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 Patrick's Hospital
Centre ID:	OSV-0000595
Centre address:	John's Hill, Waterford.
Telephone number:	051 848 700
Email address:	bridget.kearns@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Ide Cronin
Support inspector(s):	Catherine Rose Connolly Gargan
Type of inspection	Unannounced
Number of residents on the date of inspection:	85
Number of vacancies on the date of inspection:	4

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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
17 May 2017 09:00	17 May 2017 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection conducted by the Health Information and Quality Authority (HIQA) to follow up on actions required following a previous inspection on 27 June 2016.

HIQA had received unsolicited information prior to this inspection on three separate occasions since the last inspection in June 2016 regarding aspects of service delivery. Care practices were reviewed and relevant documentation in relation to the unsolicited information on this inspection. Inspectors found that the provider had in the main met their legislative responsibilities and the information received was not substantiated

There was evidence of progress in many areas by the provider and person in charge in implementing the required improvements identified at the last inspection. In

particular improvements were noted in the variety of meaningful activities available to residents within the centre and the delivery of a person-centered approach to care. Further improvements are still required in some areas in particular the premises and medication management.

As identified in all previous inspection reports, the accommodation in the larger multi-occupancy rooms did not achieve the aims of the service as outlined in the statement of purpose. Inspectors found evidence that the environment impacted on the wellbeing of residents. There was very limited personal space for individual personal possessions.

The Health Service Executive (HSE) has committed to replacing St Patrick's Hospital with a new purpose-built community nursing unit by December 2019. In the interim, since the previous inspection resources had been used to improve the communal areas and create an enhanced environment for residents both internally and externally. In addition, a total of seven beds had been removed from two wards with both residents and staff benefiting from the increased personal space. This is further outlined in the main body of the report. Inspectors saw that the first phase to enable the facilitation of a new build had been completed.

The inspectors observed practices, the physical environment and reviewed governance arrangements, clinical and operational documentation. This included policies, procedures, risk assessments, reports, residents' files and training records to inform this inspection.

The management team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents. Staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents' safety.

Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

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 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:
The updated statement of purpose was available that detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in Schedule 1 of the regulations.

The provider and person in charge understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:
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:
The management team comprises of the nominated registered provider, the person in

charge and two assistant directors of nursing. There was a clinical nurse manager 2 (CNM 2) in charge, responsible for the day to day running of each of the three units. Records were available of minutes of meetings held at each level within the team.

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Management meetings were well established and reviewed all aspects of service provision, staffing, health and safety, training, complaints and any other relevant issues.

The roles and responsibilities were clearly defined; evidence of audit and review of practice evident from this inspection confirmed this. During the inspection the management team demonstrated effective communication and provision of information and records when requested.

The inspectors reviewed audits completed by the management team. Some areas reviewed included medication management, health and safety, infection control, hygiene, and care planning. The person in charge and assistant directors of nursing discussed improvements that were identified with the nurse managers who were responsible for completing any corrective action plans to address any deficits identified.

Arrangements were in place to consult with residents about their experience of the service. There was a residents' committee that met regularly and the inspector observed that the regular meetings gave them a forum to express their views. Satisfaction surveys were completed on an on going basis. An annual review of the quality and safety of care had been completed for 2016 and it informed the service plan for 2017 as observed by an inspector.

There were adequate resources deployed to meet the needs of residents in relation to staff, training opportunities, equipment and ancillary services to ensure appropriate care was delivered to residents. There was a plan for ongoing training in 2017 which was comprehensive and targeted both clinical and educational topics.

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:

There was a change in the person in charge of the centre since the last inspection. She is a registered nurse, has extensive experience of working with older people and works full-time in this post. During the inspection she demonstrated that she had knowledge of the regulations and standards pertaining to the care and welfare of residents.

She provided a good standard of governance and clinical leadership to the staff team in all aspects of care delivery. Staff confirmed that good communications exist within the staff team. The inspectors found that she was well informed about residents and very person-centred in her approach.

Judgment:
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:
The provider and person in charge demonstrated they were aware of the responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.

There were clear arrangements to cover for the absence of the person in charge and the assistant directors of nursing had responsibility for management of the centre when the person in charge was absent.

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:
Inspectors found that systems were in place to protect residents from harm or suffering abuse and to respond to any allegations, disclosures or suspicions of abuse.

There was a policy in place to inform staff on the prevention, detection, reporting and investigation of allegations or suspicions of abuse in the centre. It incorporated the national policy on safeguarding vulnerable persons at risk of abuse. Staff training records confirmed that facilitated and attended by staff. Staff spoken with by inspectors confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place. The centre's safeguarding policy was demonstrated in practice on one occasion since the last inspection in June 2016.

Inspectors observed that staff used a positive and compassionate approach with residents who were known to experience responsive behaviors (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was a policy in place to inform staff on management of responsive behaviours. Inspectors observed that residents who experienced responsive behaviours were assessed, had behavior support care plans developed and where possible the behaviors were prevented by proactive interventions by staff. Care plans examined by inspectors generally demonstrated that a person-centered approach was taken by staff to identify and alleviate any underlying causes for residents' responsive behaviors. Effective de-escalation strategies were documented and staff spoken with by the inspector could describe the person-centered de-escalation techniques they would use to manage individual resident's responsive behaviors. Staff had received training in managing responsive behaviors and training was on-going to ensure all staff had the skills as required by the Regulations. Residents had access to community psychiatry services that also provided additional support and advice to staff as necessary. Some residents were prescribed for psychotropic medicines on a PRN (a medicine only taken as the need arises) basis to manage BPSD or responsive behaviors. This medicine administration was reviewed and three-monthly reviews of all medications were undertaken by the centre's medical officer.

Inspectors found that the person in charge and staff team were proactively working to promote a restraint-free environment. A number of low level beds had been purchased for residents since the last inspection and was on-going. This action enabled staff to significantly reduce the numbers of full-length bedrails used that restricted residents' mobility in and out of bed. There were also positive improvements made to ensure the safety of residents assessed as being at risk of leaving the centre unaccompanied with provision of a safe enclosed courtyard area. This action enabled vulnerable resident to exit the centre with increased safety. All residents with any form of restrictive procedure in place were regularly assessed to ensure need and that the restrictive intervention used did not compromise their safety. Regular checking procedures were evidenced on residents with bedrails in use. There was documented evidence that alternatives had been tried prior to the use of restraint, as required by the centre’s policy.

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:
Findings on this inspection demonstrated that the health and safety of residents, staff and visitors was protected and promoted. There was an up-to-date safety statement available for the centre. A proactive approach was developed to address risk management in the current premises. There was increased emphasis to proactively manage any risks posed by planning and preparatory site-work to the area in front of the centre for construction of the new building. The required information regarding the areas of risk outlined by Regulation 26 were in place to protect vulnerable residents. A register of hazards identified was maintained. It referenced identification and assessment of risks with controls to manage and prevent adverse incidents to residents, visitors and staff. Hazardous areas such as sluice rooms and clinical storage areas were secured to prevent unauthorised access. Health and safety and risk management was a standing agenda item in all management and governance meetings.

Residents were protected against the risk of fire in the centre. There was a fire committee and a health and safety committee in place. Minutes of these meetings were observed by inspectors. All residents had evacuation risk assessments completed and documented. Fire safety management checking procedures were in place and no gaps were observed in these records. Servicing of the fire panel, firm alarm, emergency lighting, directional signage and smoke/heat sensor equipment was in place. All fire exits were clearly indicated and were free of any obstruction.

Equipment including fire extinguishers were available at various points throughout the centre. Fire evacuation drills were completed and reflected testing of day and night-time resources and conditions to ensure residents could be safely evacuated in an emergency. Staff training records referenced that staff were facilitated to attend fire safety training and participate in a fire evacuation drill. Staff spoken with by the inspector were aware of the emergency procedures in the event of a fire in the centre.

An infection control policy informed procedures for management of communicable infection including infection outbreak in the centre was available and was demonstrated in practice since the last inspection. The centre was visibly clean. Hand hygiene facilities were located throughout the premises. Environmental cleaning procedures reflected best

practice in infection prevention and control standards. Staff had attended training on hand hygiene procedures and infection prevention and control.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
Medicine management practices were reviewed and policies were in place to support practice. There was a system in place to ensure that all medicines were reviewed on a regular basis by a General Practitioner (GP). Prescription and administration sheets contained required information and were completed in line with professional guidelines.

Photographic identification was available on the drugs chart for each resident. The prescription sheets reviewed were legible and distinguished between p.r.n (a medicine given as the need arises), regular and short term medicines. However, the maximum doses of p.r.n medicines to be given in 24 hours were not prescribed in all of the medicine charts reviewed by inspectors. Adequate refrigerated storage was in use for medicines that required temperature control and the temperature of the refrigerator was monitored.

Medicines that required strict control measures were managed appropriately and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of all controlled drugs. The inspector confirmed that the stock balance was checked and signed by two nurses at the change of each shift. There were appropriate procedures for the handling and disposal of unused and out of date medicines. A system was in place for reviewing and monitoring safe medication management practices.

The inspectors saw that medication management audits were completed as part of the quality metrics system. Staff told the inspector that a protocol was not in place to ensure that the pharmacist was facilitated to meet the obligations in line with guidance issued by the Pharmaceutical Society of Ireland, including the provision of personal pharmaceutical care to residents.

Judgment:
Non Compliant - Moderate

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:
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding accidents and incidents.
A quarterly report was submitted to HIQA to notify of any of the required information set out in Schedule 4 of the Regulations.

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

Findings:
The centre catered for residents with a range of needs including rehabilitation and respite care. Inspectors found that residents' healthcare needs were met to a good standard on this inspection. However, the quality of residents' care records was inconsistent over the three units in the centre.

Residents' care records confirmed that they received timely access to health care services including out-of hours medical services and were supported to attend out-patient appointments as necessary. Residents had timely access to medical officers, dietitian speech and language therapy, dental, palliative care and psychiatry of older age services. Residents admitted for rehabilitation to Our Lady's unit had access to

physiotherapy and occupational therapy services on a daily basis. However, access for other residents living in the centre to these services required improvement. Inspectors saw that some residents in long the residential units experienced delays in accessing occupational therapy services in particular. This negatively impacted on some of these residents as they were no longer able to mobilise and required seating assessments. This was a finding on the previous inspection. The provider representative and person in charge demonstrated the actions they had taken to date and on-going to improve access for residents but further improvement was required.

Inspectors found that residents had a comprehensive assessment of their healthcare needs completed using evidence-based assessment tools completed on admission and updated thereafter. Residents had care plans in place based on their assessed needs. Care plans were reviewed on a four monthly basis or if the resident's condition changed. Since the last inspection in June 2016, inspectors found that the care plans for residents in St Patrick's unit had significantly improved. An assistant director of nursing was supporting the clinical nurse managers on St Patrick's unit leading out on a comprehensive staff training and documentation monitoring programme.

Some staff had been facilitated to attend person-centered care training. Samples of care plans reviewed by inspectors were person-centered and clearly informed the interventions to be completed to meet each resident's assessed needs. However, residents' care plans in Our Lady's unit were found to be generic and did not comprehensively reflect individual resident's care needs or preferences. The documentation was inconsistent in relation to residents' and their relatives' involvement in the development of care plans and reviews thereafter as appropriate. Recommendations made by allied health professionals were not consistently transferred in the relevant care plans for each resident in either unit. Auditing of residents' care plans was completed and on-going. The person in charge had already identified the improvements required in residents' care plans as found by inspectors on this inspection.

A clinical nurse manager (CNM2) had completed a graduate diploma in tissue viability and supported staff and provided expertise on care of residents' wounds in the centre. Residents were routinely assessed for risk of pressure ulcers and pressure relieving devices were provided as required. On the day of inspection there were two residents at high risk of developing pressure ulcers and procedures were in place to prevent ulcers developing. Arrangements were in place to ensure any wounds were assessed by staff using an appropriate measurement system which assessed size, type and exudate in line with evidence-based practice. Wounds were photographed and a treatment plan was implemented to inform care procedures.

An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least every four months thereafter. There were four resident falls since 01 January 2017 necessitating their admission to hospital. Three of these falls resulted in a bone fracture. A review was completed after each fall incident with preventative measures, such as, sensor mats, ultra low beds and crash mats used to mitigate further risk of injury.

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

Findings:
The premises dates back to the 1950's and the physical design and layout is consistent with the style of that era. The premises consisted of three areas, Our Lady's, St Malachy's and St Patrick's units.

Since the last inspection in June 2016, inspectors saw that improvements made in the layout and the number of residents accommodated in most multiple occupancy bedrooms in St Malachy's and St Patrick's units. This work improved the quality of life, space available to them and the comfort of residents in these bedrooms. The provider and person in charge explained to inspectors that work was ongoing to address a 12 bed multiple occupancy bedroom in St Patrick's unit and a 10 bed multiple occupancy bedroom in St Malachy's unit. Inspectors also saw that the cramped environment in these two multiple occupancy bedrooms negatively impacted on space available to meet residents' care and wellbeing and to meet their privacy and dignity needs.

Residents' personal space in these two bedrooms was very confined with space only for a bed, a small locker and a wardrobe. There was very limited personal space for individual personal possessions. The wardrobes were small and had very limited capacity to store clothes for residents. Records reviewed by inspectors indicated that property logs were maintained for residents. There was insufficient space for assistive equipment and beds had to be moved to facilitate use of a hoist.

There was no space for a chair by residents' bedsides and one resident who wished to have a bed table to rest their music player and other belongings on had their wardrobe located along a wall outside their bed area. Screening curtains did not offer residents protection from noise or odours. Some residents in these multiple occupancy bedrooms remained in bed and could not easily use communal toilet and washing facilities. A resident told inspectors that they used a bedpan at night because there was not enough room for a commode by their bedside.

Residents' said they were often woken from sleep by noise by fellow residents or staff

providing care. Residents' privacy was also negatively impacted on in these two multiple occupancy bedrooms as bed-screens did not ensure they could hold private conversations with visitors or the doctor. Insufficient space between residents' beds and screen curtains in these rooms did not ensure their privacy could be maintained during personal care or transfer procedures. Staff were observed by inspectors to close the doors to these rooms during care activities. However, due to the layout of these two bedrooms, this action limited access to other residents in these rooms. There was evidence that some efforts had been made to encourage residents in these bedrooms to personalise their bed spaces with photographs placed on the wall adjacent to or behind their beds. However, photographs placed on walls behind residents' beds could not be viewed by them.

Residents' accommodation in Our Lady's unit comprised of four six-bedded rooms, two four-bedded rooms, a twin room and two single rooms. Twelve long-term care and four respite places were provided in two six-bedded rooms and a four-bedded room. The remaining beds were used for residents admitted for rehabilitation following injury or illness. All the rooms were spacious and the accommodation provided met the needs of the residents.

Since the last inspection an enclosed garden accessible from the communal sitting/dining room in St Patrick's unit, was completed with outdoor seating and potted plants in place. Residents commented positively about this amenity to inspectors and were seen to use the area during the day of inspection. Enclosed garden areas for the other two units had been improved. Residents in all the units could readily access a secure outdoor area with appropriate seating. The layout of the communal sitting/dining rooms in St Malachy's and St Patrick's units had been addressed in a way that optimized space and comfort of residents.

A social kitchenette was available in St Malachy's communal room for residents' baking activities. The room was subdivided with each area decorated with a different theme. This provided variety and made the room interesting, comfortable and inviting. Further work to the communal sitting/dining room in St Patrick's ward was planned and work was underway in the communal room in Our lady's unit.

The premises were maintained and the standard of décor was generally good. Maintenance work outstanding at the time of the last inspection was completed. Painting of residents' accommodation was in progress with some areas completed.

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:
There was a policy and procedure in place for the management of complaints. A summary of the complaints procedure was also clearly displayed at various points within the centre.

There was a person nominated to deal with complaints. A person responsible for managing appeals was also appointed. A complaints log was maintained, and this was made available to inspectors on the day of the inspection.

The inspectors reviewed the documentation referencing complaints received since January 2016 as recorded in the complaints log. The documentation recorded details of the complaint, investigation details and whether or not the complainant was satisfied with the outcome of the complaint.

Suggestion boxes were located in the centre and residents had access to independent advocacy services if they wished.

Judgment:
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:
On the previous inspection it was found that residents wore name bands on their wrists and residents' toilets and bathrooms did not have privacy locks. The action plans to address these issues had been completed. Also on the previous inspection under this outcome the cumulative effect of issues in relation to the premises impinging on residents' privacy and dignity was explored. These issues are dealt with under Outcome12: Premises.

There was evidence that residents were consulted with and had opportunities to participate in their daily routine and in the organisation of the centre. A residents' committee for all residents living in the centre was facilitated by staff. The person in charge told inspectors that she was planning to change the process and hold residents meetings on each unit which would improve attendance and feedback from residents. Residents' family members and their involvement was promoted. A record of communication with family was seen in some of the resident files reviewed.

Access to and information in relation to the complaints process and independent advocacy services were available to residents. Residents' independence and autonomy was promoted. Religious services were held regularly and the inspectors observed the church located on-site. Communication boards, daily news papers and telephone arrangements were available. A tablet had also been purchased for residents' use. An inspector was informed that funding had been sourced for a technology library.

Inspectors established from speaking with residents and staff that opportunities to maintain personal relationships with family and friends in the wider community was encouraged. Arrangements were provided for residents to attend family occasions and opportunities to socialise and link with the wider community by arranged outings and visits by members from the local community was facilitated. On the day of inspection some residents had gone out on a day trip with the activity coordinator. Both residents and staff confirmed to inspectors that outings were a regular occurrence. All residents now had access to a secure outdoor space.

There were 2.5 whole time equivalent (WTE) staff dedicated to activities over a seven day period. There was an activities programme in place. The programme included both group and individual activity sessions. It was found to reflect the past interests and hobbies of residents and it included arts and crafts, bingo, baking, chair based exercises and music Other dementia relevant activities were included in the programme such as reminiscence and Sonas (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation).

An inspector spoke with an activities assistant who had been recently appointed to the role. The inspector found that he was very enthusiastic and dedicated to improving quality of life for residents. He told the inspector that he was passionate about improving and maintaining quality of life for residents.

An inspector sat and observed a reminiscence session for a period of time and found that all residents interacted with him and other residents. It was a lively informative session as observed by the inspector. Residents' life stories were being collated by staff. One to one time was scheduled for residents with more severe dementia or cognitive impairment or who would not participate in the group activities, and individually oriented activities linked to residents' interests were tailored to reflect the resident's individual tastes as observed by inspectors.

Inspectors saw that an external professional had completed a validated observation tool to record formal observations and quality of interactions between staff and residents. For the most part these were found to demonstrate positive engagement between staff and residents. Inspectors also found that there was a high rate of positive connective

care observed and heard between staff and residents on the day of inspection.

Staff were seen to engage in a meaningful way with residents, and staff adapted their approach to residents based on their capabilities. This was particularly evident to inspectors during the reminiscence session led by the activity assistant that there were positive experiences for all residents that were engaged in the session.

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

Findings:
The inspectors formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. There were actual and planned rosters in place.

A comprehensive training programme was in place, which supported staff to provide care that reflected up-to-date, evidence-based practice. Inspectors saw that there was a monthly schedule of training which included a range of different current healthcare topics. Staff were very complementary of the current systems in place to provide training. On the day of inspection a clinical skills training day was being held which included topics such as management of fractures, seating and pressure care, falls and care planning. Training records indicated that all staff had completed mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse.

An induction programme was in place in the centre, which included training and supervision. Staff were supervised appropriate to their role, and staff appraisals were conducted with any training needs identified. The person in charge held meetings with the various levels of staff on a frequent basis, and the minutes of these meetings were

reviewed by inspectors.

Staff demonstrated to the inspectors their knowledge in a number of areas for example, infection control, fire safety, adult protection and caring for residents with dementia or responsive behaviours. Staff who spoke with the inspectors confirmed that they were well supported to carry out their work by person in charge. Staff were available to assist residents and there was appropriate supervision in the dining rooms/sitting rooms throughout the day of inspection. Staff were seen to be supportive of residents and responsive to their needs.

There was a recruitment policy in place which ensured that staff were selected and vetted in accordance with best recruitment practice. The person in charge confirmed to inspectors that Garda vetting was in place for all staff and volunteers. Inspectors reviewed a sample of four staff files, and found that they contained all of the information required by Schedule 2 of the regulations, including professional registration for nursing staff.

Judgment:
Compliant

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:

Ide Cronin
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[1]

Centre name:	St Patrick's Hospital
Centre ID:	OSV-0000595
Date of inspection:	17/05/2017
Date of response:	29/06/2017

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 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:
Staff told the inspector that a protocol was not in place to ensure that the pharmacist was facilitated to meet the obligations in line with guidance issued by the Pharmaceutical Society of Ireland, including the provision of personal pharmaceutical care to residents.

1. Action Required:

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

Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

Please state the actions you have taken or are planning to take:
The PIC and the provider nominee have met with the chief pharmacist. A business plan been developed by the provider to seek funding to ensure that a pharmacist is recruited to meet obligations under regulation 29(2). A meeting is arranged for the 5 July 2017 to discuss this business case with the social care CHO 5 division leader. The chief pharmacist will forward a supporting document to report the deficits in resources in pharmacy. A meeting will take place on the 11 July 2017 to address the outcome of the meeting on the 5 July 2017 and further plan will be forwarded to the authority pending the outcome of the meeting on the 11 July 2017.

Proposed Timescale: 04/09/2017

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The maximum doses of p.r.n medicines to be given in 24 hours were not recorded in all of the medicine charts reviewed by inspectors.

2. 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:
All prescribers will review medicines prescribed and all nurses will ensure that medicines are prescribed in accordance with regulations

Proposed Timescale: 30/05/2017

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' care plans seen by inspectors on Our Lady's unit were generally generic and did not comprehensively reflect individual resident's care needs or preferences.

Recommendations made by allied health professionals were not consistently transferred

in the relevant care plans for each resident in either unit.

3. 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:
Person- centred care planning education is been provided to all registered nurses. This training will be ongoing and the documentation will be audited monthly.

Proposed Timescale: 30/07/2017

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was inconsistent documentation referencing residents' and their relatives' involvement in the development of care plans and reviews thereafter as appropriate.

4. Action Required:
Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

Please state the actions you have taken or are planning to take:
All care plans will be developed or reviewed with residents involvement or relatives where appropriate.

Proposed Timescale: 19/06/2017

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents in the rehabilitation unit had access to physiotherapy and occupational therapy services on a daily basis. However, access for other residents living in the centre to these services required improvement.

5. Action Required:
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
Physiotherapy is available to all residents by the physiotherapy unit on site. A referral system has been but in place for continuing care residents which is sent to senior nurse management who then liaise with the physio department.

Access to a community OT has been established. All priority one cases must be seen within a two week time frame.

Proposed Timescale: 22/05/2017

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 accommodation in the ten bedded room in St Malachy's unit and a12 bedded unit in St Patrick's unit did not achieve the aims of the service as outlined in their Statement of Purpose. Inspectors found evidence that the cramped environment impacted on the care and wellbeing of residents:

*There was very limited personal space for individual personal possessions
*residents in the middle beds had no accessible wall space to hang pictures in a place where they would be viewed
*there was no space for a chair by the bedsides
*a resident told inspectors that she used a bedpan at night because there wasn't enough room for a commode by her bed
*residents sleep was disturbed by noise from fellow residents or staff providing care
*residents could not discuss their care with their doctor in private
*space limitations did not support use of assistive equipment.

6. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
A new 100 bedded community unit is been developed on site and is to start early October 2017 with completion date of late 2018.
All efforts are been made to ensure that dignity and privacy of residents are been maintained in accordance with statement Of purpose of the present centre.

Proposed Timescale: 30/05/2018