

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Patrick's Community Hospital
<b>Centre ID:</b>	OSV-0000661
<b>Centre address:</b>	Summerhill, Carrick on Shannon, Leitrim.
<b>Telephone number:</b>	071 962 0011
<b>Email address:</b>	michellem.quinn@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Geraldine Mullarkey
<b>Lead inspector:</b>	Damien Woods
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	52
<b>Number of vacancies on the date of inspection:</b>	0

## 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: 26 October 2016 11:30 To: 26 October 2016 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

St. Patrick's Community Hospital is operated by the Health Service Executive (HSE) and situated in the town of Carrick on Shannon, Co Leitrim.. It provides short and long-term nursing care and accommodation for residents with a range of needs such as; convalescence, assessment, rehabilitation, continuing care and dementia care. This monitoring inspection was conducted on foot of receipt of a notification of the appointment of a new person in charge and to follow up on the actions from the previous inspection and statutory notifications received.

The inspector found that the improvements noted in the previous inspection to the governance and management of the centre had been maintained . The new person in charge and her deputy were progressing changes that had enhanced the quality of life for residents. Residents were observed to be more engaged in activities during the inspection. The inspector found that revised staff rotas were having a positive impact for residents, with staff consistently available to meet their needs. Residents spoken with said they were happy with the care and attention they received. Measures such as the provision of wall mounted activity boards in the Monsignor Young dementia care unit were found to be having a positive impact for some

residents. The provision of one on one engagement with residents who required same was also providing beneficial outcomes.

At the time of this inspection, a total of 52 residents were being accommodated, with 35 identified as having maximum care needs. The provider had significantly reduced the number of residents through the opening of a new centre in Ballinamore, approximately 30 km away. The provider had also significantly advanced the refurbishment of the Sheemore unit and confirmed to the inspector that it would be ready to accommodate 14 residents in early December 2016, with significantly enhanced facilities for residents, affording them appropriate privacy and dignity. Other areas of the centre were found to be cleaner and better maintained than on previous inspections.

The inspector found that there were areas that required attention. These included recording of actions post falls, consultation with residents regarding relocation to new bedrooms of residents and in the management of medicines. These 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 Quality Standards for Residential Care Settings for Older People in Ireland.

**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 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:**

There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The provider nominee was involved in the governance, operational management and administration of the centre on a consistent basis through meetings with, and reports from the person in charge and other staff. The new person in charge had implemented a number of positive changes to continue the improvements identified at the last inspection including new staff rota's and the use of monitoring reports. The person in charge could evidence to the inspector that they had a comprehensive oversight of the care of the residents and of issues they arose. The majority of actions identified at the last inspection had been addressed in full.

The opening by the provider of the new unit at Ballinamore and the reduction of resident numbers was facilitating the improvement of the centre environment and it was expected residents would be able to move to a fully refurbished Sheemore unit by early December.

**Judgment:**

Compliant

***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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> A new residents guide in an A4 folder, which was readily updateable, had been provided. It detailed all services available to residents clearly and information was set out clearly for the reader. It had been provided to all residents in the centre. The lobby at the entrance had a new information area with updates on the on-going works to improve the environment of the centre on display. Residents had been provided with contracts of care.</p>
<p><b>Judgment:</b> Compliant</p>

***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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There had been a change of person in charge since the last inspection. The new person in charge is a registered nurse and was recorded on the rota as working in the role full-time. She fulfils the criteria required by the regulations in terms of qualifications and experience. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately. She maintained her professional development and attended mandatory training required by the regulations. During the inspection she demonstrated that she had good knowledge of the regulations and standards pertaining to the care and welfare of older persons. .</p> <p>The person in charge was found to have continued the improvements noted at the time of the last inspection relating to the care and welfare of residents. She evidenced to the inspector changes she was implementing in terms of staffing and services that had brought further improvement. She was using a daily reporting system to update on all residents in each unit. She had devised a clear electronic record which detailed the needs of each resident. Audits were in the process of being completed in a number of areas including falls, which was an area identified for action at the last inspection. In addition, a new falls prevention model was being implemented. A comprehensive training record for staff was in place The inspector noted on arrival, and throughout the inspection that the door to her office was open and was accessible to staff, residents</p>
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and visitors.
<b>Judgment:</b> 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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
Training in the Newcastle Model as identified in the action plan to the last inspection had been provided to staff. Additional meetings and supports on dementia care through a group known as Ceol were also underway. Training records also showed that staff had been trained on the HSE safeguarding policy and procedures.

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

**Findings:**  
An action from the last inspection, where nurses on duty on the day of inspection in Monsignor Young unit were unclear of the recording of controlled medications in the control medication register, as new recording procedures had been implemented and they had not received training was found to have been completed. The recording of controlled medications in the Monsignor Young unit was found to be compliant on this inspection. However, the practice of receiving controlled medications that are not required to resident specific prescriptions should be reviewed to ensure that only

actually required controlled medications are kept in the centre for residents.
<b>Judgment:</b> Compliant

<b><i>Outcome 10: Notification of Incidents</i></b> <b><i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></b>
<b>Theme:</b> Safe care and support
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> Notifications had been submitted to the Authority as required and the person in charge and provider were aware of their responsibilities in relation to submission of notifications. The inspector reviewed a number of notifications that related to incidents between residents on one of the units. Appropriate measures had been taken, including one to one supervision, to ensure that the risk of reoccurrence was controlled. The inspector found that in records reviewed, they were complete and comprehensive for incidents requiring notification to the chief inspector.
<b>Judgment:</b> Compliant

<b><i>Outcome 11: Health and Social Care Needs</i></b> <b><i>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.</i></b>
<b>Theme:</b> Effective care and support
<b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.
<b>Findings:</b> The inspector reviewed with the staff nurse on duty in Dr McGarry Unit the reasons why a resident was in bed. Assessments were in place to evidence that, due to their



condition, they could not tolerate being in a chair or out of bed for long periods of time. The recommendations of the residents General Practitioner and the most recent mobility assessments were being followed by staff.

**Judgment:**

Compliant

***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 provider had, as indicated in the action plan to the last report, reduced the number of residents accommodated in the centre by opening a new centre in Ballinamore. They also had substantially completed the renovation of the Sheemore unit, which was to be complete and ready for occupation by residents in early December 2016. Plans were in place for the further refurbishment of the other units on a phased basis. Adequate safe and secure storage had been provided for residents clothing and personal possessions.

The centre was found to be clean and the external area adjacent to the Dr McGarry unit, which had been overgrown and poorly maintained, were cleared out. There was better use made of available space and the reduction in bed numbers had enhanced the privacy and dignity of residents accommodated in shared bedrooms. The external garden in Monsignor Young still required works to permit residents to enjoy same.

**Judgment:**

Substantially Compliant

***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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector reviewed the complaints/compliments book maintained in Monsignor Young unit. There were two complaints identified that did not have any indication that they were resolved by the centre or had been referred elsewhere for resolution. There was no record kept of feedback to the complainant on the outcome or any actions taken. The centre has a complaints policy and procedure but it was not followed in those complaints reviewed. The person in charge was managing the complaints for the overall centre and on discussion at feed back agreed to review the management of complaints on units.</p> <p><b>Judgment:</b> Non Compliant - Moderate</p>
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***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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> The inspector found that activities were available which residents participated in on the day of inspection. As it was approaching Halloween, residents had decorated the Dr McGarry unit with the assistance of staff. Residents in this unit were playing games with staff when the inspector arrived. The centre had recently acquired a dog, Blossom, who attended the centre 3 days a week and was very popular with residents. The entrance foyer had small shop and cafe style tables for use by visitors and residents, with information on planned and on-going works on display. New activity boards had been provided on walls in the Monsignor Young unit and had proved popular with a number of the male residents.</p> <p>However, it was identified that residents in the Monsignor Young unit were not always consulted, or had consultation recorded when changes were made to the room they were accommodated in. It was explained by staff that this was done on occasion to facilitate end of life care in the unit.</p>
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**Judgment:**  
Non Compliant - Moderate

***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:**

A training matrix that identified all mandatory and other training for staff in the centre was in place. On review, it was found that training was complete or planned for staff in 2016 in fire safety and safeguarding. This was identified as inadequate on the previous inspection. A training plan which identified the dates for further training throughout the year was available.

Staff were encouraged to use the HSE online training courses as part of this plan.

New staff rotas with less shift patterns had been introduced since the last inspection. This had resulted in more stable staff levels throughout the day to meet residents' needs. The inspector observed that residents were always supervised and had staff available to assist them when required. One to one staffing was in place for some residents who had responsive behaviour. .

The inspector reviewed the files of several recently recruited staff and found that all contained required schedule 2 documentation, including up to date Garda vetting.

**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:***

Damien Woods  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	St Patrick's Community Hospital
<b>Centre ID:</b>	OSV-0000661
<b>Date of inspection:</b>	26/10/2016
<b>Date of response:</b>	19/12/2016

### 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 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 refurbishment of all units was still not complete.

External garden adjacent to the Monsignor Young unit required work to allow residents to safely access and use it.

#### **1. Action Required:**

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

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:**

St Patricks OT department and nursing managers worked with Newtown Sanders Ltd who work in partnership with Sonas apc ltd and TrinityHau to design a garden suitable for people with dementia The design of the garden is complete and currently the work is being priced by several contractors. The residents will be involved in the choice of the planting, the colours of the garden walls and furniture.

It is planned that the work will be completed on the 31st October 2017

**Proposed Timescale:** 31/10/2017

**Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

There were two complaints identified on the Monsignor Young unit that did not have any indication that they were resolved by the centre or had been referred elsewhere for resolution. There was no record kept of feed back to the complainant on the outcome or any actions taken.

**2. Action Required:**

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

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

A standardised recording system is being put in place throughout the hospital bringing Monsignor Young Unit on par with the other units. This will ensure that record of feedback to the complainant on the outcome or any actions taken is in place.

The complaint log system records the details of the complaint, details of the complainant, actions taken and the date the complaint is closed off and a record of the outcome and the learning.

Both complaints and compliments are recorded daily in the Quality and Safety report documents. Both complaints and compliments received are discussed in the meetings between the CNM's and nurse management and also at the Quality and Safety meeting. The electronic centralised complaints log is to be updated from the information provided from the details recorded on the individual units complaints log.

**Proposed Timescale:** 31/01/2017

## 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:

Residents in the Monsignor Young unit were not always consulted , or had consultation recorded when changes were made to the room they were accommodated in

### 3. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

All residents and families are to be consulted and informed of the rationale for the move from one bedroom to another. This will ensure residents are given the opportunity to exercise choice in so far as such exercise does not interfere with the rights of other residents.

Residents are only moved following consultation and agreement. Residents will only be moved where there is no other alternative

The services of a sage advocate will also be offered to the resident during the consultant process. All discussions and outcomes are to be recorded in the nursing documentation.

**Proposed Timescale:** 31/01/2017