

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Brigid's Hospital
<b>Centre ID:</b>	OSV-0000531
<b>Centre address:</b>	Shaen, Portlaoise, Laois.
<b>Telephone number:</b>	057 864 6717
<b>Email address:</b>	shaen.hospital@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joseph Ruane
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	19
<b>Number of vacancies on the date of inspection:</b>	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.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
26 August 2014 10:00	26 August 2014 18:00
27 August 2014 09:30	27 August 2014 15:00

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**

As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate prior to inspection. As part of the registration process, an interview was carried out with the person in charge and the person authorised to act on behalf of the provider.

Overall, the inspector was satisfied that residents will receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, 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.

The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were robust. Recruitment practices and staff files met the requirements of the Regulations. The centre was managed by a person in charge who was a suitably qualified and experienced nurse who was accountable and responsible for providing a high standard of care to residents.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. The dining experience was pleasant, and residents were treated with respect and dignity by staff.

Although improvements were noted additional work was required to ensure the premises met the requirements of the Regulations. This is discussed further in the report and included in the Action Plan at the end of this report.

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

***Outcome 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 inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that was provided in the centre and was kept under review by the person in charge and the provider and was available to residents.

**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 inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an on going basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

Audits were being completed on several areas such as care planning, falls, medication management, infection control and health and safety issues. The results of these audits were shared with all staff at team meetings.

There was evidence of improvements being identified following these audits and interventions put in place to address them. For example following a medication audit,

additional action was taken to ensure that all medications were prescribed according to the centre's policy. Data was also collected each week on the number of key quality indicators such as the use of psychotropic medication, the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

Regular residents' meetings were carried out and this is discussed in more detail under outcome 16. Resident satisfaction surveys were also completed on a yearly basis to measure residents' satisfaction with the service provided. Residents spoken with however said that they felt comfortable enough to bring up any issue they had with the person in charge without waiting for a meeting. The person in charge told the inspector that she would meet each resident at least once a day to make sure they were satisfied with the service provided.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

**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

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

No actions were required from the previous inspection.

**Findings:**

The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the residents' guide and saw that it met the requirement so the Regulations.

**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 is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

During the inspection she demonstrated her knowledge of the Regulations, the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities.

The person in charge had maintained her continuous professional development having completed a diploma in pharmacology and a diploma in management. She had continued to attend training and seminars relevant to her role such as end of life care and infection control. She also had plans in place to attend a master class in pain management. The person in charge was observed frequently meeting with residents, visitors and staff throughout the two days.

The person in charge had appropriate deputising and on call arrangements in place to ensure adequate management of the centre during her absence.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The person in charge was aware of the periods of retention for the records and the inspector saw that records were archived securely.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. The inspector was satisfied that they had been adopted and implemented throughout the centre.

Adequate insurance cover was in place.

**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 designated 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 was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The person in charge is supported in her role by a Clinical Nurse Manager (CNM) 2 and a CNM 1 who deputise for her in her absence. The inspector spoke with both staff members during the inspection and found that they were aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards.

**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 that measures were in place to protect residents from being harmed or abused.

The inspector viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge was clear about the measures she



would take if they received information about suspected abuse of a resident.

Residents spoken to confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times. The inspector was satisfied that residents were provided with support that promoted a positive approach to behaviour that challenges. No resident was currently exhibiting behaviour that challenges.

A restraint-free environment was promoted and the inspector was satisfied that appropriate risk assessments were in place and there was documented evidence that alternatives had been considered for the two residents currently using a bedrail and a lap belt.

Small amounts of money were managed for some residents at their request. The inspector was satisfied that this continued to be managed in a safe and transparent way, guided by a robust policy. The system was subject to both internal and external audits.

**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:**

The inspector was satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The risk management policy met the requirements of the Regulations. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection. Frequent audits were carried out to ensure compliance with infection control procedures.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had regular checks, were unobstructed. The fire alarm system was in working order. There was evidence of frequent fire drills taking place and all staff had attended training. Staff spoken with were clear on the procedure they would follow in the event of a fire.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately. Individual risk assessments were also completed on the use of the slings.

**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:**

The inspector was satisfied that each resident was protected by the centre's procedures for medication management.

Following a recent review, the person in charge had identified that some minor amendments were required to the medication management policy in relation to the management of medications that required refrigeration. In addition the inspector saw that staff had identified that improvements were required to the system for recording the fridge temperatures and there were planned changes afoot to ensure they were within acceptable limits. The inspector saw that this was being addressed at the time of inspection.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

**Judgment:**

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:**

The inspector was satisfied that 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 incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans. This was an area identified for improvement at previous inspections and ongoing development work was evident. Relatives and residents confirmed their involvement at development and review and there was documentary evidence of this.

The inspector reviewed the management of clinical issues such as wound care, nutritional care, falls management and dementia care and found they were well managed and guided by robust policies.

Weight management is discussed in more detail under outcome 15.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral to the local hospital including speech

and language therapy (SALT), occupational therapy (OT) and dietetic services. Physiotherapy was available within the centre. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Each resident has opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities. The inspector spoke to the Clinical Nurse Specialist in activity therapies. She outlined how the programme was planned with the residents and that individual and group sessions were carried out. The inspector saw that some activities were dementia specific and staff spoken with confirmed how valuable life stories were in ensuring that the range of activities available suited the needs of the residents. Daily records were maintained of residents' participation. Residents were seen enjoying various activities during the inspection. In particular residents were busily engaged in a practicing for a bocchia match due to be held in a neighbouring centre the following day. (Bocchia is an indoor ball game similar to bowls. The goal is to throw or bowl a ball so that it lands as close as possible to the 'jack'). One resident told the inspector how much he enjoyed this and the music and entertainment after the match. He said it was a friendly but they still expected to win.

A programme of events was displayed and included religious ceremonies, music, art and many more. The inspector spoke to several residents who said they enjoyed the various activities with one resident telling the inspector about the baking sessions which she particularly enjoyed.

**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:**

As identified at previous inspections the current premises did not meet the requirements of the Regulations and the Authority's Standards. In particular this related to the area where beds were arranged in an open cubicle style. Although there was screening in place to promote visual privacy when personal care was being attended to, they did not provide an acceptable level of privacy. It was also noted that the entrance to the chapel

was through an open walkway alongside the residents' beds which further impacted on these residents' privacy and dignity. In addition, although some had been installed, wash-hand basins were still not available in a number of bedrooms. On going development work was noted. The person in charge had met with the Authority and plans were in place to address the deficits.

The premises was very clean, bright, fresh and well maintained. A lift provided access between the two floors. In addition, a smaller lift provided access to a return off the first floor. The person in charge strived to ensure that residents were provided with as much privacy as possible with additional screening and posting notices on bedroom doors when personal care was being provided. Adequate communal space was provided and the rooms were comfortably furnished and domestic in character. Residents told the inspector that they found it to be a very homely, warm and welcoming environment.

The inspector saw that a bath was ready to be installed in one of the bathrooms which was identified as an action at the previous inspection. There were two fully equipped sluice rooms with bedpan washers and there was a locked press for the storage of chemicals and cleaning equipment.

The inspector found that appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames and there was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access.

The centre had a secure garden area with raised planters. Residents told the inspector that they enjoyed spending time in the garden during fine weather. There was ample garden furniture for residents' use. The spacious grounds to the front of the building were well maintained. There was ample parking for visitors and staff at the front of the building.

**Judgment:**

Non Compliant - Moderate

***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:**

The complaint's policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display in the centre. Residents, relatives and staff who spoke with the inspector knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. A complaints log was maintained and the inspector saw that one complaint had been received in the last year. The log contained details of the complaint, the outcome and the complainants' level of satisfaction with the outcome.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

The person in charge had completed a self assessment as part of the preparation for a thematic inspection. The training records showed that training had been provided to staff. The inspector spoke to staff members concerning this training and all stated that they found it helpful and beneficial.

The inspector saw that extensive development work had recently been undertaken as regards the use of appropriate care plan documentation. Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. The inspector saw that in some cases very specific information was documented including choice of undertaker and wishes regarding transfer to the acute services. The practices were supported by an end-of-life policy which had recently been reviewed.

The person in charge stated that the centre received advice and support from the local palliative care team. Staff members were knowledgeable about how to initiate contact with the service when required.

Staff discussed with the inspector other initiatives that were underway within the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. Information leaflets were developed to provide helpful advice to relatives on issues such as getting a death certificate.

There was a procedure in place for the return of possessions. A memory box was used to hold any personal possessions and a specific bag was set aside for clothes. Relatives were given adequate time to return to the centre to gather any belongings they wished to keep. A policy was in place to guide the return of personal belongings.

**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:**

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

There was a food and nutrition policy which was centre specific and provided detailed guidance to staff. The policy had been reviewed in response to the training provided by the Authority on thematic inspections. Staff members spoken to by the inspector were knowledgeable regarding this policy.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required. Food diaries were completed for residents who appeared to have reduced appetites and records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector saw that residents had been reviewed by a speech and language therapist if required. The inspector read the treatment notes and observed practices and saw that staff were using appropriate feeding techniques as recommended. The inspector saw that there was adequate staff to provide assistance in a discreet and sensitive manner if required. The inspector saw that adapted cutlery was in use for some residents as this promoted their independence.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on

duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff and from speaking directly to residents. The inspector noted that the catering staff spoke with the residents during the meal asking if everything was satisfactory. The inspector also noted that serving dishes of second helpings were brought around to each table to ensure that residents were satisfied.

The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. The inspector saw that residents who required their meal in an altered consistency had the same choices as other residents.

The inspector saw that snacks and refreshments were available at all times. Several of the questionnaires received from relatives and residents confirmed their satisfaction with the meals provided with relatives saying they were frequently offered drinks or snacks. Residents spoke very highly of the catering staff and praised the selection of homemade desserts and cakes.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

While acknowledging the difficulties caused by some aspects of the premises, the inspector was satisfied that each resident's privacy and dignity was respected. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available. Mass took place on a weekly basis. The provider and person in charge said that residents from all religious denominations were supported to practice their religious beliefs. Spiritual and social afternoons were held regularly where a group of volunteers attended the centre. Residents told the inspector how much they enjoyed this.



A residents' committee, the moonshiners, had been established but residents told staff that they preferred not to have a formal committee. The inspector read some of the minutes and saw that in the main residents were satisfied with the service but did occasionally make some recommendations regarding the choice of food or activities. These suggestions had been acted upon.

The person in charge told inspectors how she promoted links with the local community. Transport was available both from within and outside the centre depending on the type required.

**Judgment:**

Compliant

***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:**

Residents could have their laundry attended to within the centre. The laundry was spacious and well equipped. It was located to the rear of the building. The inspector spoke to the staff member working there and found that she was knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

Adequate storage space was provided for residents' possessions.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents. Although there was no recent recruitment activity, there was a recruitment policy in place which met the requirements of the Regulations. The inspector examined a sample of staff files and found that all were complete.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector was satisfied that there was sufficient staff on duty to adequately provide care to the residents.

The person in charge promoted professional development for staff. Training was tailored to meet residents' needs. Staff told the inspector they had received a broad range of training which included caring for the person with dementia, venepuncture, challenging behaviour and infection control. The inspector saw that a training plan was in place for 2014 and included clinical issues and mandatory training such as moving and handling and elder abuse.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the Regulations.

**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:***

Sheila Doyle  
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 Brigid's Hospital
<b>Centre ID:</b>	OSV-0000531
<b>Date of inspection:</b>	26/08/2014
<b>Date of response:</b>	19/09/2014

### Requirements

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

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

### Outcome 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 current premises did not meet the requirements of the Regulations and the Authority's Standards. In particular this related to the area where beds were arranged in an open cubicle style. Wash-hand basins were still not available in a number of bedrooms.

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

**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:**

A detailed plan has been developed and submitted for discussion with HIQA personnel. The plan identifies 2 twin bedded rooms and sinks are provided in both rooms.

**Proposed Timescale:** 31/01/2015