December 2014) .

Proposed Timescale: 30/09/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Schedule 3 records of medication management were not maintained fully in accordance with relevant professional guidelines.
The name of the designated centre was not found to be written on each residents' prescription chart, and resident's photographs were not securely attached to medication charts. Transcribing practice was not subject to detailed audit.

Action Required:
Under Regulation 21(3) you are required to: Retain the records set out in Schedule 3 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

Please state the actions you have taken or are planning to take:
We will ensure that the name of the Centre is on all prescription charts. While the residents photograph was present, it was not in the proper place on the prescription sheet. This has now been placed on the prescription chart where it is easily visualised. We will ensure that all transcribing practices are fully audited to ensure full compliance with professional guidelines.

Proposed Timescale: 22/06/2015 and ongoing

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire drill records did not indicate the nature of the drill such as the fire scenario simulated, whether it simulated day or night time conditions or any learning or conclusions from the fire drill.

It was found that the roster did not adequately describe the hours worked by the Person in Charge.

Action Required:
Under Regulation 21(1) you are required to: 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.

Please state the actions you have taken or are planning to take:
We will ensure that the fire training delivered identifies the following details; simulated fire evacuation procedures for night and day conditions with appropriate staffing levels Learning from this training will be used to inform and plan accordingly.

The Person in charge will ensure that their worked roster actually reflects the hours worked in the designated Centre.

Proposed Timescale: 22/06/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors found that some doors on escape routes were provided with unnecessary door fastenings which could potentially cause delay in the event of an evacuation of the centre.

Action Required:
Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
We have been in contact with Estates Department within the Health Service Executive. The Fire Engineer has advised that these can be removed and while this is being awaited we will ensure that there is a risk assessment and controls put in place so that all staff are aware of the safe procedures to initiate in terms of what occurs when the fire alarm is activated on these doors, and what the purpose in the interim is of these fastenings

Proposed Timescale: 01/07/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors identified a fire door with an excessive gap along the top of the door

Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
A risk assessment will be undertaken again of all doors to ensure that there are no gaps. The gap on this door will be maintained and we will ensure that there are arrangements in place for all fire equipment, means of escape, building fabric and building services on a daily, monthly, quarterly basis.

Proposed Timescale: 30/06/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The main panel on the fire alarm system was unable to display the location of the activation in a format easily understood by staff. The repeater was unable to display any information pertaining to an activation of the system.

Action Required:
Under Regulation 28(2)(ii) you are required to: Make adequate arrangements for giving warning of fires.

Please state the actions you have taken or are planning to take:
We have contacted the Contracted Company to ensure that the Fire Panel adequately displays the location of activation, so that it can be easily understood by all staff. We have ascertained that the repeater panel will be able to display information pertaining to activation. We will now ensure that this is incorporated into the fire activation system and is easily understood by all staff.

Proposed Timescale: 11/07/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements for resident evacuation including the number of residents in each sub compartment required review to ensure that residents can be evacuated in a timely fashion.

Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
We will now revise the personal Evacuation Egress plans for each individual resident to ensure that the evacuation plan outlines each sub compartment in order to ensure that each resident can be evacuated in a timely manner for both day and night time. We currently have each area zoned. Each zoned area will now identify sub zones, and the number of sleeping quarters in each zone, with the number of residents included.

In consultation with the Fire Safety Engineer, it has now been determined that each bedroom is compartmentalised with fire resistant doors and heat and smoke detectors and emergency lighting. Each bedroom as a result has 30 minutes protection time in the event of having to evacuate individual bedrooms. A meeting has been arranged with the Fire Safety Engineer to determine the positioning of extra doors within each Unit within the Centre with the aim of further sub zoning each compartment at Unit level. This meeting is scheduled to take place during week of 13th of July 2015. We are continuing to work closely with the Fire Safety Engineer to ensure that residents can be evacuated safely in the event of evacuation required. We are also commencing a process of introducing sleigh evacuation sheets because these have been determined as making the process of evacuation less cumbersome and more timely. These will be introduced as training takes place initially in their use.

Proposed Timescale: 29/06/2015

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication was not individually prescribed for crushing.

Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
We have consulted with the Medical Officer and will now ensure again that each individual drug prescribed is clearly recorded as for crushing in the event that no alternative liquid format of the medication is available. We will continue to audit these practices to ensure that this regulatory requirement is met.

Proposed Timescale: 22/06/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Meaningful activity and assessed social care needs not fully provided for by the registered provider.

Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
Approval has been sought for a dedicated Activities Coordinator and recruitment of same is pending. In the meantime we will ensure that each resident will be assessed in relation to recreation, activities and occupation based on their assessed ability and interests. We will now further improve the assessment of social care needs of residents. We are currently reviewing all social care assessment tools to ascertain the best approach to take. This work has been undertaken and will now be finalised and put into practice. Residents and/or their relatives will be consulted individually as part of this process.

Proposed Timescale: 01/09/2015

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans for activity and social care not in place to meet residents needs.

Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
As per Outcome 11 above, we will now ensure that a care plan is drawn up based on the assessment of recreation, occupation and activities to ensure that they are individualised for each individual resident on a daily and weekly basis. Based on the assessment of social care needs we will also ensure that a social care plan is in place for each individual resident, and that all aspects of social care are individualised based on individualised assessment.

Residents and/or their relatives will be consulted individually as part of this process and these will be reviewed four monthly or more often as required to ensure that any activity, occupation or recreational activity is based on individual ability and interest

Proposed Timescale: 01/09/2015

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The multiple occupancy bedrooms do not meet the needs of the residents in the following respects:

Storage provided for individual residents was found to be inadequate in some cases.

The televisions are not viewable by all residents, particularly if curtains are in place.

The location of the beds within the rooms does not maximise the space available to the residents.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
We have now commenced a programme of replacing current storage arrangements in all multi occupied rooms to ensure that there is adequate storage space to meet the requirements of all residents.
We will consult with each resident within multi occupied rooms to ascertain the best location and placement for televisions to ensure that each residents dignity is in no way compromised during care activities
We will examine the layout of each of these rooms particularly in relation to bed positioning, to ensure that space is maximised to the benefit of each resident

We can confirm that the layout in the rooms is currently underway and will be completed by 1/09/15 in order to ensure that maximum space is available to residents as soon as possible.

The development of the St Mary's and Boyne View House will provide a mix of refurbished and new 100 bed unit consisting of single and twin bedrooms. All in accordance with HIQA 2009 National Quality Standards for Residential Care Standards for Older People in Ireland.

The new build/renovation project is based on the Household Teaghlach Model
Also included in this plan of refurbishment/ new build Include is a central kitchen, storage areas, an oratory, a number of treatment rooms, staff facilities and enclosed safe secure gardens/courtyards. A complete building proposal with floor plans and schedule of accommodation accompanies this action plan.

Proposed Timescale: Immediately and by 01/09/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a lack of suitable storage facilities in the centre.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
We will now examine as a matter of urgency the use of space within the centre to ensure that there is adequate storage space for equipment, and ensure that equipment that is no longer required or not in use is not stored within the Centre in a way that compromises resident's dignity and safety.

We will continuously monitor and ensure that no equipment is stored in resident's bedrooms and that it is safely stored and that suitable storage facilities are in place for everyday equipment.

Proposed Timescale: 01/08/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was inadequate provision of grab rails identified within the accessible showers

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Each of the shower rooms will now have adequate grab rails installed in order to maximise resident independence and safety.

Proposed Timescale: 01/07/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Facilities for meaningful occupation were limited and require development in line with resident's interests and capacities.

Action Required:
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:
We are currently working on initiatives to further develop opportunities to undertake occupation and ensure that these are provided. We are currently recruiting an occupational, recreational and activities co-ordinator. In the interim we will examine facilities required to provide occupation both internally and externally and work with all staff to ensure that a individualised programme is in place.

Individual Residents and/or their families will be fully involved and consulted on the provision of activities, recreation and occupational therapies.

The timescale for the appointment of a permanent occupational, recreational and activities co-ordinator is September 2015. An interim post holder will commence week commencing 13/7/15

The Occupational, Recreational and Activities Facilitators will provide treatment services and recreation activities to individuals with disabilities and/ or illnesses.

Using a variety of techniques, including arts and crafts, animals, sports, games, dance and movement, drama, music, and community outings, the Facilitator maintains the physical, mental, and emotional well-being of their clients.

Facilitators help individuals reduce depression, stress, and anxiety; recover basic motor functioning and reasoning abilities; build confidence; and socialize effectively so that they can enjoy greater independence, as well as reduce or eliminate the effects of their illness and/ or disability.

In addition, the Facilitator helps integrate people with disabilities into the community by teaching them how to use community resources and recreational activities.

The Facilitator along with the Multi Disciplinary Team will assess clients on the basis of information the facilitator learns from standardized assessments, observations, medical records, the medical, nursing and allied health staff, the clients' families, and the clients themselves.

The Facilitator will then develop and carry out therapeutic interventions consistent with the clients' needs and interests.
For example, clients who are isolated from others or who have limited social skills may be encouraged to play games with others, and right-handed persons with right-side paralysis may be instructed in how to adapt to using their unaffected left side to throw a ball or swing a racket.

The Facilitator may instruct patients in relaxation techniques to reduce stress and tension, stretching and limbering exercises, proper body mechanics for participation in recreation activities, pacing and energy conservation techniques, and individual as well as team activities. In addition, the Facilitator will observe and document a patient's participation, reactions, and progress and continually review and reassess progress.

Proposed Timescale: 01/09/2015

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Opportunities to participate in activities in accordance with residents interests and capacities had not been fully assessed or provided for.

Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
We are currently working with residents and/or representatives to ascertain what residents would like to see in place on a daily and weekly basis. Following consultation we will ensure that opportunities are developed and strengthened to further improve person centred care and support in this area. Consultation will be undertaken with individual residents and/or their families. We will also consult as a community to ascertain as a community what activities, recreation and occupations residents would like made available. For residents who are unable to express their wishes, we will ensure that their representatives are consulted with. As a service provider we will also ensure that there are a variety of activities made available and that these are planned in conjunction with residents on a daily basis, weekly basis and monthly basis.

Proposed Timescale: 30/06/2015

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were practices observed which were not fully in line with person centred care and did not fully respect each residents' right to dignity and respect including the use of transport wheelchairs at the dinner table, and one resident waiting an unacceptable length of time to received appropriate assistance to eat their meal.

Action Required:
Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

Please state the actions you have taken or are planning to take:
Immediately following inspection we commenced a person centred practice development initiative with the practice development facilitator which will examine the culture and context of care using a person centred framework. This approach will use Action learning and person centred approach and will involve an examination of the culture of care delivery, the language used, the context of care and examine through a team approach improvements required to provide a person centred approach. It will examine both the rituals and task oriented approaches to some aspects of care. We will ensure that the dignity of residents is upheld at all times and that practices do not impact in any way. We will observe practices, monitor practices and audit practices to ensure that dignity and rights are not undermined. We will ensure that all residents' rights are upheld and that these rights are known by all staff. We will also audit and monitor on a continuous basis in ensuring that no resident is discriminated against because of their ability.

As per nutrition thematic, we will ensure that all residents experience and enjoyable

mealtime experience and those resources are in place to meet those needs and that practices recognise these needs.

We will continuously monitor and audit that resident rights are being upheld and are made known to all staff.
We will continuously monitor and audit practices to ensure that individual residents retain the abilities they have for as long as possible.

We will continuously monitor and Audit practices to ensure that dignity of individual residents is up held.
We will audit and monitor mealtimes to ensure that residents are treated with dignity and respect.
The results of all monitoring and audits will be documented and feedback will be given to staff in relation to same so that further actions and improvements can be instigated.

Where there is an identified training need, training will be provided

Proposed Timescale: 22/06/2015

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Communal visiting facilities identified were not sufficient to receive visitors in a suitable private room.

Action Required:
Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

Please state the actions you have taken or are planning to take:
We will examine as a matter of priority all areas that can be utilised to ensure that residents can receive visitors in private. As outlined during the inspection, we will be in a position by October 2015 to utilise the main area at reception which will be converted into a visiting and social area for residents and visitors.
This area is currently being used as a clerical administration office. However with the centralisation of administration to another office, we will be able to utilise this space for residents to receive visitors in private and also as a social area for visitations. It is envisaged that this area will be utilised as a social café area for all residents and visitors.

In the interim we will ensure that all visits are facilitated so that residents have the opportunity to receive visitors in private.

Proposed Timescale: 30/06/2015

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient staff (in respect of a clinical nurse manager 2) to co-ordinate the service provision of the designated centre. There was insufficient staff to co-ordinate activity provision for the residents.

Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The Clinical Nurse Manager has now been appointed through an interview process. The successful candidate has now been informed of their pending appointment. We are currently awaiting all documents as outlined in Schedule 2 to be processed.

Until an activities, recreational and occupational facilitator is in place, we will ensure that there is a staff member in place on a daily basis to co-ordinate activity provision for all residents.

The Person in Charge is also now relocated to an office on site and will be available on a daily basis to monitor and ensure a safe quality delivery of care.
The Director of Nursing post has been approved and will go for competition through the NRS. This will enhance the governance and management of all sites and will support the PIC for each unit.

Proposed Timescale: 01/08/2015

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staffing was not evidenced as being adequate having regard to the needs of the residents assessed in accordance with Regulation 5.

Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
We recognise that the number and skill mix on a consistent basis was not correct. We have recently recruited a number of care assistants in order to restrict the usage of agency staff and give a more consistent approach. We are also recruiting a number of

nursing staff which will also give a more consistent approach. A business case has been developed and awaiting approval for the appointment of a recreational facilitator. We will continuously monitor and re-evaluate the skill mix in order to ensure a consistent person centred approach.
The calculation of staffing in long-term care includes the calculation of skill mix. Skill mix in long-term care describes the types and grades of staff required to meet residents' needs, at the appropriate times of the day, week and year. Appropriate skill mix seeks to provide a quality, efficient and effective service within optimum costs.

Currently we are working to Guidance on staffing in nursing homes (2009) as referred to in the HSE Service Plan (2013a). Skill mix within this centre is based on a 60% Care Assistant ratio to 40% Nursing ratio. This is based on 80% of residents being maximum dependency as per Department of Health and Children Dependency measurement scale as currently used within the Centre. Currently the skill mix within the Centre is based on 90% maximum dependency giving a 45% Nursing and 55% Care Assistant ratio in relation to Direct Care Provision based on 38 beds occupied.

In addition the skill mix is supplemented by the use of clerical administration grades, dietetic services based on a referral process based on a determined need, occupational therapy services, speech and language therapists, physiotherapy services. Access is also in place through the Health Service Executive for ophthalmology and dental services.

A basic Grade Physiotherapist is now also in place on a six monthly ongoing rotational basis within the Centre.

While the Physiotherapy Department is based within the Cottage Hospital, the physiotherapy services provide both planned visits and visitations based on referrals. Referrals to the physiotherapist can be made by nursing staff or by the Medical Officer and/or at the request of residents or their families. The physiotherapist has both their own casework amongst residents as well as any new referrals. Extra physiotherapy continues to be provided based on the professions own assessment as well as in terms of preventative work and maintenance of function.
Physiotherapy is provided by both a Senior physiotherapist Grade and a Basic Grade physiotherapist. Both are HSE employees working within three designated centres within Drogheda Services for Older People. The basic grade physiotherapist rotates on a six monthly basis and is supervised directly by the Senior Physiotherapist. If additional physiotherapy is required beyond standard provision, a referral is made to the physiotherapy department. If additional resources are required to meet a resident's need, these may be obtained from the community physiotherapist in Primary Care Centre.

Proposed Timescale: 30/08/2015

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have access to appropriate training with regard to all aspects of nutritional care.

Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
We will ensure that all remaining staff who have not received nutritional training receive training appropriate to their roles

Proposed Timescale: 30/09/2015